

# 4. Improving patient flow: Afternoon discharge planning huddles

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

OFFICIAL



Department  
of Health



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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.

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# Contents

<b>Introduction</b>	<b>4</b>
<b>Problem this change idea addresses</b>	<b>5</b>
<b>Overview of the change idea</b>	<b>6</b>
Why introduce an afternoon discharge planning huddle?	6
<b>How to test this change idea</b>	<b>7</b>
Before testing	7
Plan	9
Do	10
Study	11
Act	11
<b>How to measure if the change is leading to improvement</b>	<b>12</b>
<b>Case study: Discharge planning huddle</b>	<b>13</b>
<b>Appendix 4.1: Discharge huddle – standard questions</b>	<b>15</b>
<b>Appendix 4.2: Process mapping for huddles</b>	<b>16</b>
Acknowledgement	16
<b>Chapter references and further reading</b>	<b>17</b>

# Introduction

The Timely Emergency Care Collaborative (TECC) aimed to reduce delays for patients needing emergency care in Victoria through improving hospital-wide patient flow.

The project involved 14 teams from hospitals across Victoria, as well as a team from Ambulance Victoria. The Victorian Department of Health delivered the project in partnership with the Institute for Healthcare Improvement.

The project ran from December 2022 until the end of June 2024. Almost every team showed significant improvements in the timeliness of emergency care, as measured by emergency department lengths of stay.

The project set out with a change theory of how to improve hospital-wide patient flow. This change theory was developed by drawing on international evidence, local and international expert input and the ideas of the participating teams.

Through the results of testing and the insights from participating teams, the change ideas that were found to be most impactful (feasible to implement, demonstrated improvement) were identified as 'high-impact change ideas'. These ideas have been written up as a series of 'how-to guides'.

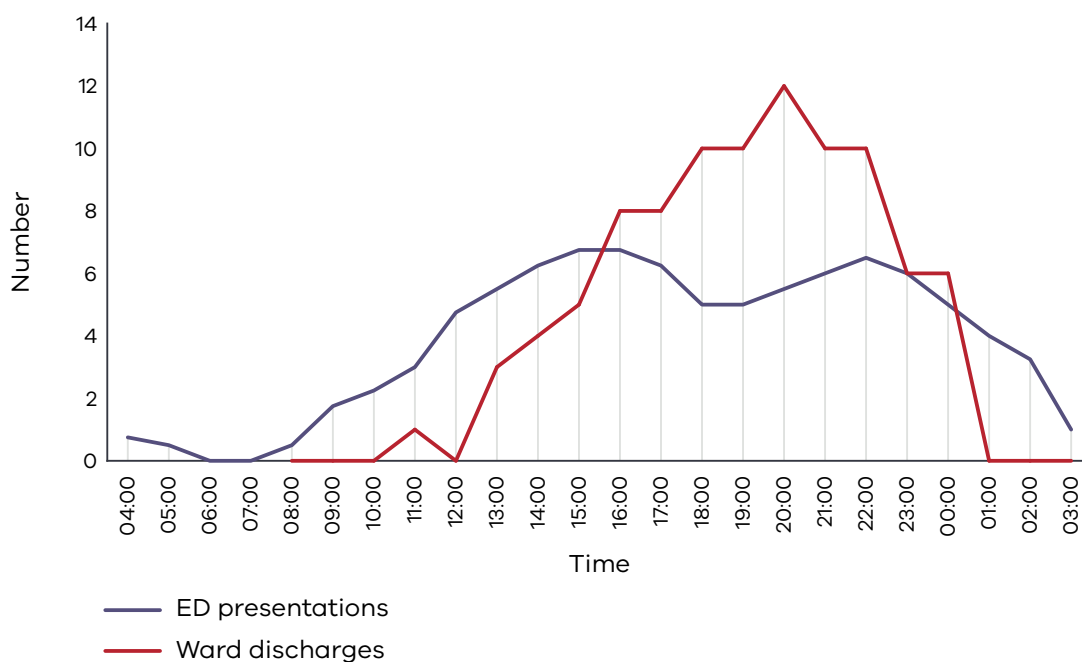
This guide is one of a series outlining each of these high-impact change ideas. All guides are available from [Emergency care](https://www.health.vic.gov.au/patient-care/emergency-care) <<https://www.health.vic.gov.au/patient-care/emergency-care>> or by contacting [TEC2@health.vic.gov.au](mailto:TEC2@health.vic.gov.au). A summary of the overall change theory from the TECC can also be found on the [Emergency care](https://www.health.vic.gov.au/patient-care/emergency-care) webpage <<https://www.health.vic.gov.au/patient-care/emergency-care>>.

