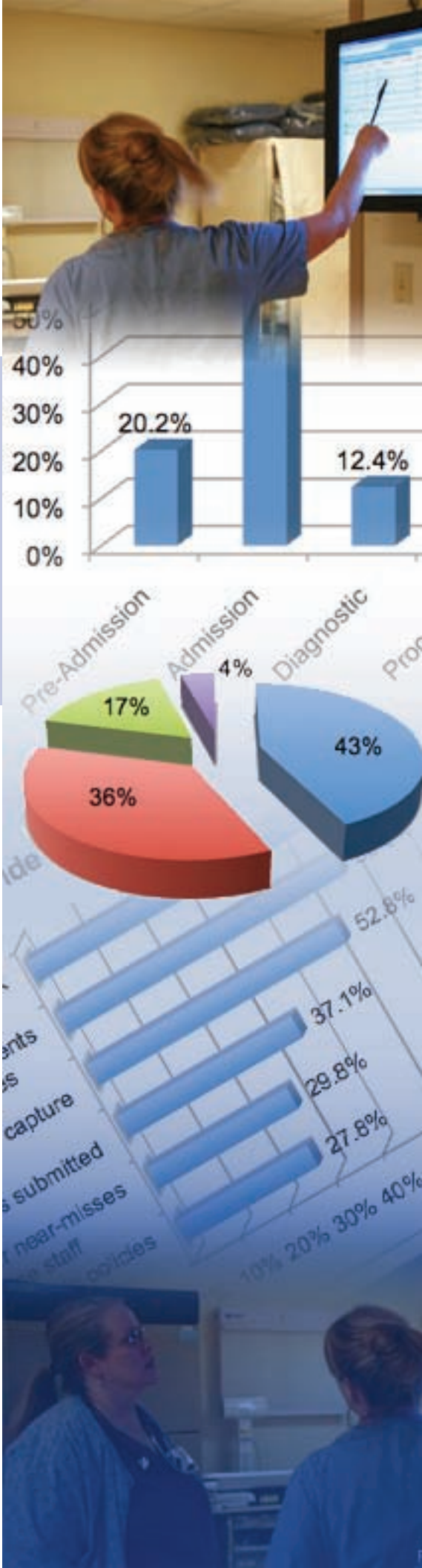
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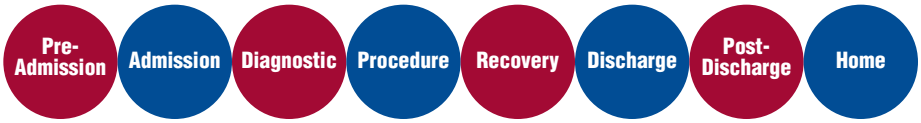
2010 Patient Flow Challenges Assessment©

The 2010 Patient Flow Challenges Assessment© was conducted by AHA Solutions and is jointly published with Hospitals in Pursuit of Excellence (HPOE).



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Accelerating Performance Improvement and Implementing Health Reform





What Is Patient Flow?

In 2007, AHA Solutions designated Patient Flow as a primary area for performance improvement in hospitals. An advisory committee guided this effort developing an extensive list of obstacles that slowed the patient flow process. During this research eight stages of patient flow were identified:

- Pre-Admission
- Admission
- Diagnosis
- Procedure
- Recovery
- Discharge
- Post-Discharge
- Home

To reduce redundancy, Diagnosis and Procedure were combined and Home was identified as the last stage, though it could be considered the first stage.

AHA Solutions defines Patient Flow as improving throughput and capacity to allow hospitals to safely provide the right level of care for patients. In today's economic environment, improving hospital operational performance while improving safety and patient outcomes is critical to health care leadership.

2010 AHA Solutions
Patient Flow Challenges Assessment

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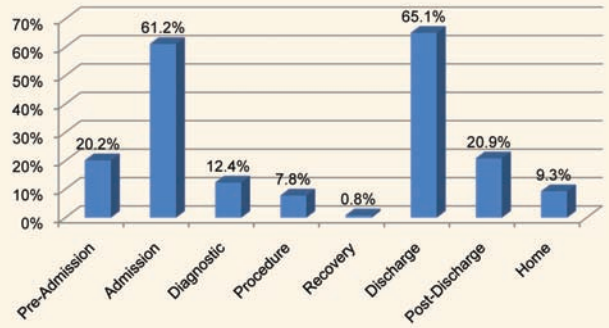
Executive Summary

The 2010 Patient Flow Challenges Assessment, conducted by AHA Solutions, identifies specific challenges at each of the eight stages of patient flow. Obstacles, findings and issues have implications for how patients should be treated both inside and outside hospitals, underscoring the importance of care coordination throughout all stages.

Process and technology solutions are available that will address many of the concerns identified by hospital professionals in the 2010 Patient Flow Challenges Assessment. This report documents current concerns and priorities, helps identify whether concerns are stage-specific or reflections of underlying issues, and directs readers toward potential solutions. AHA Solutions and HPOE will use the results to guide additional research, develop educational materials, identify and share best practices, and investigate potential solutions that will support hospitals' efforts to improve patient flow and address emerging challenges, many the result of health care reform.

Patient engagement, medication-related issues, patient handoffs and communication are among the most pervasive concerns identified by hospital professionals in the 2010 Patient Flow Challenges Assessment. Concerns related to these issues were readily apparent at all eight stages of patient flow, from Pre-Admission to Home. Participants reported that the Discharge and Admissions stages are by far their top patient flow priorities in 2010 (see Figure 1). However, the Post-Discharge, Discharge and Home stages generated the highest average levels of concern: 10 of the top 15 specific individual concerns are within these stages.

Figure 1: Patient Flow Stage Priorities

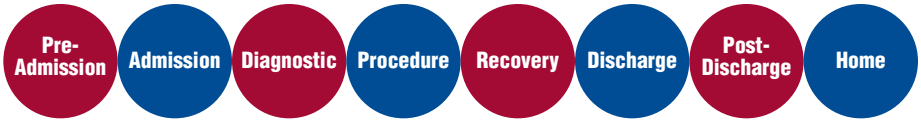


The top three specific concerns—shared by more than 70 percent of participants—are *patient non-compliance with discharge instructions, inadequate communication to/from physicians* and *inability to reconcile home and inpatient medications electronically*. These concerns provide clues about the root causes of the most persistent worries identified by the Assessment. Twelve of the twenty-three concerns (shared by at least 60 percent of participants) are related to patient engagement, communication or medication issues.

The Assessment did not measure care coordination as a specific obstacle, although many of the concerns reported by respondents could be categorized as care coordination issues. Problems with patient engagement, medication reconciliation, communication, and handoffs all relate directly to the importance of care coordination. Multiple concerns about what happens when patients are outside the hospital suggest there is substantial room for improvement in care coordination.

