

# 10. Improving patient flow: Increasing weekend discharges

A Timely Emergency Care Collaborative  
how-to guide for health services

OFFICIAL



Department  
of Health



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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

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In this document, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Koorie' is retained when part of the title of a report, program or quotation.

ISBN 978-1-76131-737-8 (online/PDF/Word)

Available at [Emergency care](https://www.health.vic.gov.au/patient-care/emergency-care) <<https://www.health.vic.gov.au/patient-care/emergency-care>>

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# Background

From September 2024 to September 2025, the Increasing Weekend Discharges pilot project was launched as part of the Timely Emergency Care 2: Innovation in Flow pathway. The pilot project aimed to understand how hospitals can increase weekend discharges to improve patient flow and reduce pressure on emergency departments.

The project involved 5 health services that took part across 6 teams, 5 medical units and one stroke unit. They tested elements of change theory codesigned from the input and ideas of participating teams.

Based on the testing results and insights from the teams, the key factors most effective in increasing weekend discharges were:

- **Early preparation for the weekend:** Identify potential discharges and progress discharge tasks.
- **Clear communication and handover:** Use staff huddles to align priorities and ensure the team focuses on discharges.
- **Role continuity and clarity:** Weekend staff understand their responsibilities and can effectively support discharge goals.
- **Supportive culture and leadership:** Normalise weekend discharges and empower weekend staff to effectively carry out their roles confidently.
- **Proactive communication with families:** Set clear expectations for discharge to reduce discharge barriers and delays.
- **Clinical enablers:** Ensure medical staff, discharge navigators, allied health, pharmacy services and so on are present throughout the weekend to progress discharges.

This guide draws on lessons from the pilot project and incorporates them into a structured weekly workflow that health services can use to prepare and facilitate increased weekend discharges.

## Problem overview

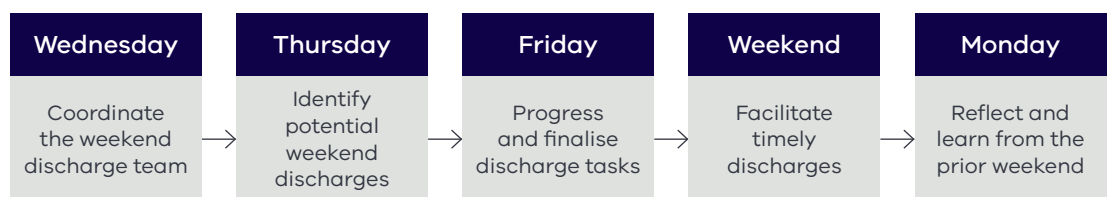
Hospitals in Victoria discharge significantly fewer patients on weekends than on weekdays, leading to longer hospital stays for patients who are medically ready for discharge. These delays contribute to bed block and increase pressure on emergency departments as patients wait for inpatient beds.

Reduced availability of clinical staff (for example, medical, allied health and pharmacy) on weekends can contribute to a culture where weekend discharges are not actively planned, resulting in delays and pushing discharges into the following week. Structured workflows that optimise existing staffing models and empower weekend teams can enable timely discharges, improve patient flow and ensure care is delivered in the right place at the right time.

## Overview of the change

To increase weekend discharges, a structured weekly workflow is critical to coordinate and support timely patient discharges. Planning begins on **Wednesday** with confirmation of the weekend discharge team and clear expectations set for both the weekday and weekend teams. On **Thursday**, potentially suitable patients are identified during ward rounds, and discharge planning tasks are initiated. **Friday** focuses on finalising discharge documentation and communication of plans with patients, families and community providers. A multidisciplinary afternoon briefing plans and hands over the weekend discharge list. Over the **weekend**, the discharge team conducts targeted ward rounds and facilitates discharges. On **Monday** hospital leaders review the weekend performance, identify lessons learned and share insights with the upcoming team.

**Figure 1: Weekly workflow to support increased weekend discharges**



## Key enablers

Consistent weekday processes and routines lay the foundation for successful weekend discharges.

### Multidisciplinary discharge huddles or afternoon huddles

Discharge huddles ensure coordination of care and discharge readiness throughout the week.

#### Purpose

Progress patient care, address barriers to discharge and coordinate decision-making for patients identified for next-day discharge.

