

12 Monday-Morning Interventions for Hospital Flow

One concrete move per law — start Monday.

Each law below names a way hospital flow breaks. Beside it is the single action that surfaces the number — scoped to run on one unit and finish before Friday. Pick the intervention that matches the pain you feel this week, run it, then pair what you find with that chapter's Architect's Application to design the fix. The moves reveal the problem; the book builds the cure.

TIER I The Physics of Flow *Why volume and speed break systems*

Laws 1–5

1 This week, pick one visit type and total the coordination minutes it plants.

Map every downstream task a single visit seeds — labs, refills, portal messages, referrals — and add up the after-hours work no schedule ever counted.

Law 1 · The Invisible Work Law. *Unmeasured coordination work quietly consumes real capacity.*

2 This week, plot one unit's realized wait against its utilization and find where your own curve goes vertical.

Use a year of data, not the borrowed 85 percent rule — the cliff is where you actually fall off it.

Law 2 · The Utilization Paradox. *Past a point, higher utilization buys sharply accelerating delay.*

3 This week, name the downstream step that most often blocks your ED's output — then separate one elective stream from the emergent peak.

Find the bed or discharge step that jams the front door, and stop letting a schedulable surge collide with an unschedulable one.

Law 3 · The Variability Cascade. *Small, unbuffered surges amplify into system-wide failure.*

4 This week, walk one patient pathway end to end and mark every junction where a delay stops being absorbed and starts transmitting.

Each un-buffered seam is where an ordinary delay turns into a system-wide one.

Law 4 · The Fragility Principle. *Hyper-efficient, tightly coupled systems become brittle.*

5 This week, take one recent discharge and list every handoff from clearance to departure — flag the links no one could see end-to-end.

The tax hides in the seams no single person can see across; naming them is the first step to redesigning them.

Law 5 · The Coordination Tax. *Every additional handoff and relationship costs capacity.*

- 6** This week, pull a quarter of assignment logs for one surgical service and count how often the core team actually worked together.

Stability, not headcount, is the variable — measure whether the same people keep returning.

Law 6 · The Team Familiarity Effect. *Stable teams produce measurably safer care.*

- 7** This week, for one high-acuity unit, calculate the share of today's shift who have not worked together in the prior 30 days.

That Stranger Ratio is the risk the FTE count hides; a unit of strangers has less real capacity than its staffing implies.

Law 7 · The Workforce Stability Rule. *Treating clinicians as interchangeable raises risk.*

- 8** This week, track what share of discharges clear before 10 a.m. versus after 2 p.m., and overlay it on ED boarding by hour.

Exit velocity governs capacity — watch how tightly late discharges track midday crowding.

Law 8 · The Discharge Bottleneck. *Exit velocity, not admission volume, governs capacity.*

- 9** This week, measure the Third Next Available for your three busiest providers; if any exceeds a few days, size the hidden backlog.

A fully booked grid is already closed to the patient who becomes sick today.

Law 9 · The Clinic Capacity Illusion. *A fully booked schedule is already inaccessible.*

- 10** This week, replace the mean wait with the 90th-percentile wait for one service and see which patients the average had erased.

The mean hides your sickest, costliest patients in the tail — measure the number that actually governs safety.

Law 10 · The Measurement Error. *Managing by the wrong number produces operational blindness.*

TIER III Designing for Reliability *Building systems that hold*

- 11** This week, walk one unit and tag every idle bed or open slot as “good slack” (intentional buffer) or “bad slack” (broken process).

Not all empty capacity is waste; some of it is the infrastructure of flow, safety, and learning.

Law 11 · The Slack Requirement. *Reliable systems require protected, intentional buffers.*

- 12** This week, shadow one complex patient from referral to discharge and mark every seam where information failed to travel with them.

Manage the seams, not the nodes — reliability comes from protecting the handoffs, not maximizing each department.

Law 12 · The System Design Law. *Reliability comes from optimizing global flow, not local productivity.*

HOW TO USE

The three tiers build on one another — **flow pressures** (Laws 1–5) create **structural constraints** (Laws 6–10), which you answer with **deliberate design** (Laws 11–12). Do not run all twelve at once. Choose the one intervention that names a problem you can feel right now, execute it on a single unit this week, and let the number it returns point you to the chapter that turns the measurement into a redesign.