Through the assessment process it became clear that few hospitals have truly solved all these issues. For the purposes of this Assessment, use of the word 'solved' refers to hospitals who have implemented solutions that mitigate the challenges.

Overview



Participants in the AHA Solutions 2010 Patient Flow Challenges Assessment identified many issues, concerns and obstacles to efficient patient flow. Of the 107 specific concerns participants were asked to assess, 37 are current concerns for at least half of respondents, including 23 that are current concerns for at least 60 percent of respondents. The 15 most-cited concerns are shown in Figure 2. Participants expressed strong concerns at each stage of the patient flow cycle and for enterprise-wide issues that are not specific to any stage.

Note that *inefficient or inadequate patient handoffs* appear twice, as the tenth- and thirteenth-ranked concerns. Participants were asked about their patient handoff concerns at four different stages of the patient flow cycle. Patient handoffs were the leading concern at the Admission, Diagnostic, and Procedure stages, the second-leading concern at Recovery, and fifth (out of 19) at Discharge. The level of concern about handoffs at each stage is well above the average level of concern for other obstacles. Inefficient or inadequate patient handoffs are clearly a persistent problem, and are probably indicative of enterprise-wide communication and technology system limitations.

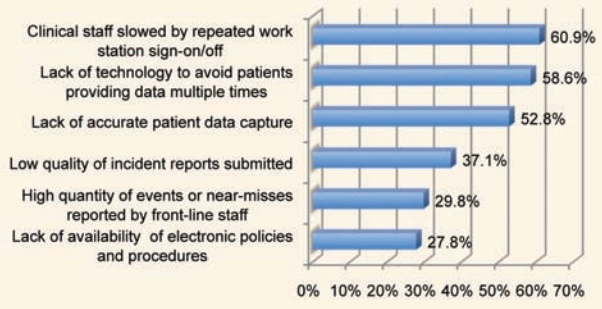
Figure 2: Top 15 Patient Flow Concerns

Rank	Key Challenges	% Citing	Stage
1	Patient non-compliant with discharge instructions	79.8%	Home
2	Inadequate communication to/from physicians	77.0%	Discharge
3	Inability to reconcile home and inpatient medications electronically	71.2%	Recover
4	Patient not engaged in care path	69.0%	Discharge
5	Inadequate tools to measure/predict/monitor events critical to patient flow	66.1%	Pre-Admission
6	Inability to obtain physician sign-off	65.6%	Discharge
7	Inadequate communication to/from home	65.5%	Post-Discharge
T8	Difficulty scheduling additional staff to cover shortages or admissions spikes	64.8%	Pre-Admission
T8	Medications are not reconciled electronically	64.8%	Discharge
10	Inefficient or inaccurate patient handoffs	64.6%	Admission
T11	Inadequate or non-compliance of patient education	64.2%	Post-Discharge
T11	Inadequate communication to/from physician offices	64.2%	Post-Discharge
13	Inefficient or inaccurate patient handoffs	64.0%	Discharge
14	Inadequate communication regarding changes to medication regimen	62.7%	Discharge
15	Patients leaving without evaluation or treatment	62.6%	Admission

Communications concerns are also pervasive. Communications-related issues (including medication reconciliation) accounted for six of the top 15 concerns (numbers 2, 3, 7, 8, 11 and 14). Communications limitations contribute to inefficient or inadequate patient handoffs. Hospital systems and priorities both show room for improvement, as communication technology (e.g. *inability to reconcile medications electronically*) and processes (e.g. *inadequate communication with physicians, inadequate communication with patient home*) are among the top concerns.

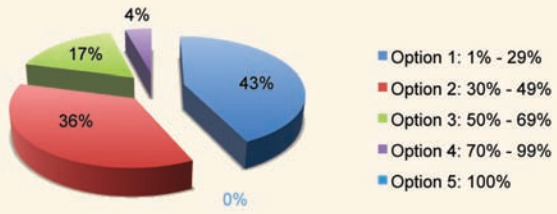
Improving the ability to access and share patient information would mitigate many worries about patient flow. The leading enterprise-wide constraints reported by respondents all relate to data accessibility, as shown in Figure 3 below. The inability to accurately capture data and the requirement for patients to provide data multiple times are leading constraints, topped only by the challenge of staying signed on to workstations. Improving the ability to accurately capture, communicate and share patient data should directly address patient handoff concerns, and could contribute to more efficient communication and medication management programs.

Figure 3: Enterprise-wide Constraints



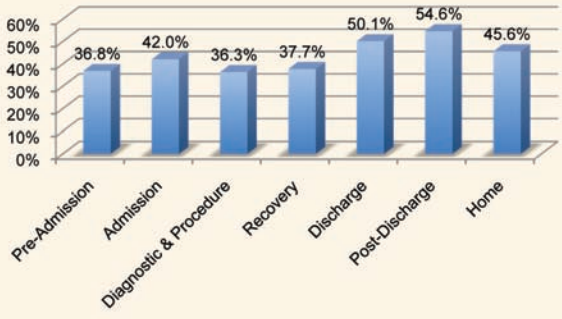
Constraints outside the hospital also impact patient flow; data suggests participants in the Assessment may underestimate the impact. Participants were asked: *Please estimate the percentage of patient flow challenges caused by the patient's or the patient's family life situations (i.e. pets, lack of personal transportation, childcare).* This was a multiple-choice question, and most respondents selected the lowest-percentage option (see Figure 4).

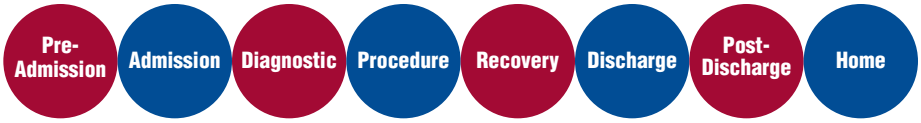
Figure 4: Percent of Patient Flow Challenges Caused by Patient Family Life Situation



As Figure 5 shows, participants have the highest average concerns about Post-Discharge, Discharge, and Home stages. Many of these individual concerns are directly impacted by the patient's home and family life situation. Although respondents minimize the causal effect between patient flow and the patient's family life situation, Post-Discharge issues generated the highest average level of concern of any stage. For example, the top overall concern—*patient non-compliance with discharge instructions*—is certainly impacted by the patient's support system, as is overall concern number four, *patient not engaged in care path*.

Figure 5: Average Concern Levels per Stage





There is some misalignment between the average level of concern for obstacles at each stage, as shown in Figure 5, and the stages that are currently being prioritized, as shown in Figure 1. The priority level for each stage and the average current concern level for the obstacles for each stage are summarized in Figure 6 below. Only 9.3 percent of respondents are currently prioritizing the Home stage (making it the sixth-lowest priority out of eight stages), yet obstacles at the Home stage have a higher level of concern than several stages identified as higher priority.