#### Key actions

- Identify patients for next day discharge.
- Confirm and update the estimated discharge date (EDD).
- Confirm the discharge destination (for example, home, residential aged care, subacute ward).
- Identify and address discharge barriers (for example, referrals).
- Assign outstanding discharge tasks (for example, discharge summaries, scripts).

#### Optional actions

- Confirm clinical criteria for discharge (CCD).
- Assess patient suitability for criteria-led discharge (CLD).
- Assess patient suitability for transit/discharge lounge.

More information on how to run an effective afternoon discharge planning huddle is under the TECC Legacy Resources: [4. Improving patient flow: Afternoon discharge planning huddles](https://www.health.vic.gov.au/sites/default/files/2025-02/afternoon-discharge-planning-huddles.pdf) <<https://www.health.vic.gov.au/sites/default/files/2025-02/afternoon-discharge-planning-huddles.pdf>>.

### Weekday to weekend continuity

Continuity of care across 7 days ensures patient care progresses and that timely discharges occur, particularly over weekends. Where possible, rostering practices should allow clinical roles to continue from the weekdays through to the weekend. This reduces delays and supports smoother transitions of care. Even with good rostering, clear and reliable handover processes are essential so critical information and tasks are carried into the weekend (refer to [Friday - final preparation and handover](#), below).

## Senior leadership engagement and involvement of access teams

Strong senior leadership engagement, both clinical and operational, is critical to enabling timely weekend discharges and maintaining patient flow.

Designated leaders should be clearly identified during the establishment phase of this initiative and remain visible to staff throughout the week, including on weekends.

- The **senior clinical lead** sets clear discharge expectations on the weekend and works with the discharge team to support clinical decision-making.
- The **senior operational lead** partners with the access/patient flow team to proactively resolve barriers or delays to discharge.

Together, these roles should reinforce an organisational culture that prioritises weekend discharges, rather than deferring them to Monday, and ensures core processes and tasks are consistently implemented.

### Questions for consideration

- Do equivalent leadership roles exist at your health service?
- Are they visible on weekends?
- Do staff know who they are and how they can provide support?

# Weekly workflow

## Wednesday – team coordination

### Purpose

Confirm the weekend discharge team and set clear expectations for both weekday and weekend staff.

Effective weekend discharge planning begins with early coordination of a **weekend discharge team** – a dedicated multidisciplinary group focused on:

- discharging patients
- preparing patients for next-day discharge
- helping to manage new admissions to the unit.

This team operates with a clear weekend focus, supported by enabling practices such as:

- dedicated roles protected from business-as-usual tasks (for example, post-take round, non-priority patient reviews)
- clear communication and documented handover from weekday teams
- organisational recognition and support for weekend discharge priorities
- endorsement and expectations set by the head of the division or unit.

### Key actions for Wednesday

1. **Confirm weekend team members** including their names, roles and responsibilities.
2. **Communicate the team list and contact details** across the unit and to key supporting services (for example, allied health, pharmacy and community services).

**Table 10.1** outlines the best-practice roles, responsibilities and staffing recommendations based on the TEC2 Increasing Weekend Discharges pilot.

**Table 10.1: Weekend discharge team – roles and responsibilities**

Role	Responsibility	Recommended minimum professional level	Recommended minimum hours of work on the weekend
Senior medical decision-maker	Lead clinical decision-making for the weekend discharge team; focus on discharging patients for the day and the next day	Advanced trainee (BPT3/AT)	4 hours – for example, 08:30–12:30
Junior medical staff	To work alongside the senior medical decision-maker, completing medical tasks to enable discharge	Hospital medical officer	8 hours – for example, 08:00–16:00

Role	Responsibility	Recommended minimum professional level	Recommended minimum hours of work on the weekend
Discharge navigator	Coordinate discharge planning and communication across teams to streamline weekend discharges and reduce delays	Grade 2–3 registered nurse with at least 5 years' experience – for example, ex-ANUM <b>or</b> Grade 2 allied health professional with strong service knowledge	6 hours Ideally 8 hours per day (weekday and weekend)
Clinical pharmacist	Clinically screen and supply necessary discharge medication, provide urgent inpatient medication and provide clinical advice to health professionals	Grade 2	6 hours – for example, 08:30–14:30
Pharmacy technician	Support the pharmacist in dispensing urgent inpatient medication and discharge medication	Grade 1	6 hours – for example, 08:30–14:30
Allied health (physiotherapist, occupational therapist and social worker)	Support functional assessments and discharge readiness, expedite safe and timely discharges and report results to the medical team	Grade 2+	4 hours (08:00–12:00)

## Thursday – early identification and planning

### Purpose

Identify suitable patients early for weekend discharge and ensure plans are clearly communicated to all staff, patients and carers to enable timely discharge.