The change theory and learnings from the TECC project continue to inform other departmental projects including the Timely Emergency Care (TEC) 2 Program.

## Problem this change idea addresses

Presentations to emergency departments (EDs) typically follow a predictable pattern. Decisions to admit patients then follow, ideally within 4 hours of a patient presenting. However, discharges of patients from inpatient wards tend to be low in the morning and increase across the day, peaking in the late afternoon (Figure 4.1).

**Figure 4.1: Typical pattern of emergency department presentations versus ward discharges**



Discharges then don't match the emergency demand. Even if the number of discharges in a day is the same as the number of admissions, there is a mismatch between when beds become available. This mismatch leads to growing pressure on the ED across the day. The response is either to then leave the pressure to grow in the ED (and on the hospital ramp for patients arriving by ambulance) or to mitigate the problem by admitting patients to wherever there is an available bed. This results in patients being in the wrong specialty, care group or ward and leads to:

- clinical teams doing 'safari' ward rounds (where rounding teams go all over hospital)
- patients being seen less frequently
- day-to-day care being provided by staff trained in different specialties from the patient needs.

The consequences of this affect the entire hospital (and beyond), leading to:

- longer inpatient stays
- poor care and outcomes
- staff feeling 'unsafe' (operating outside their area of expertise and knowledge)
- staff frustration and low morale.

Addressing the mismatch between admission demand and inpatient discharges is a core change concept for improving hospital-wide patient flow. Key to this is shifting the time of discharge to earlier in the day so there is capacity to take new admissions from the ED.

## Overview of the change idea

Increasing discharges earlier in the day relies on a series of multidisciplinary team activities to streamline discharge decision making and communication. These key activities, used collectively, improve patient flow at both the ward and system levels. Recommended activities include:

- implementing afternoon discharge planning huddles
- involving patients and carers in planning and preparing for discharge
- optimising daily ward rounds to prioritise patients for discharge
- providing alternatives to a ward bed for patients who are ready for discharge and are waiting for transport (for example, a discharge lounge).

For a comprehensive understanding of all ward rounding processes, team roles, patient engagement practices and more, refer to the joint publication: Royal College of Physicians & Royal College of Nursing (2021). *Modern ward rounds: Good practice for multidisciplinary inpatient review*.

This chapter focuses on the first of these change ideas – *Afternoon discharge planning huddles*.

### Why introduce an afternoon discharge planning huddle?

Lack of early planning and initiation of discharge tasks are contributing factors to delaying patient discharge. By identifying likely next-day discharges, the tasks for discharge can be planned, communicated and initiated to reduce these delays.

# How to test this change idea

The Plan-Do-Study-Act (PDSA) framework offers guidance for testing these change ideas. This framework uses rapid cycle tests to quickly learn and adapt change ideas. As confidence in the idea increases, cycles can be longer and tested under different conditions. The guidance below focuses on the first testing cycle. Plan extra test cycles ahead of time so there is continuous testing and adaptation of the idea until it is ready for permanent implementation.

For more information about PDSAs refer to the [Institute for Healthcare Improvement website](https://www.ihl.org/how-improve-model-improvement-testing-changes) <<https://www.ihl.org/how-improve-model-improvement-testing-changes>>.

## Before testing

### Understand your current state

It can be helpful to understand your current discharge performance and the processes that occur to identify a patient for discharge and complete the required tasks. Tools that can be used include the following:

1. Data analysis: review data from the past few weeks to determine the time of discharges, the percentage that occur before 10:00 am and 12:00 pm, as well as the percentage of predicted versus actual discharges. Analysing by ward or specialty can provide insight into different processes/models used in different parts of the hospital.
2. Observe current processes that are part of discharging a patient – for example, morning handovers, ward rounds, huddles, multidisciplinary meetings and discharge planning meetings.
3. Complete a self-assessment of your current rounding practices by completing the 'Modern ward rounds self-assessment' (refer to chapter references and further reading).
4. Assess practices in planning for discharges by evaluating key indicators such as whether patients consistently have an estimated date of discharge (EDD), clinical criteria for discharge (CCD) and if there is a countdown to discharge (CTD).
5. Speak with patients and carers to find out how much they have been involved in planning and preparing for discharge.