Figure 6: Patient Flow Priority Levels and Concern Levels by Stage

Stage	Priority Rank	Average Concern Rank
1. Pre-Admission	4	6
2. Admission	2	4
3. Diagnostic	5	7/8
4. Procedure	7	7/8
5. Recovery	8	5
6. Discharge	1	2
7. Post-Discharge	3	1
8. Home	6	3

Given the apparent relationship between leading concerns and the patient's home life, and the disconnect between priority placed on the Home stage and concerns about what happens there, hospitals should consider whether systems, processes and priorities should extend to the home. This has become a very important issue as a result of health care reforms mandating a practical imperative to reduce readmissions.

Health care extends beyond the hospital's four walls. When considering how to solve specific patient flow challenges, hospitals should consider how care coordination can play a role, especially when patients are outside the facility. Taking steps to improve coordination of care will not only help hospitals solve specific patient flow challenges, but will also satisfy the Six Aims set by the Institute of Medicine (IOM). From reducing readmissions to improving care follow-up, hospitals are focusing on reducing costs while providing patient- and family-focused care to their communities.

None of the potential patient flow obstacles have been widely solved. Obstacles that were reported solved by the most respondents, and those that were solved by the fewest respondents, are shown in Figures 7 and 8. Of the 107 potential obstacles presented, only 12 were reported as solved by at least 15 percent of participants, while 22 have been solved by no more than 5 percent. Five of the 12 most-solved obstacles were in Admission, which remains a stage of high concern and a priority despite these successes. None of the most-solved obstacles occurred after the Discharge stage, and 11 of the 22 least-solved obstacles occur at the Discharge stage or after.

The obstacles identified in Figure 7 have been solved by relatively few hospitals, while the concerns listed in Figure 8 are shared by nearly all. Although each hospital has its own policies and procedures, they share many common concerns. As noted, many concerns relate to care coordination, with communication, medication and patient engagement emerging as common themes. Concerns and findings about obstacles, challenges, and their causes are reflected in the specific concerns identified for each stage of patient flow and are documented and discussed in individual sections of this report.

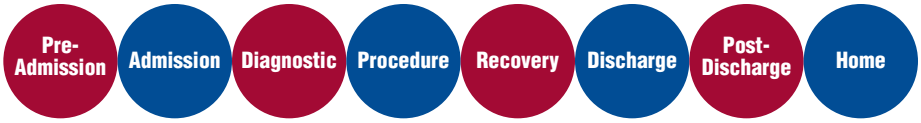
Figure 7: Most Commonly Solved Obstacles

Rank	Obstacle/Concern	% solved	Stage
1	Lack of availability of electronic policies and procedures	21.4%	Enterprise wide
2	Inadequate system to triage patients needing immediate care from others presenting in the ED	20.6%	Admission
3	Service recovery customer service/care	19.7%	Admission
4	Lack of real-time bed visibility for true bed availability	18.9%	Admission
5	Inability to communicate with patients of Limited English Proficiency	18.4%	Diagnostic & Procedure
6	Inability to synchronize labs, data	18.0%	Admission
7	Lack of safe patient handling (i.e., bariatric) equipment	17.6%	Admission
8	Availability of digital & paper-based data	16.8%	Diagnostic & Procedure
8	Inability to track staff training and certification and match to patient needs	16.0%	Pre-Admission
T10	Limited language services	15.2%	Pre-Admission
T10	Inability to track staff skill certifications and match skill level to patient/procedure needs	15.2%	Diagnostic & Procedure
12	No automated medication safety checking	15.1%	Discharge

Figure 8: Least-Solved Obstacles

Rank	Obstacle/Concern	% solved	Stage
107	Patient non-compliant with discharge instructions	0.8%	Home
T106	Inadequate communication to/from physicians	1.6%	Discharge
T106	Patient not engaged in care path	1.6%	Discharge
T104	Lack of feedback or progress status	2.5%	Post-Discharge
T104	Inadequate communication to/from home	2.5%	Post-Discharge

Methodology



AHA Solutions developed the 2010 Patient Flow Challenges Assessment to validate and prioritize the patient flow obstacles faced by hospitals. The Assessment was distributed via a Web-based survey tool to individuals at hospitals who had participated in AHA Solutions' patient flow educational programs. Participants were drawn from multiple functional areas and management levels. Assessment surveys were distributed for seven weeks concluding in June, 2010. A total of 133 individuals representing hospitals and health care systems completed the Assessment. Figures 9 through 11 provide demographic data about respondents. Most participants work at hospitals with less than 200 beds and were answering on behalf of their individual hospital. Patient flow is most commonly addressed by committee (Fig. 11), and approximately one quarter of participants say their facility has no formalized focus on patient flow.

Most questions in the Assessment dealt with specific obstacles to patient flow. Participants were presented with a definition of each stage of patient flow and a list of obstacles related to that stage. They were asked to indicate whether their organization had already solved the obstacle, whether or not the obstacle is a current concern, and whether documentation of success was available. The percentages cited in the text and graphics throughout this report reflect the percentage of participants who responded that the obstacle is a current concern. Levels of concern often exceeded 100 percent for each stage because respondents could indicate multiple obstacles as concerns. Other data presented may not total 100 percent due to rounding. The average level of concern for all 107 obstacles presented (including enterprise-wide constraints) is 43.0 percent and the median is 40.2 percent. The average level of obstacles already solved is 9.2 percent.

Additional information about the Assessment questions and respondent data is available from AHA Solutions.

Figure 9: Respondent Facilities by Number of Beds

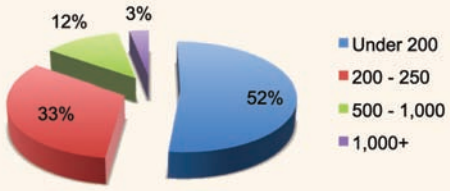


Figure 10: Scope of Participant's Responses

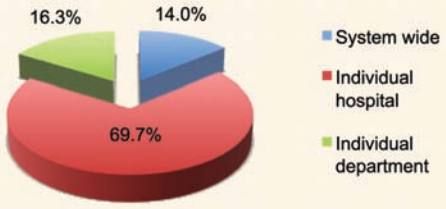
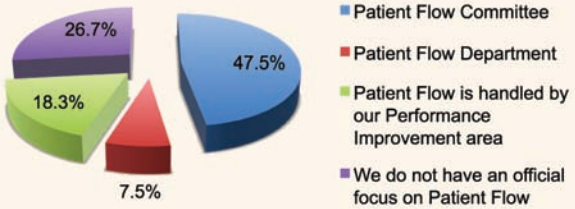
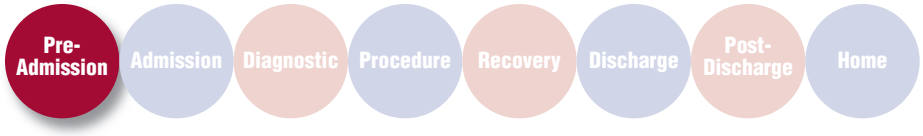


Figure 11: Patient Flow Organization at Participant Facilities



Stage 1: Pre-Admission



Stage 1: Pre-Admission

Patient has not yet entered the care process. This may include the Diagnostic stages prior to entering the facility and outpatient care.

