



AHA Solutions

An American Hospital Association Company™

*2012 Patient Flow Challenges Assessment
Supplemental Report:*

Communications Set the Pace for Patient Flow




hospitals in
pursuit of excellence™
*Accelerating Performance Improvement
and Implementing Health Reform*

The 2012 Patient Flow Challenges Assessment® was conducted by AHA Solutions and is jointly published with Hospitals in Pursuit of Excellence (HPOE).



1. Pre-Admission
2. Admission
3. Diagnostic
4. Procedure
5. Recovery
6. Discharge
7. Post-Discharge
8. Home

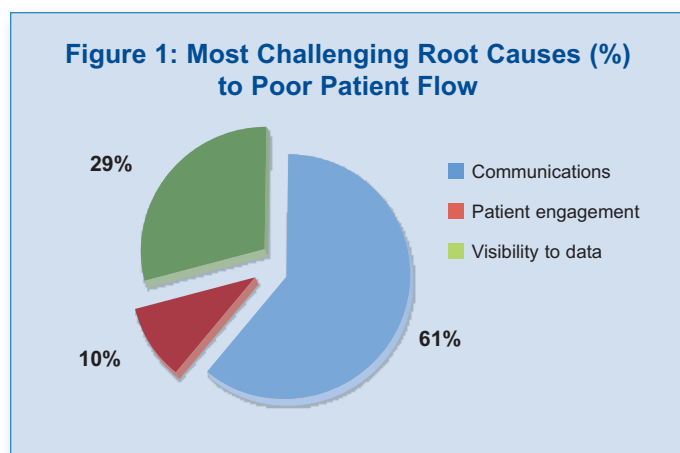
Also available!



Introduction

There are many challenges to maintaining good patient flow, but communications is clearly the one considered hardest to overcome. Respondents to the 2012 Patient Flow Challenges Assessment (PFCA) identify communications as the most persistent root cause behind patient flow problems, and specific communications issues are among their top concerns. However, they also cite this root cause as a powerful resource for solving patient flow challenges—many hospitals that have successfully improved patient flow cite communications initiatives as the key enabler.

This supplement to the 2012 PFCA provides additional data and perspective about the communications-related issues identified in the main Report. It presents frequently cited communications concerns and challenges, and highlights the investments and process changes that hospitals are making to improve patient flow by improving communications throughout the continuum of care.



Problem Areas

Participants in the 2012 PFCA were asked which general and specific topics contribute to poor patient flow. In each case, communications issues topped the list. Compared with the second-rated root cause, more than twice as many respondents cite communications (see Figure 1). Some of the specific patient flow communications obstacles and concerns include:

- More than half of respondents (51.4%) are highly concerned that *Inadequate communication to/from physicians* causes patient flow problems at their hospitals. Only two issues in the wide-ranging 2012 PFCA generated more concern than this: HCAHPS ratings and readmissions.
- Only 11.4 percent of respondents currently have initiatives in place to improve communication to/from physicians.
- The top concern about causes of poor patient flow is *Lack of a discharge plan within 24 hours of admission*. This could be interpreted as a communication problem because discharge planning requires communications to align multiple caregivers and administrators.
- Medication reconciliation is currently the leading area of focus for improving patient flow. Reconciliation necessarily involves communication among various parties.

Figure 2: Level of Concern (%) Regarding Specific Communications Challenges to Patient Flow