## Design your afternoon huddle model for testing

Design your huddle by determining the start and finish times, who will lead the huddle, and all other required participants. Identify the most appropriate ward location for conducting the afternoon discharge huddle, ideally with access to your patient tracking system, which can be electronic or on a whiteboard.

For example:

**Timing:** Between 3:00 and 3:15 pm

**Location:** Medical ward, near the patient tracking board

**Huddle lead:** Afternoon nurse in charge

**Required personnel:** Nurse in charge, team registrar(s), ward pharmacist +/- allied health staff

Develop an approach to be used in the huddle to identify patients who are likely to be ready for discharge the next day and what the requirements for their discharge would be. This may include:

- latest expected date of discharge
- criteria for discharge and whether medical review is needed
- onward care or equipment requirements
- transportation requirements
- medication needs
- appropriateness for transit lounge
- patient/family/carer communication.

Establish a documentation standard and communication processes for key actions, assigned responsibilities and communicating pending tasks to the appropriate owners.

## Engage and communicate the purpose and value of a discharge planning huddle

Meet with staff who are key to the success of the discharge planning huddles.

Communicate the rationale for how these huddles will improve patient flow and the experience of staff and patients. Engaging visual tools can help to show the wider system impacts of discharging earlier in the day. An example is provided in [Figure 4.2](#).

Figure 4.2: An example of a communication tool used by a health service to engage staff in the benefits of discharging patients sooner



With thanks to Peninsula Health.

## Plan

### Decide when to test your first huddle

Once engagement is completed, communicate the day that testing will begin.

Each huddle is its own 'test of change' and should be reviewed daily for opportunities to refine and improve how it is working. It can be helpful to think of each day as a new PDSA cycle until such time as the team agrees it can be maintained in its current form (for example, when, where, who attends, how the huddle is run). It may take multiple daily cycles (for example, several weeks) to have enough data to show it has had an impact on the timeliness of discharges. Importantly, this change idea may need to be combined with other change ideas as described in other chapters to have a significant impact on earlier discharges.

## **Plan for data collection**

Establish a plan for collecting data before testing huddles. Recommended measures to consider are outlined in the next section.

Define clear operational definitions for measures. Outline who will be responsible for collecting (or extracting) data and how often. Work out how the data will be analysed and by whom.

It is important to also plan to regularly get feedback from staff involved in huddles. Simply use a few minutes at the end of the huddle to reflect on how it went, and again at the start of the next huddle to check how discharge tasks had gone the day before. This feedback is key to quickly adapting the huddle design and actions and communication that flow out of the huddle so it can be improved over time.

## **Prepare the team**

Ensure the huddle is in required attendees' calendars, and send a reminder (for example, 15 minutes before the huddle) using the most readily accessed communication tool (for example, group messages, text, WhatsApp). Regular communication and reminders may be needed until staff become used to a new routine and/or see the value of attending.

## **Communicate to others**

Ensure other staff who may be impacted by the huddle are aware of the test of change. This includes staff who may work in the area where the huddle is being held and other staff who may be asked to undertake tasks coming out of the huddle.

## **Do**

### **Start testing**

Run the huddle according to the plan.

Ensure actions are captured and there is agreement about any tasks that are to be communicated to other staff.

Agree how actions will be followed up. Outline escalation procedures for unexpected barriers and unfinished tasks.

Close the meeting with a check-in for any observations or feedback about how the huddle ran and opportunities for improvement.

### **Collect data and feedback**

During the huddle, capture data about predicted discharges, who attended the huddle (versus expected) and how long the huddle took to complete.

Capture feedback about the huddle and areas for improvement.

Ensure other data related to the test of change is being captured as required (for example, discharge time of day, actions completed versus planned).

## Study

For each huddle, note any changes that can be made immediately to improve the next huddle.

At the beginning of the next day's huddle, review how discharges had gone compared with the plan made at the previous day's huddle. This can be done as a rapid review by:

- comparing the number of predicted versus actual discharges
- identifying the reasons for any discrepancy between the 2 numbers
- identifying opportunities to improve how actions to prepare for discharge are agreed, communicated and progressed
- capturing any system barriers that prevented a patient discharge.