Average level of concern	36.8%
Rank of average concern level	7/8
Rank among stage priorities	4/8
Participants prioritizing this stage	20.2%

The Pre-Admissions stage did not produce as many strong concerns as other stages. Participants reported the greatest Pre-Admission obstacle is *inadequate tools to measure, predict and monitor patient flow.* This inability to measure and predict patient flow is undoubtedly a contributor to the second-leading concern, *difficulty in scheduling staff to cover shortages or admissions spikes.* The lack of appropriate tools inevitably leads to many challenges throughout the patient flow cycle, particularly challenges that relate to staff, equipment and other resources.

Customer self-service kiosks are one way to mitigate staff shortages during Admissions peaks. Not having kiosks is a leading concern.

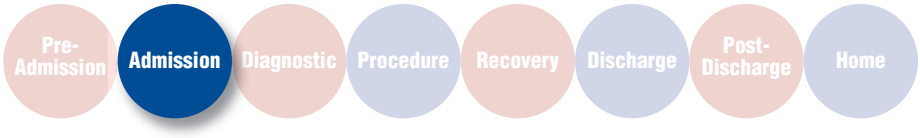
The Pre-Admission stage provides insight into how participants perceive the link between patient flow obstacles and the patient's home life. Some potential obstacles at this stage are closely linked to patients' personal life and home-related issues (e.g. *patients inadequately prepared for appointments or procedures, inadequate travel arrangements or lodging for family members*), but these obstacles are not high on the participants' list of concerns.

Note the three topics of least concern at the Pre-Admission stage all relate to emergencies.

Figure 12: Pre-Admission Concerns



Stage 2: Admission



Stage 2: Admission

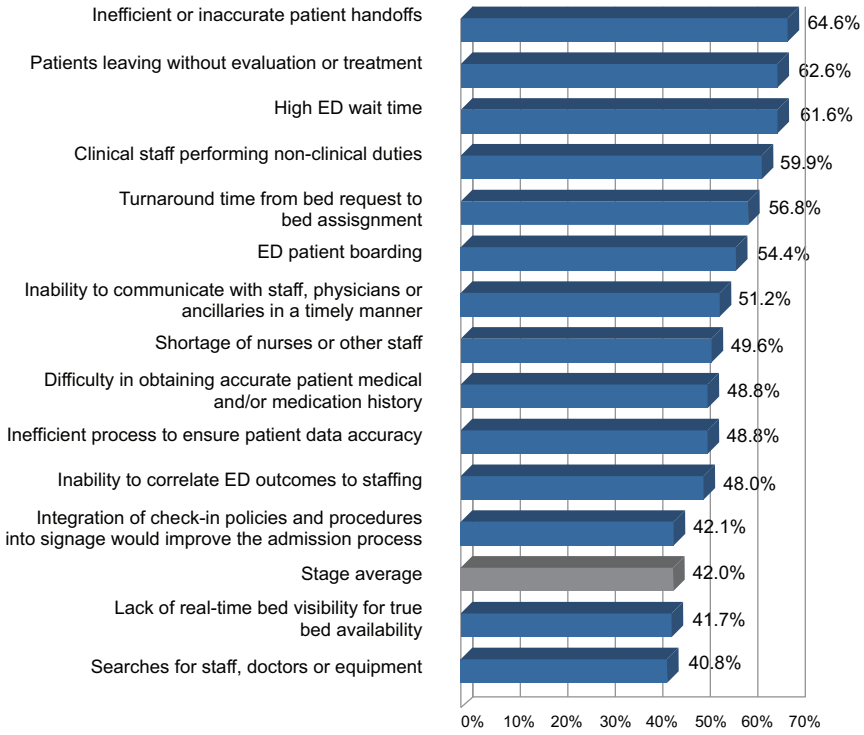
Patient is presenting through emergency department (ED), admitting office, physician practice or ancillary service.

Average level of concern	42.0%
Rank of average concern level	5/8
Rank among stage priorities	2/8
Participants prioritizing this stage	61.2%

More than 60 percent of participants prioritize Admission for patient flow improvement in 2010, making it a close second to Discharge as the area of highest priority, and a much higher priority than any other stage. The average level of concern for each obstacle at Admission (42.0 percent) is nearly equal to the overall average for all obstacles (43.7 percent). Participants were presented with more potential obstacles to rate (29) for Admission than for any other stage, but only two are among the top 15 overall concerns, and 18 are below the overall average. The leading concern at Admission—*inefficient or inaccurate patient handoffs*—is not unique to Admission. Due to space considerations, only the top half of Admission concerns are shown in Figure 13.

As shown in Figure 7, six of the seven most-solved obstacles, including the top three, are in the Admission stage.

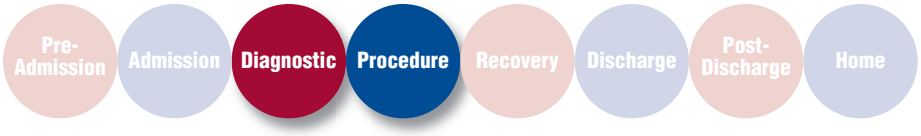
Figure 13: Top Admission Concerns



Several top Admission concerns are related to the Emergency Department (ED), while process, staffing and facility issues are also well represented. *High ED wait time* is the third-leading concern at the Admission stage, and is probably a contributor to the second-leading concern, *patients leaving without evaluation or treatment. ED patient boarding* and the *inability to correlate ED outcomes to staffing* also produced above-average levels of concern.

Staffing issues also create many perceived obstacles, notably the fourth-ranked concern, *clinical staff performing non-clinical duties,* plus *shortages of nurses or other staff* and the aforementioned Emergency Department wait time issues.

