

## **Benchmarking Assignment**

Kristin Bennett

Old Dominion University: Elmer School of Nursing

NURS 417: Informatics

Mr. Christopher LaPietra

March 27, 2026

## **Benchmarking Assignment**

The Centers for Medicare and Medicaid Services defines quality performance benchmarking in health care as an established standard of care provided to patients (Centers for Medicare and Medicaid Services, 2026). Benchmarking can be used to compare performance metrics between hospitals or against the national and state averages. The goal is to determine where improvements can be made to enhance performance, and it is a useful tool to achieve operational excellence and best patient outcomes. With the use of benchmarking hospitals can analyze their performance data and then use it to develop and implement strategies to improve those metrics based on the insights they gained from the benchmarking analysis and research into best practices. Benchmarking is also useful for healthcare consumers since the information is often published and can help consumers make educated decisions on where to seek healthcare.

The three hospitals I chose to research benchmarking metrics on were Chesapeake Regional Medical Center, Sentara Norfolk General Hospital, and Sentara Leigh Hospital. I chose those hospitals because they're all within about the same driving distance from my house and therefore facilities I would be choosing from as a healthcare consumer. I have also completed several clinicals at Chesapeake Regional, have been interviewed to work at all three facilities, and will be working at Norfolk General Hospital's oncology unit. The metrics I chose were overall patient satisfaction, specifically what percentage of patients answered "yes" to whether they'd recommend the facility to others. I also chose the heart attack death rate, the average time spent in the emergency room before leaving the visit, and the percentage of patients who received appropriate sepsis care. I compared all these metrics to the national benchmark provided by Medicare. When it came to the heart attack death rate, all the hospitals were around the national average of 12% of patients (Medicare, 2026). When it came to the average time spent in

the emergency room before leaving from the visit, the national average was 203 minutes, Chesapeake Regional has an average of 196 minutes, but Sentara Norfolk General's average was only 180 minutes, and Sentara Leigh was even lower at 178 minutes (Medicare, 2026). Patient satisfaction for hospitals nationally was 71%, Sentara Leigh and Sentara Norfolk General came in higher at 77% and Chesapeake Regional came in significantly lower at 63% (Medicare, 2026). Finally, comparing the appropriate sepsis care for patients nationally 64% of patients received appropriate care, Sentara Leigh and Norfolk General surpassed that rate at 76% and 72% respectively, while Chesapeake Regional fell short at only 52% of patients getting appropriate care (Medicare, 2026).

I was surprised to see that Chesapeake Regional Medical Center came in significantly lower than either of the Sentara facilities in most of the categories, having done most of my clinicals there I hadn't noticed a significant gap in patient care compared to the other facilities I've been at. I also chose Chesapeake Regional for my medical care most often and even delivered my baby there. Granted these metrics don't mean that they provide bad care by any means, but I did expect them to perform better. I was also surprised at how often the Sentara facilities performed better than the national average, it makes me enthusiastic at contributing to those metrics when I work at Norfolk General Hospital.

An area that I've identified needs work is the appropriate sepsis care for patients at Chesapeake Regional Medical Center since only 52% of patients were receiving appropriate care. The way I would attempt to improve this would be by implementing a sepsis response team, a dedicated team of providers and nurses responsible for responding to sepsis alerts. In an Italian facilities' implementation of this type of team, it was found that there was a significant improvement in the appropriateness of the initial antibiotic therapy and that there was a

significant decrease in in-hospital mortality (Schinkel et. Al, 2022). I would also implement a nurse-driven sepsis protocol since nurses are typically the first to recognize and respond because of their vital roles. Studies show that a significant increase in care bundle compliance could be identified after implementation of nurse driven sepsis protocols (Schinkel et. Al, 2022). I would also implement daily auditing with weekly feedback to improve nurse led sepsis response performance and give recognition for improved efforts. Finally, I would require an educational component like monthly sepsis lectures and require everyone to attend once a quarter, because it was found that education-only programs showed significant increase in bundle adherence and decreased mortality rates (Schinkel et. Al, 2022). Therefore, I feel combining the education, a new designated response team, and having a nurse driven sepsis response protocol would greatly improve the metrics at this facility.

**References:**

Find Healthcare Providers: Compare Care Near You | Medicare. (2026). Medicare.gov.

<https://www.medicare.gov/care-compare/results?searchType=Hospital&page=1&city=Chesapeake&state=VA&zipcode=23324&radius=25&sort=closest&tealiumEventAction=Landing%20Page%20-%20Search&tealiumSearchLocation=search%20bar>

Benchmarking | CMS. (2026). Wwww.cms.gov. <https://www.cms.gov/priorities/innovation/key-concepts/benchmarking>

Schinkel, M., Nanayakkara, P. W. B., & Wiersinga, W. J. (2022). Sepsis Performance Improvement Programs: From Evidence Toward Clinical Implementation. *Critical care* (London, England), 26(1), 77. <https://doi.org/10.1186/s13054-022-03917-1>

## Appendix A

### Graphs of Hospital Metrics