At the end of the full testing cycle (for example, a number of weeks), gather the team to review the data and feedback. Identify what is working well and opportunities for improvement. Develop ideas for any adjustments that could be made to improve discharge planning for the next day.

## Act

Decide whether to continue testing and if any adjustments are needed. Begin the next PDSA cycle accordingly.

Note that the intent should always be to continue testing unless:

- the model was determined to be inappropriate (unsafe, unsustainable or no confidence that it would lead to improvement), or
- an alternative approach has been identified that may better address the problem, or
- the model has been tested long enough that it is ready to transition into permanence (implemented as the new standard way of working).

Once the huddle is felt to be working well in one area, identify an opportunity to spread the afternoon discharge planning huddles to another area of the hospital. Communicate success and learning to staff in other areas to build support for the new approach and to engage others for spreading this idea to other areas.

## How to measure if the change is leading to improvement

The following measures could help you understand if the afternoon discharge planning huddle is improving discharges earlier in the day. Many of these measures may need to be collected manually for a short period while refining the huddle model. Outcome measure 1 and balancing measure 1 should be monitored continuously.

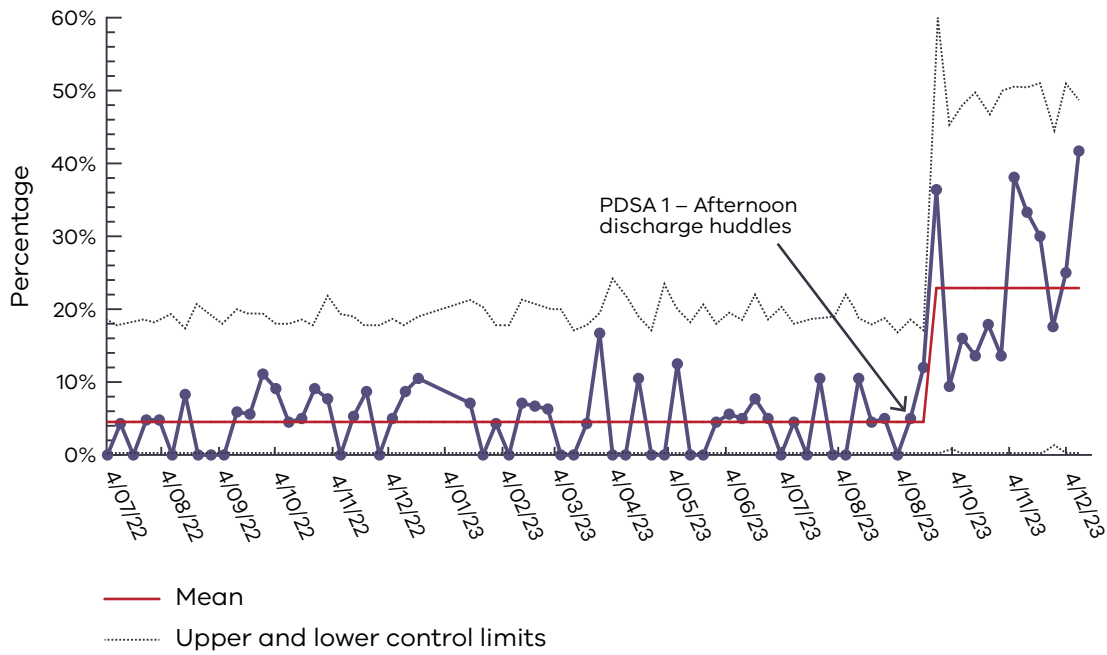
For more information on measurement for improvement, refer to the [Institute for Healthcare Improvement website](https://www.ihl.org/how-improve-model-improvement-establishing-measures) <<https://www.ihl.org/how-improve-model-improvement-establishing-measures>>.