Stages 3 and 4: Diagnostic and Procedure



Stages 3 and 4: Diagnostic and Procedure

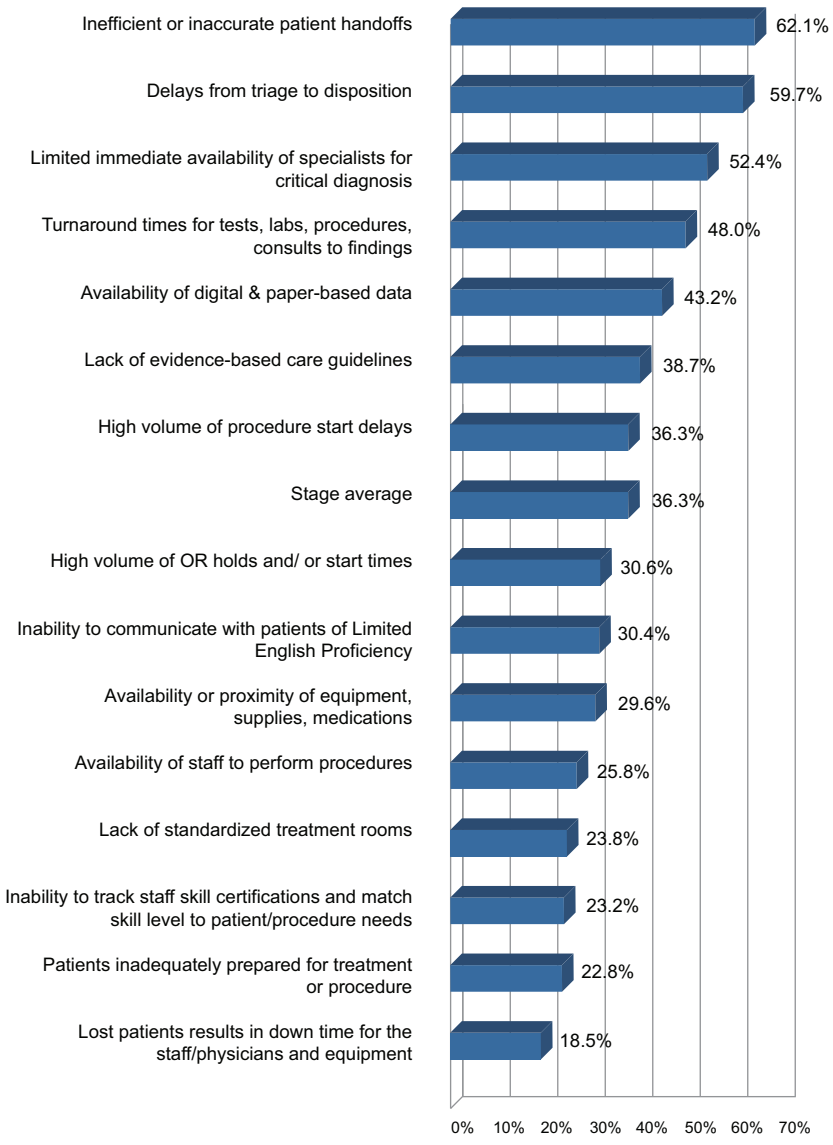
Patient has been admitted and pre-procedure testing, procedure, surgery or treatment are performed.

Average level of concern	36.3%
Rank of average concern level	8/8
Rank among stage priorities	Diagnostic 5/8 Procedure 7/8
Participants prioritizing this stage	Diagnostic 12.4% Procedure 7.8%

There was less average concern about patient flow obstacles for Diagnostic and Procedure (which were measured together) than any other stage. The leading concern, *inefficient or inaccurate patient handoffs,* is not necessarily stage specific.

Timeliness issues are prominent among Diagnostic and Procedure stage concerns. Aside from patient handoffs, Assessment participants are most concerned about delays from triage to disposition, limited specialist availability, and turnaround times for tests, procedures and consultations. While the general availability of staff to perform procedures does not appear to be a widespread problem, more than twice as many participants say the availability of specialists is a concern.

Figure 14: Diagnostic and Procedure Concerns



Stage 5: Recovery



Stage 5: Recovery

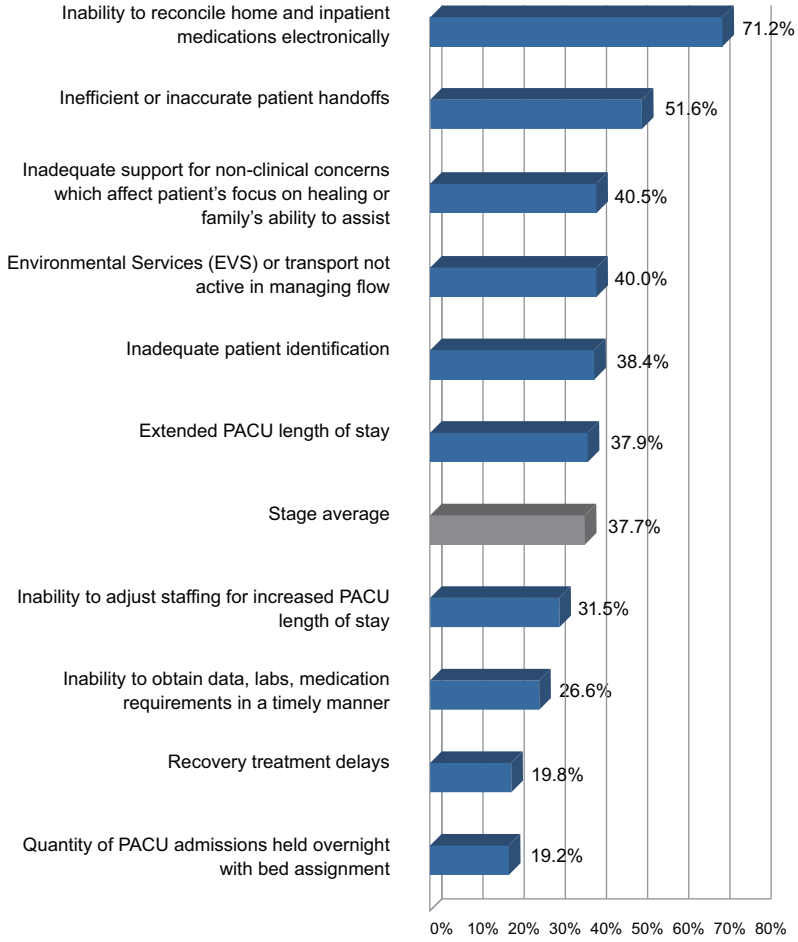
Patient is encountering post-procedure recovery stage.

Average level of concern	37.7%
Rank of average concern level	6/8
Rank among stage priorities	8/8
Participants prioritizing this stage	0.8%

The Recovery stage ranks lowest among patient flow priorities, and produces only two concerns above the statistical average. Even patient handoffs are a lesser concern at Recovery than at any other stage.