### Key actions for Thursday

1. **Identify patients** potentially ready for weekend discharge during ward rounds and discharge huddles, confirming readiness with allied health.
2. Begin populating the '**weekend discharge list**' including:
  - a. the patient's name
  - b. the consultant's name
  - c. the ward.

*Note: This list should be updated throughout the day as new patients are identified.*

3. **Initiate discharge tasks** such as:
  - a. ordering diagnostics
  - b. making referrals to outpatient and community services
  - c. coordinating equipment and transport requirements.
4. **Update patient communication boards** with expected date of discharge (EDD) and outstanding tasks.
5. **Communicate discharge plans** including EDD to patients, carers and other relevant stakeholders.

## Friday – final preparation and handover

### Purpose

Finalise discharge tasks and prepare the weekend team.

### Key actions for Friday

1. **Update the 'weekend discharge list'** during ward rounds.
2. Document **clear discharge criteria** in each patient's medical record.
3. **Set a target** for the number of weekend discharges to be achieved.
4. **Finalise discharge tasks**, which may include:
  - a. preparing discharge summaries and prescriptions
  - b. reviewing discharge prescriptions, coordinating medication dispensing with the pharmacy and providing medication education
  - c. completing referrals to outpatient and community services
  - d. coordinating equipment and transport requirements
  - e. liaising with community services and external facilities (for example, Hospital in the Home, in-home services, residential aged care) to confirm weekend discharge plans
  - f. communicating with patients, families and carers to clarify expectations and confirm plans.
5. **Conduct an afternoon huddle** (tier 0 huddle), with emphasis on weekend preparation.
  - a. The meeting acts as both a clinical handover and a planning session.
  - b. Share the draft weekend discharge list with attendees.
  - c. Suggested attendees:
    - i. senior member of medical team (meeting chair)
    - ii. weekend discharge team (if available)
    - iii. associate nurse unit manager (or equivalent)
    - iv. support services
    - v. discharge coordinator/navigator.

6. **Communicate the weekend plan at the afternoon bed meeting.**
  - a. Summarise the plan from the TO huddle with access team members.
  - b. The access manager (or equivalent) updates the list. The night team take over the list and hand over to the weekend discharge team on Saturday morning.
7. **Update patient communication boards** with EDD and outstanding tasks.

## Saturday and Sunday – execution

### Purpose

Deliver timely discharges with clear leadership and effective handover to weekday teams.

### Key actions for the weekend

1. **Update the weekend discharge list** with new admissions or overnight changes.
2. **Morning huddle (9 am)** with the weekend discharge team and access coordinator or after-hours manager to review the final weekend discharge list:
  - a. chaired by the access coordinator (or equivalent)
  - b. copies of the discharge list provided to the senior clinical decision-maker
  - c. patients on the list are prioritised for review
  - d. senior clinical decision-maker sets the plan and instructs the weekend discharge team.
3. **Conduct focused ward rounds** for patients on the weekend discharge list (not post-take). If a separate ward round on these patients is not feasible, prioritise these patients immediately after reviewing the most unwell and unstable patients.
4. **Complete final assessments** (for example, mobility, home safety), provide critical discharge medications and deliver education.

*Note: Wherever possible, all assessments and education should be completed on Friday.*
5. **Midday huddle (12 pm)** with the weekend discharge team, nurse in charge and access coordinator:
  - a. handover of jobs and plans for remaining discharges
  - b. escalate unresolved barriers to the senior hospital manager.
6. **Prepare a discharge report** on Sunday to hand over progress to the weekday team. It should also include:
  - a. an overview of successful discharges
  - b. any issues encountered, including barriers to discharge
  - c. improvement opportunities identified
  - d. data collected manually over the weekend.