Measure	Metric	Operational definition	Why use this measure
<b>Outcome measure 1</b>	Percentage of discharges that occur before 12:00 pm	Percentage of total daily discharges that occurred between 12:00 am and 11:59 am	The aim of the afternoon discharge planning huddle is to increase the number of discharges that occur earlier in the day. This measure should be monitored continuously.
<b>Outcome measure 2</b>	Time of next day discharges for patients who were identified for discharge at the afternoon huddle	As per metric	While testing the afternoon discharge planning huddle, this measure will provide insight into whether the huddle is having a direct impact on the timeliness of next day discharges.
<b>Process measure 1</b>	Proportion of predicted discharges for the next day that were discharged that day	Percentage of predicted discharges that were discharged as planned the next day	Determine the effectiveness of day before discharge planning in identifying patients who were likely to be ready for discharge and ensuring the discharge actions are progressed to support timely discharge.
<b>Process measure 2</b>	Percentage of afternoon huddles held as planned	As per metric	Assess whether the plan for huddles is consistently carried out.
<b>Process measure 3</b>	Attendance at afternoon huddles	Percentage of required attendees who attended the huddle (or nominated delegate)	Huddles will only be effective if they are attended by the staff who can make the decisions and communicate/progress required actions.
<b>Balance measure 1</b>	Number of discharges that were not predicted	As per metric	Monitor if afternoon discharge planning huddles are identifying all patients who are suitable for discharge the next day.
<b>Balance measure 2</b>	Inpatient length of stay	Length of stay from time of admission to discharge	Monitor for the unintended consequence of patients being 'held' to the next day to increase morning discharges. This should be monitored continuously.

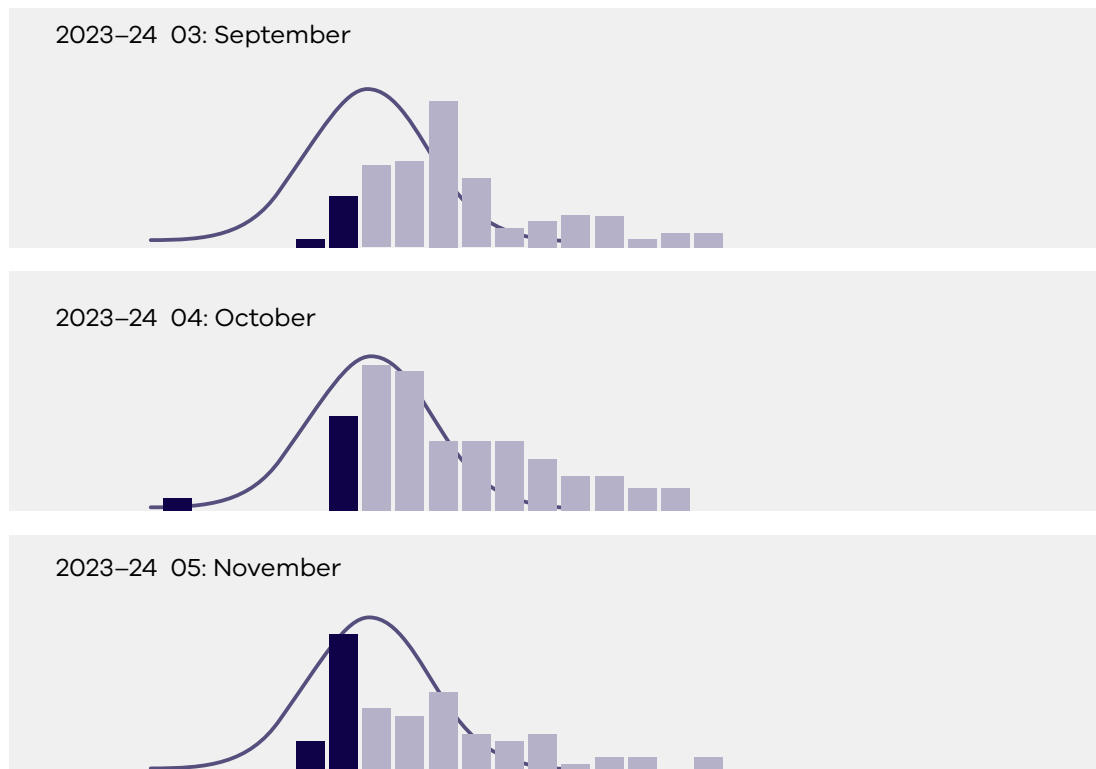
## Case study: Discharge planning huddle