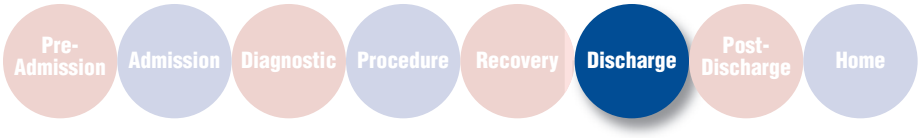
Inability to reconcile home and inpatient medications electronically is clearly the leading concern at the Recovery stage, and is one of only three concerns in the entire Assessment that is shared by at least 70 percent of participants. *Medication reconciliation* is also a leading concern at the next stage, Discharge, but the roots of this problem were likely established much earlier in the patient flow process. Nearly half (48.8 percent) of participants reported *difficulty in obtaining patient medical or medication information* during Admission.

Figure 15: Recovery Concerns



Inadequate support for non-clinical concerns which affect the patient's focus on healing or the family's ability to assist is a widely shared worry at the Recovery stage, and is another example of how the patient's home-life situation can impact the patient flow process.

Stage 6: Discharge



Stage 6: Discharge

Patient is exiting the hospital or in-patient care process and is returning home or to an intermediate or long term care facility.

Average level of concern	50.1%
Rank of average concern level	2/8
Rank among stage priorities	1/8
Participants prioritizing this stage	65.1%

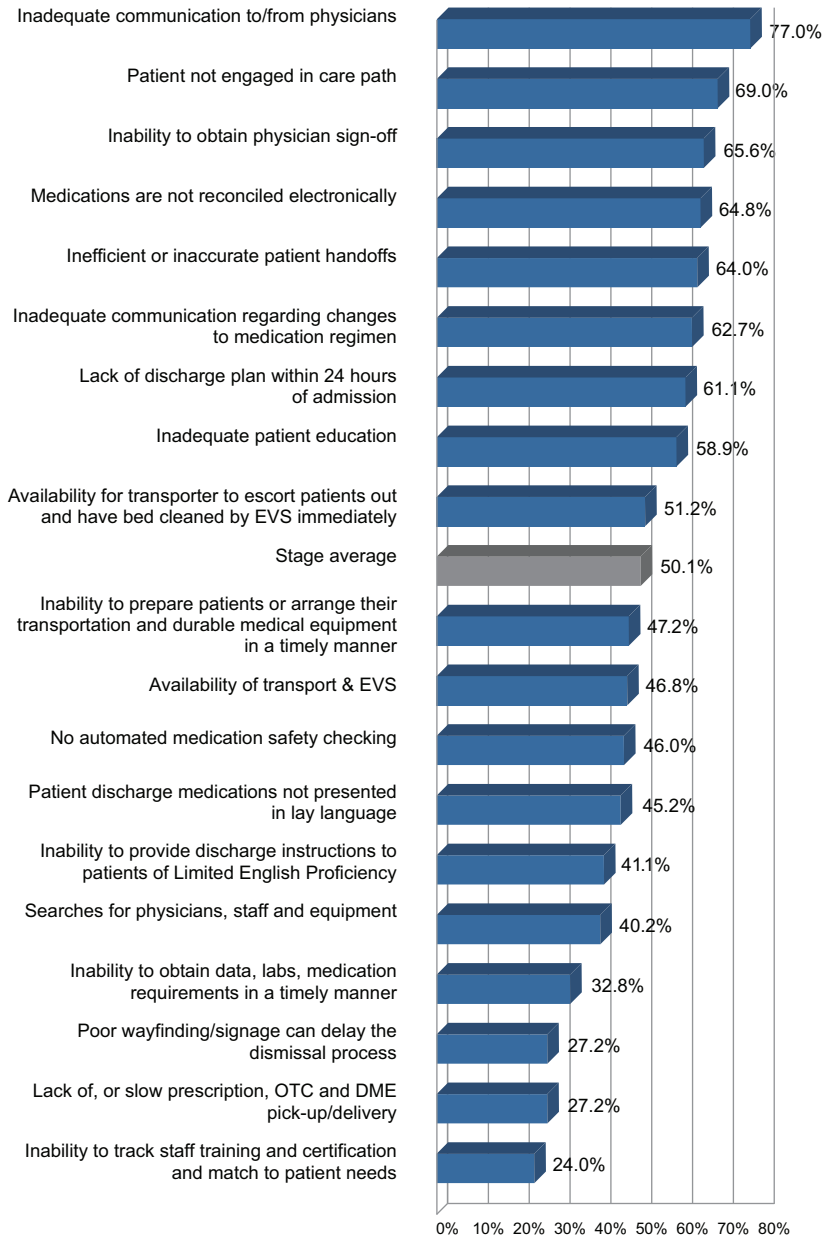
Discharge is the top patient flow priority. Participants expressed multiple strong concerns about Discharge obstacles. There were 107 concerns listed in the Assessment, categorized into eight stages plus enterprise-wide concerns. Of these 107, three of the top six and six of the top 15 occur in the Discharge stage.

Top Discharge concerns are related to communication and medication. Patient engagement issues are also highly evident and intensify in subsequent stages. More than three quarters of participants cited *inadequate communication to/from physicians* as a concern at the Discharge stage, the second-highest level measured in the entire Assessment. Communication also plays a role in other top concerns, including *inability to obtain physician sign-off, inefficient or inaccurate patient hand-offs,* plus several medication and patient engagement issues.

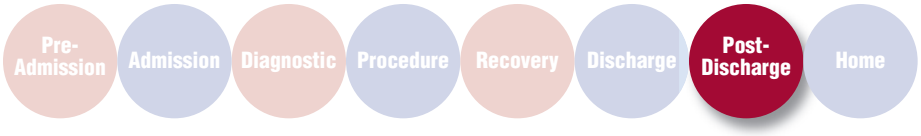
Medication concerns are prominent at Discharge. *Medication reconciliation, communication regarding changes to medication regimens, safety checks* and *clear communication about medications in lay language* are widely shared concerns. The top medication-specific concern is that *medications are not reconciled electronically,* which was cited by 64.8 percent of participants. In addition, 46.0 percent also expressed concern that there is no automated safe medication checking. However, 15.1 percent of respondents reported solving the automated safe medication checking obstacle at the Discharge stage, which was one of the top solve rates recorded in the Assessment. These results suggest that appropriate solutions are available to satisfy medication reconciliation concerns.

Several medication communication and other concerns could be categorized as patient engagement obstacles. These include *inadequate communication regarding changes to medication regimen* (which was the fifth-highest out of 19 Discharge stage concerns), *inadequate patient education* (8th), *inability to prepare patients or arrange their transportation and durable medical equipment in a timely manner* (10th), *inability to provide discharge instructions to patients of Limited English Proficiency* (14th), and most notably the second-ranked concern, *patient not engaged in care path.* Only 1.6 percent of respondents reported solving *patient engagement in the care path* at the Discharge stage. The patient engagement obstacle goes beyond Discharge, and is clearly cited among the top concerns in both Post-Discharge and Home stages where care coordination becomes more challenging.