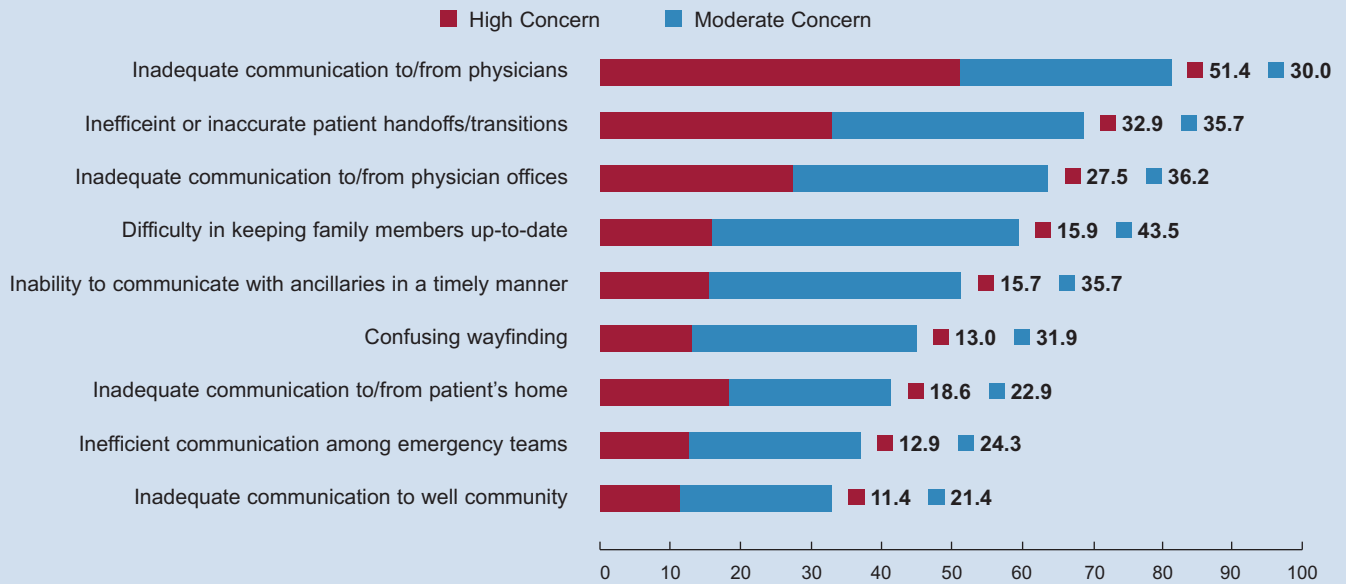


Figure 2 shows the leading specific communications concerns related to patient flow. As noted, the top concern is communications with in-house physicians. Communicating with external physician offices is also a leading concern, even though 98.5 percent of respondents had integrated their information technology (IT) systems with primary care physician's offices or expected to complete the integration within a year (see Figure 4). The integration rate falls to 70.2 percent for surgeon's offices, 66.2 percent for specialty practices and 27.7 percent for long-term care and rehabilitation facilities. Many respondents cite communications with physician's offices as a problem affecting patient flow both at the stage 2 Admission and stage 6 Discharge, where bottlenecks often occur.

While some concerns are widely held, most hospitals are not putting programs in place to solve them specifically, as shown in Figure 3, which lists the percentage of respondents who currently have initiatives in place to address each of the communications concerns. Data presented later in this report show that the leading initiatives and investments that are being pursued address some of the communications issues outlined here.

What Is Being Done?

Hospitals are taking opportunistic approaches to improve interpersonal communications and an enterprise-wide approach to improve access to information. Respondents report multiple successes in patient flow improvement by making communications-related process changes, such as implementing daily huddles to coordinate discharge planning, interdisciplinary rounds and follow-up calls to

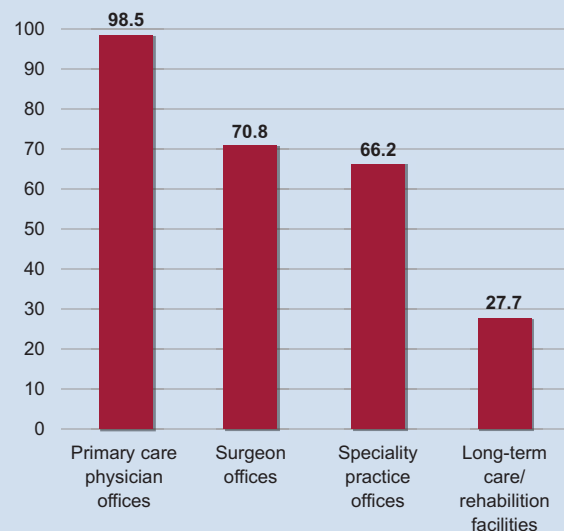
Figure 3: Comparison of Communications Concerns and Improvement Initiatives (%)