<b>Organisation</b>	St Vincent's Hospital Melbourne
<b>Service type</b>	Tertiary metropolitan hospital
<b>Problem</b>	Inpatients were being discharged late in the day, delaying bed availability and hindering flow.
<b>Change idea</b>	Daily multidisciplinary discharge huddles to plan for discharges the next day.
<b>Changes</b>	<ul style="list-style-type: none"><li>• Senior ward nurses, interns and pharmacy meet daily at 3:00 pm on the ward. Interns receive a pager reminder to attend.</li><li>• Identify patients for discharge the following day and prioritise those who could leave before 10:00 am (refer to Appendix 4.1).</li><li>• Identify and allocate work that needs to happen to ensure discharge (refer to Appendix 4.2).</li><li>• Use a whiteboard checklist to communicate discharge planning with the team.</li></ul>
<b>Measures</b>	<p><b>Outcome measure (see <a href="#">Chart 1</a>):</b></p> <p>Percentage of patients discharged from the ward before 10:00 am</p> <ul style="list-style-type: none"><li>• Discharges rose from 4% to 14%</li><li>• Equals 2 extra beds before 10:00 am per week</li></ul> <p><b>Process measure (see <a href="#">Chart 2</a>):</b></p> <p>Discharges by hour of the day</p> <ul style="list-style-type: none"><li>• Modal discharge hour shifted earlier in the day</li></ul>
<b>Key enablers</b>	<ul style="list-style-type: none"><li>• Passionate leader(s) or champion(s) on the ward initially.</li><li>• Made it meaningful to the staff doing the work, talking about the number of patients discharged rather than a percentage of patients.</li><li>• The change idea was developed and refined by the staff who do the work.</li><li>• Scaffolding with improvement science expertise to assist in reflecting, evaluating, telling the story of success and challenging the sustainability strength of changes.</li><li>• Building in reflection on how yesterday went to ensure we are focusing on the right barriers to discharge.</li><li>• Transitioning the leadership to not rely on the passionate champion, to be able to be led by any of the attendees.</li><li>• Finding a balance between prescriptive change and autonomy of change.</li><li>• Transitioning to include all bedside nurses in identifying patients and outstanding tasks to build understanding and ownership of the discharge process.</li></ul>

**Chart 1: Discharges before 10am – 4 West Cardiology – St Vincents Hospital – P chart**



**Chart 2: Discharges by hour of day**



## Appendix 4.1: Discharge huddle – standard questions

### Organisation: St Vincent's Hospital Melbourne

ANUM or NUM to lead discussion.

- How did we go yesterday with our discharges? What can we learn?
- Which patients are planned for discharge tomorrow?
- Do we have their scripts complete?
- Do we need to organise any nursing care for home? (RDNS, HITH)
- How is the patient getting home and do we need to organise the transport?
- Can this patient go to the transit lounge in the morning and, if yes, has an AAU referral been completed?

#### **Note:**

- Some of the standard questions will vary ward to ward based on what barriers to discharge regularly occur.
- The standard questions may change as the most common barriers change.
- This is done through the reflection and periods of manual data collection (a tally on the wall).

## Appendix 4.2: Process mapping for huddles

### Organisation: St Vincent's Hospital Melbourne

Patient for discharge tomorrow	Medication	Nursing care organised (HITH/RDNS)	Transport (write plan)	AAU Referral	Discharge discussed with patient/carer
Discharge before 10am	Script			Completed	
	Reconciled			Not required	
	Dispensed	Supplies			
Discharge before 10am	Script			Completed	
	Reconciled			Not required	
	Dispensed	Supplies			
Discharge tomorrow	Script			Completed	
	Reconciled			Not required	
	Dispensed	Supplies			
Discharge tomorrow	Script			Completed	
	Reconciled			Not required	
	Dispensed	Supplies			
Discharge tomorrow	Script			Completed	
	Reconciled			Not required	
	Dispensed	Supplies			

- By process mapping the last 24 hours of the length of stay, St Vincent's Hospital staff found that waiting for discharge scripts to be issued, reconciled and dispensed were the key tasks happening on the day of discharge that needed to shift to the day before. The required attendees are people likely to be responsible for these tasks, and the time is agreed for when those people are likely able to attend.
- As these barriers are consistently done on the time the day before discharge, a repeat cycle of data collection is undertaken to identify the new 'top' barriers. The checklist and standard questions (along with attendees and time if applicable) are altered.

### Acknowledgement

The Department of Health thanks St Vincent's Hospital Melbourne, who have contributed their improvement strategies and data to show the impact of discharge huddles in the Victorian context.

## Chapter references and further reading

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