Figure 16: Discharge Concerns



Stage 7: Post-Discharge



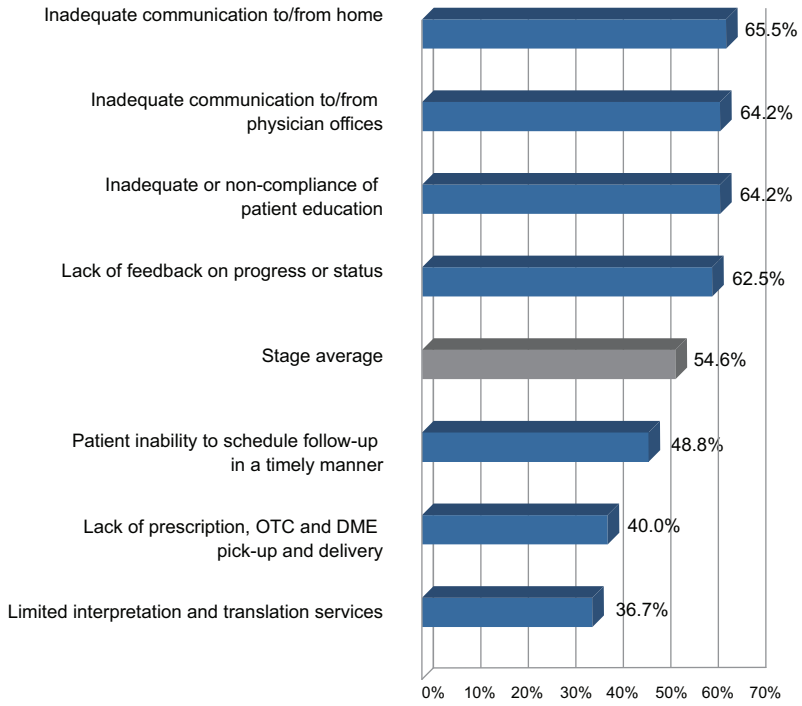
Stage 7: Post-Discharge

Patient has transitioned home or is receiving care in a sub-acute or specialty facility.

Average level of concern	54.6%
Rank of average concern level	1/8
Rank among stage priorities	3/8
Participants prioritizing this stage	20.9%

Only 20.9 percent of Assessment respondents say their organization is prioritizing the Post-Discharge stage, although this stage generates the highest average concern level. Communications issues dominate the list of Post-Discharge concerns. *Inadequate communication to/from home, inadequate communication to/from physician offices* and *lack of feedback on progress or status* were all cited by more than three fifths of Assessment participants.

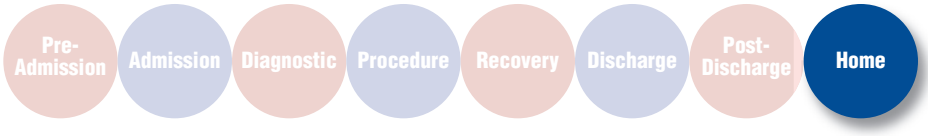
Figure 17: Post-Discharge Concerns



Patient engagement is another common concern. *Inadequate or non-compliance of patient education* and the aforementioned inadequate home communication are both among the top 15 overall concerns. Concerns about patient follow-ups and medication pickups also reflect problems with patient engagement.

Post-Discharge obstacles not only generate a high level of concern, they are difficult to solve. For example, only 2.5 percent of respondents reported solving communication to/from home; 26 times as many participants reported it as an obstacle. The average solve rate for Post-Discharge obstacles is 5.0 percent, which is the lowest of any stage. Participants perform best at interpretation and translation services, with 9.7 percent reporting they had solved that obstacle.

Stage 8: Home



Stage 8: Home

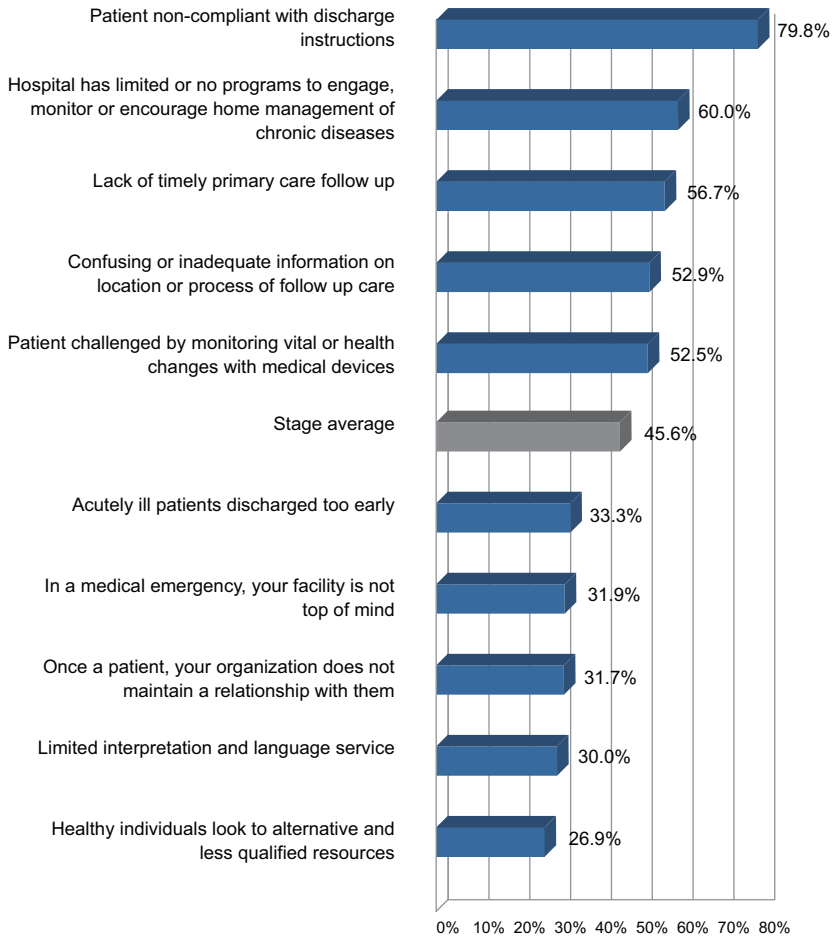
Generally well community members.

Average level of concern	45.6%
Rank of average concern level	3/8
Rank among stage priorities	6/8
Participants prioritizing this stage	9.3%

The Home stage includes the top concern in the 2010 Patient Flow Challenges Assessment: *patient non-compliant with discharge instruction,* which was cited by four out of five participants. Respondents are also concerned with their own abilities and processes for *managing patients after they leave the facility*. For example, 60 percent said their hospital has limited or no programs to engage, monitor or encourage management of chronic diseases. More than half of participants are also concerned about their ability to *provide clear information about follow-up care*.