## Monday – monitor and learning

### Purpose

Reflect on and learn from the prior weekend's performance.

### Key actions for Monday

1. **Review the weekend discharge report** – the director of access and patient flow (or equivalent) and division leads to review weekend performance.
2. **Identify reasons for missed or delayed discharges** and highlight areas for improvement.
3. **Share learnings** at the relevant bed meeting and/or tiered huddles and with the upcoming weekend discharge team.
4. **Refine processes and workflows** based on insights to improve performance for the upcoming weekend.

## Getting started

Before testing any changes, it is important to understand your baseline performance and the processes that support weekend discharges at your health service. Activities that may help you to deepen your understanding of your health service's current state include the following:

1. **Review baseline data:** Analyse the last 6 to 12 months of discharge data to determine the average number and percentage of discharges by day of the week (completed as part of EOI application).
2. **Gather perspectives:** Speak with patients and carers about their experiences of weekend discharge. Engage staff involved in inpatient discharges to gain insights into the current practices and factors that impact the number of successful weekend discharges.
3. **Go and see:** Visit your health service on the weekend to watch how it operates. Map out the flow of activities from the weekday to weekend. (An example of a process flow is in [Appendix 2](#).)
4. **Conduct a gap analysis:** Compare your documented workflow with the proposed weekly workflow model. Are roles and responsibilities clearly defined? Are there gaps or overlaps in critical tasks? Is weekend resourcing sufficient to support the desired workflow?
5. **Audit barriers to discharge:** Review Monday discharges and identify patients who were medically ready for discharge over the weekend but did not go home. Document the reasons why.

## Appendix 1: Health service templates

More health service resources are available, and you can contact [TEC2@health.vic.gov.au](mailto:TEC2@health.vic.gov.au) to access copies.

### St Vincent's criteria for discharge template

The following points are copied to the patient's online medical records if they have been flagged for weekend discharge:

#### Criteria for discharge

- Medical criteria:
- Vitals-related criteria:
- Allied health:
- Community supports:
- Follow-up:
- Discharge summary/scripts:
  - Y/N

### St Vincent's Friday list email template

Dear XX,

The following staff have been identified to attend this weekend's discharge ward round:

- Consultant – XX
- MAPU registrar – XX
- Ward registrar – XX
- Junior medical staff – XX
- Pharmacist – XX
- Discharge coordinator – XX

I, XX, will be the discharge coordinator working across the weekend. My contact number is: XX.

We will huddle at **9 am in the XX** before the ward round begins.

Please find the list of flagged weekend discharges across General Medicine. We can discuss any additional patients who may need to be reviewed for discharge with the post-take registrar and the ward registrar.

#### List of flagged weekend discharges:

Day	Team	Ward room bed	Name and UR number	Destination	Waiting/barrier

## St Vincent's script for afternoon countdown to discharge check-in

<b>Chair</b>	PM nurse in charge	
<b>Time</b>	Afternoon (for example, 3 pm)	
<b>Core attendees</b>	<b>Role</b>	<b>Function</b>
	PM nurse in charge	Confirms whether requested care occurred; identifies outstanding waits
	Allied health reps (as required)	Communicates actions and dispositions in person or via the electronic patient journey board
	Operations manager	Supports escalation and flow coordination
	Pharmacist	Receives communication on tasks required for patients flagged to discharge the following day
<b>Agenda</b>	<p><b>Recap of today</b></p> <ul style="list-style-type: none"> <li>• Review patients marked red on the CTD board or tool</li> <li>• Update to green if actions are completed</li> <li>• Escalate unresolved waits</li> </ul> <p><b>Preparation for tomorrow</b></p> <ul style="list-style-type: none"> <li>• Review expected discharges and outstanding care</li> <li>• Identify discharges that could occur this evening</li> <li>• Confirm referrals to the discharge lounge or community teams</li> </ul>	

## St Vincent's countdown to discharge script for the meeting chair

1. Have we achieved what we set up to do today?
  - a. Yes → green day
  - b. No → red day (assess if escalation is required)