Concern rank	Challenge	Respondents expressing concern (%)	Respondents with a current initiative (%)
1	Inadequate communication to/from physicians	81.4	11.4
2	Inefficient or inaccurate patient handoffs/transitions	68.6	14.3
3	Inadequate communication to/from physician offices	63.7	5.8
4	Difficulty in keeping family members up-to-date	59.4	2.9
5	Inability to communicate with ancillaries in a timely manner	51.4	7.1
6	Confusing wayfinding	44.9	8.7
7	Inadequate communication to/from patient's home	41.5	4.3
8	Inefficient communication among emergency teams	37.2	8.6
9	Inadequate communication to well community	32.8	7.1

patients after discharge. Hospitalists play a role in improving communications. Although it is not strictly a communications position, 83.6 percent of respondents report that their facilities have implemented hospitalists to improve patient flow. However, as Figure 3 shows, most hospitals do not have specific initiatives in place to address their leading communications concerns. For example, 81.4 percent of respondents are concerned about inadequate communications to/from physicians, but only 11.4 percent have a specific, current initiative to improve it.

The initiatives being pursued more widely involve systems that improve access to information. By the end of 2012, almost all respondent hospitals expect to have integrated clinical information systems with primary care physician offices (see Figure 4). In-hospital information

Figure 4: Expected Integration of Clinical Information Systems in Next 12 Months (%)



system upgrades are also in the works. The top five systems or applications currently being evaluated by respondents for implementation are:

1. Asset and equipment tracking systems (45.1%)
2. Staff tracking (34.0%)
3. Electronic bed management (32.2%)
4. Patient tracking (32.0%)
5. Staffing systems (31.5%)

Many hospitals are also investigating or implementing electronic health record (EHR) systems, and approximately two thirds of respondents expect to qualify for Medicare and Medicaid financial incentives for EHR use by the end of year 2012.

What's Working?

Respondents were asked what changes they made to successfully improve patient flow. Many respondents credited communications initiatives. Selected submissions regarding communications-related improvement are presented below, in the respondents' own words.

In Their Own Words

Here is how respondents answered the question: *Please describe the major process changes that you implemented which successfully improved patient flow.*

- Twice-daily briefings with all clinical managers, patient flow/transfer center staff, care coordination, performance excellence staff and nursing admin
- Daily bed meeting for unit coordinators
- Surge capacity initiative to communicate capacity throughout the institution
- Communication policy that implemented ED charge to inpatient charge doing the bed placement
- Daily bed meeting
- Automated report from ED nursing to inpatient nursing
- Hospital-wide committee; bed tracking system; transfer report system; clear goals and expectations; critical care hospitalist
- Interdisciplinary rounds
- Nurse and physician do medication reconciliation together at discharge
- Hospitalists coming onboard have made the most difference
- Daily capacity meetings, visual bed board for all areas
- Better communication/registration process between registration staff and medical unit
- We are currently working on a project called "Electronic bed flow". The process will notify the appropriate personnel of bed request, bed assignments and processing through a series of beeps and electronic updates, eliminating the need for multiple phone calls between departments to place a patient to bed
- Addition of hospitalists
- Using walkie-talkies in surgery suite
- Tracking board, computerized bed request
- Encouraged communication between the units and cutting out referring to the managers
- Daily huddles and day-before discharge paperwork completion

Note that several of these successful solutions involve improved communication regarding bed availability. 61 percent of respondents have electronic bed management systems in place at their hospital and 32.2 percent are currently evaluating or replacing such systems. In addition, 17.4 percent of respondents have a current initiative related to bed status and availability.