Several concerns at the Home stage point to patients not being prepared when they leave the hospital. For example, 52.5 percent of participants are concerned that *patients are challenged by monitoring themselves or by using medical devices*. This is likely a contributor to *patients' non-compliance with their discharge instructions*. *Confusion regarding follow-up care* is another preparation-related concern.

Figure 18: Home Concerns



Conclusion

The vast majority of hospitals prioritize the Admission and Discharge stages for improving patient flow, and demonstrate confidence in their ability to manage patients in between. Many of the leading concerns about patient flow originate when patients are outside the hospital, particularly after Discharge. Of the 107 obstacles measured in the Assessment, 10 of the top 15 relate to issues at the Discharge stage or later. These concerns are challenging to solve and often depend more on patient engagement than on the hospital's programs, processes and technologies.

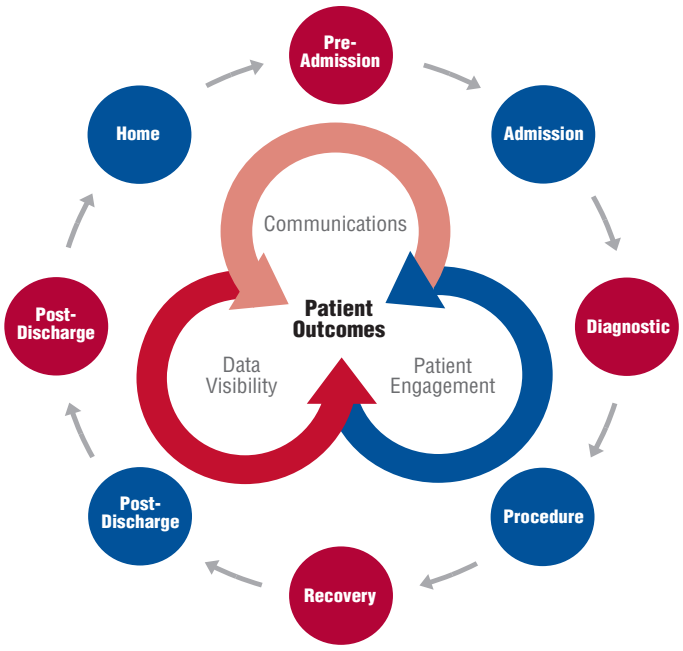
Of the 107 potential obstacles assessed, 102 are a concern to at least 20 percent of participants; only 3 of the 107 obstacles have been reported solved by at least 20 percent of participants. There are clearly numerous concerns, but many can be traced to a few root causes. Communication and medication issues are among the leading specific causes for concern among many hospitals. Communication is an obstacle both within the hospital and at Post-Discharge. Communication with physicians and the patient's home are among the overall top concerns. Many medication-specific concerns are also communications related, particularly those that involve medication reconciliation. Improved communication could also improve patient handoffs, another persistent obstacle.

The final handoff—sending patients home—may be the most challenging. There is a link between the patient's home and family life and the top concerns identified by hospital professionals. These factors in turn impact patient flow. Hospitals need not only better tools for predicting patient flow (about two thirds of participants say they lack such resources), but also a better perspective on how personal factors influence the patient flow process.

Health care reform is creating an urgency to improve care coordination outside the home. Federal mandates include new penalties and incentives to discourage readmissions. While the Home and Post-Discharge stages of patient care are not current priorities at most hospitals, they might quickly become priorities as health care reform is creating an interconnection between home care, readmission, patient flow and cash flow.

In evaluating patient flow challenges, it appears that all the stages are actually elements of a continuous process with Patient Outcomes at its core. The root causes of the challenges impacting patient flow can be grouped into three categories: Patient Engagement, Data Visibility, and Communication.

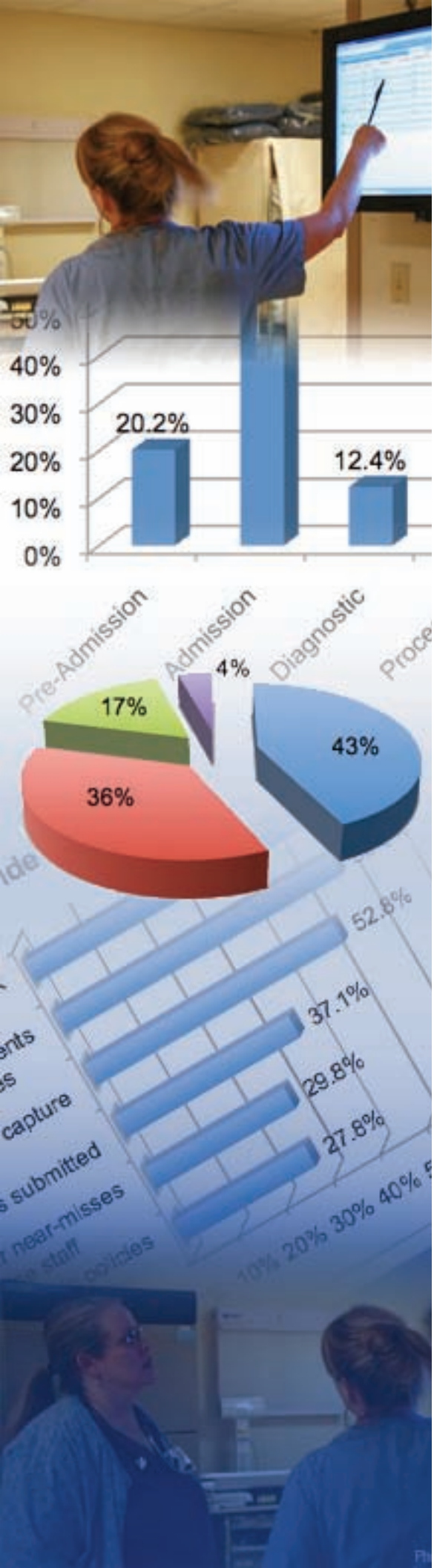
AHA Solutions has identified and endorsed solutions that address many current and emerging concerns about patient flow. The following page includes a summary of AHA-endorsed patient flow solutions and the specific concerns and category each addresses.



Driving Systemic Transformation in Patient Flow

Development and implementation of solutions for the patient flow challenges described in this Assessment is an ongoing process. Few hospitals have resolved all the issues. As a resource to hospitals in pursuit of operational excellence, AHA Solutions is focused on identifying high value products and services that address hospitals' most critical areas of concern:





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 product due diligence and identify solutions to hospital challenges in the areas of finance and operations, human resources, patient flow, and technology. AHA Solutions provides related marketplace analytics and education to support product decision-making. As a subsidiary of the 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.

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, health care-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.

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