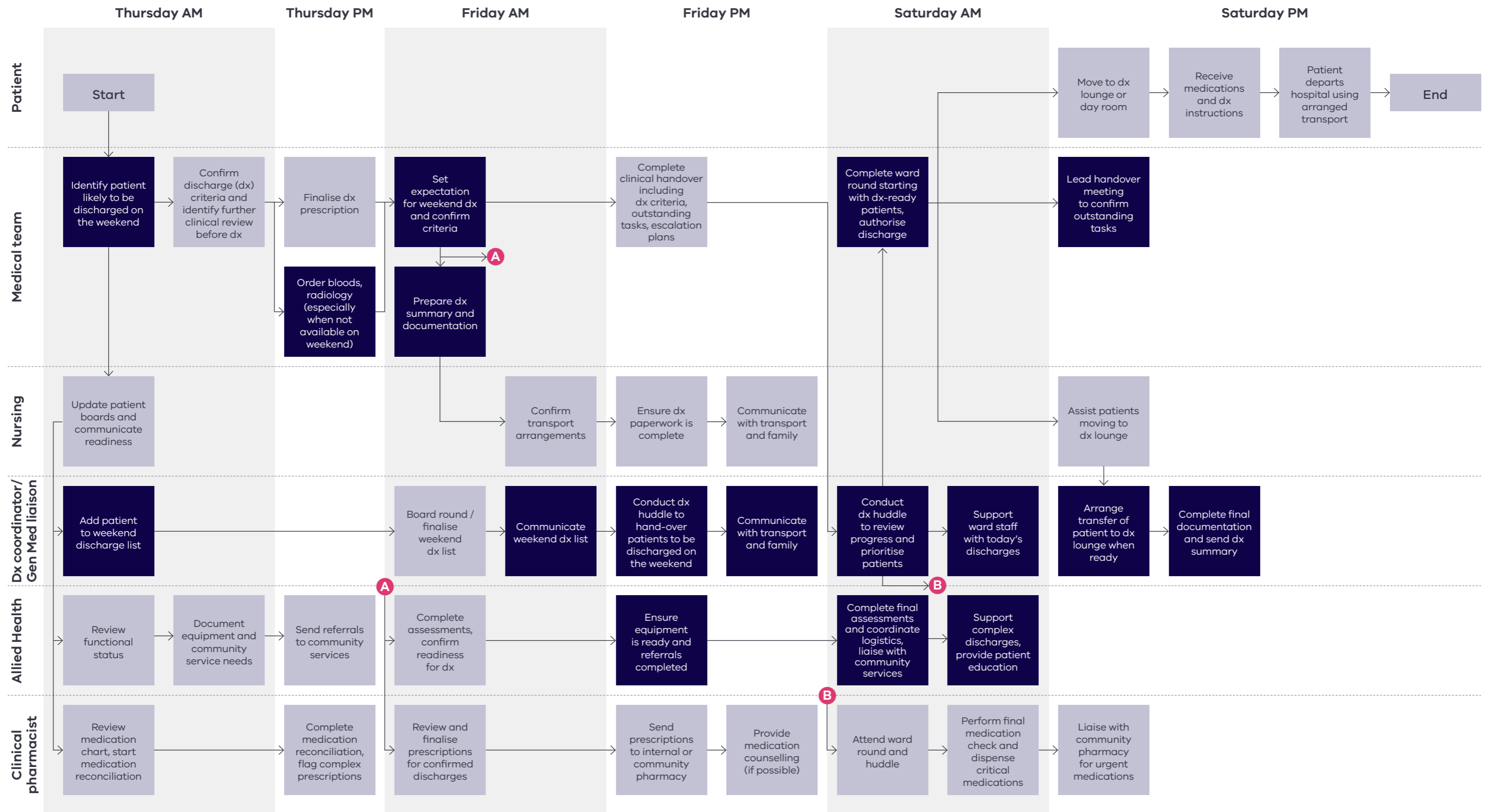
Review the patient discharge list for tomorrow and ask the following questions for each patient:

1. Is everything ready for the discharges tomorrow morning?
  - a. Scripts
  - b. Discharge summary
  - c. Pharmacy
  - d. Transport
2. Can the patient go home today instead?

## **Appendix 2: Example weekend discharge process flow**

Refer to the A3 insert on the following page (p. 17).

# Example weekend discharge process flow



Standard task for all patients
  Specific or adapted task for patients to be discharged on the weekend

Abbreviations used in this chart: **dx** – discharge; **Gen Med** – General Medicine