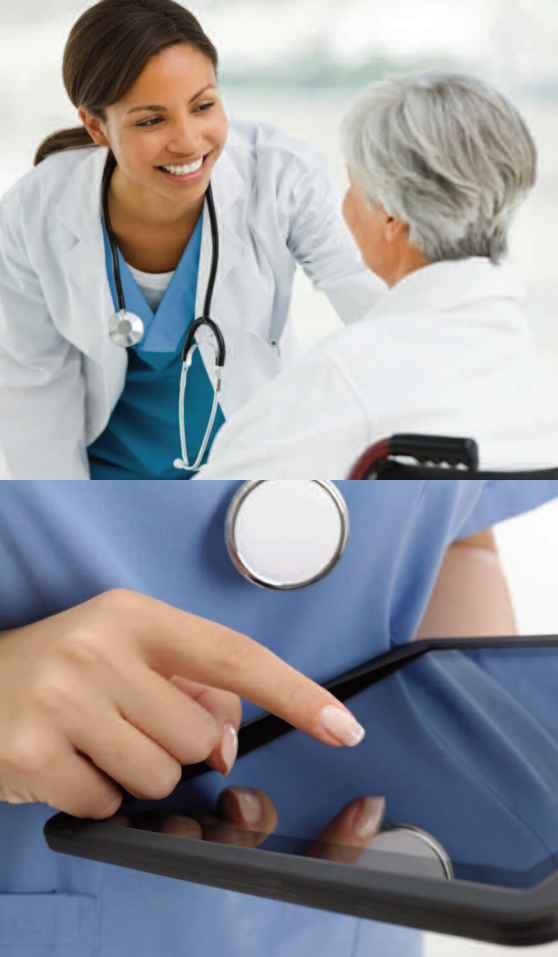
Conclusion

Communications is considered the most widespread and challenging root cause of patient flow obstacles, and hospitals are taking multiple actions for improvement. These include changes to staffing (hospitalists), processes (bed meetings, improved discharge coordination, etc.) and information systems (EHRs; integration with physician offices; and patient, staff and equipment tracking systems). More than four out of five respondents say that their hospitals are employing hospitalists to help improve communications and patient flow. Most of the highest-priority future efforts center on

improving access to information through new systems and greater integration throughout the hospital and with other caregivers. Communications are likely to receive more attention as hospitals seek to improve coordination across the continuum of care and incorporate other elements of outcome-based care models.

These efforts are complementary to the long-term strategic recommendations developed by the AHA. To accelerate performance improvement and help support health reform implementation, the AHA created the strategic platform, Hospitals in Pursuit of Excellence (HPOE). The HPOE report, *Hospitals and Care Systems of the Future*, identifies improved communications as imperative to attaining alignment across the continuum of care, which it cites as the field's top priority. The report was published in September, 2011 and is available at <http://www.aha.org/about/org/hospitals-care-systems-future.shtml>.

To learn more about these issues and improvement initiatives, see the complete 2012 Patient Flow Challenges Assessment and other resources available on the AHA Solutions Website, www.aha-solutions.org.



About AHA Solutions

AHA Solutions, Inc. is a resource to hospitals pursuing operational excellence. As an American Hospital Association (AHA) member service, AHA Solutions collaborates with hospital leaders and market consultants to conduct the proprietary *AHA Signature Due Diligence Process™* and identify solutions to hospital challenges in the areas of care continuum, cultural transformation, clinical integration and financial sustainability. AHA Solutions provides related marketplace analytics and education to support product decision-making. As a subsidiary of the American Hospital Association (AHA), the organization convenes people with like interests for knowledge sharing centered on timely information and research. AHA Solutions is proud to reinvest its profits in the AHA mission: creating healthier communities. For more information, contact AHA Solutions at 800.242.4677 or visit www.aha-solutions.org.

About Hospitals in Pursuit of Excellence

Hospitals in Pursuit of Excellence (HPOE) is the American Hospital Association's strategic platform to accelerate performance improvement and support health reform implementation in the nation's hospitals and health systems. HPOE provides education on best practices through multiple channels, develops evidence-based tools and guides, offers leadership development through fellowships and networks, and engages hospitals in national improvement projects. HPOE brings providers together to improve performance in several areas, including care coordination/readmissions, healthcare-acquired infections, patient safety, and the development of new payment and care delivery models that promote quality and efficiency. Working in collaboration with allied hospital associations and national partners, HPOE synthesizes and disseminates knowledge, shares proven practices, and spreads improvement to support health reform implementation at the local level.



American Hospital Association Solutions, Inc.
155 N. Wacker Drive, Suite 400
Chicago, Illinois 60606
www.aha-solutions.org



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