

Discharge-by-Noon — Daily Flow Checklist

Hospitals rarely run out of beds; they run out of discharges. Work top to bottom — anything unchecked by its window is an escalation, not a note for tomorrow.

Move the curve left. Open beds *before* the mid-day admission wave — beat the Noon Cliff.

Exit velocity = capacity. Every blocked discharge pushes the whole house up the steep part of the curve.

Timing is capacity. Hitting the daily total late still fails; land discharges early.

Day Before · Late Afternoon

Set up tomorrow

PREP

- ☐ Tomorrow's likely discharges **identified and listed**
- ☐ Single most-likely **barrier named** for each patient
- ☒ **Prior authorization started** for every anticipated post-acute discharge (≤ 48h ahead)
- ☐ Post-acute / SNF bed requested and tracked; home equipment and oxygen ordered
- ☐ Transport pre-booked into a pickup window where possible

07:00 · Morning Huddle

Orders by 09:00–10:00

HUDDLE

- ☐ Multidisciplinary discharge huddle held; **Ready-to-Leave list walked**
- ☐ Each expected discharge confirmed; **owner assigned** to every open barrier
- ☐ Target departure time set for each patient (**orders before 10:00**)
- ☐ Discharge orders written & med reconciliation done — **early leavers first**
- ☐ Discharge medications prepared; patient counseling scheduled

By 11:00 · Target

Hit the 11:00 line

EXECUTE

- ☒ **Target share of discharges physically OUT before 11:00**
- ☐ Transport synchronized with paperwork, meds & patient (**no van left circling**)
- ☒ Any barrier open past its window **ESCALATED in real time** ESCALATE
- ☐ Vacated rooms flagged to EVS immediately; turnover underway

Early Afternoon · Backstop

Re-sweep & close the loop

BACKSTOP

- ☒ List re-swept; every **"awaiting ride / awaiting equipment"** patient moved to the **discharge lounge**
- ☐ Remaining external barriers (SNF bed, prior auth) **escalated to flow lead** ESCALATE
- ☐ Rooms confirmed turned & returned to the bed board for the admission wave
- ☐ End-of-day: capture reasons any planned discharge slipped past target (**for tomorrow's design**)

Are we full — or just blocked?

A few synchronized discharges before noon do more for a saturated hospital than any staffing meeting. Clear the exit and the whole building breathes.

Design rule: internal-designable steps (med rec, transport, sequencing, room turnover) sit with in-house roles and should be hit reliably; external steps (SNF capacity, prior auth, social) get buffered — chiefly by the discharge lounge.