Discharge Throughput Sprint

90 DAYS FIXED-FEE ENGAGEMENT OUTCOME-TIED DELIVERABLES

Reduce length of stay, ED boarding, and weekend discharge lag, without adding headcount or a new technology stack. A3HCS installs a four-domain readiness framework, a 15-minute daily huddle discipline, and an audit-and-feedback loop that your charge nurses, case managers, and hospitalists can run the day we leave.

0.5 to 1.5 days	10 to 25%	1 to 3 pts
TARGET LOS REDUCTION	DISCHARGES BEFORE NOON, LIFT	30-DAY READMISSION DELTA

Engagement benchmarks. Actual outcomes vary by baseline performance, payer mix, and execution discipline.

THE PROBLEM

Most discharge delays are not clinical. They are coordination failures. The patient is medically ready, but post-acute placement, payer authorization, transport, DME, or family agreement is not. By the time the bottleneck is named, the bed turn is lost and the ED is boarding.

Existing huddles do not have structure. Most hospital discharge huddles cover too many patients in too little time without a shared definition of "ready." Owners are not named. Barriers are noted but not resolved.

Throughput improvement projects rarely stick. Consulting engagements deliver decks. They do not install the daily discipline. Six months later the LOS has crept back to baseline.

THE A3HCS SOLUTION

A 90-day sprint that installs a working discharge throughput operating system. Three phases. One physician-executive lead. Daily contact with the front line.

- **Diagnose.** Two weeks on-site or remote. Shadow morning rounds, observe the current huddle, audit 50 recent discharges for delay codes, interview case management, nursing, hospitalists, and post-acute partners. Deliver a baseline report with the three highest-yield bottlenecks and a quantified opportunity.
- **Install.** Six weeks. Stand up the four-domain Discharge Readiness Framework, the 15-minute daily huddle protocol, the escalation pathway for yellow and red flags, and the weekly audit dashboard. Train charge nurses, case managers, and unit medical directors as huddle owners.
- **Stabilize.** Final four weeks. Weekly executive review, real-time coaching of huddle owners, refinement of the dashboard, and a final transition memo. The discipline runs without us by day 90.

THE 4-DOMAIN DISCHARGE READINESS FRAMEWORK

Every patient with an anticipated discharge in 24 to 48 hours is reviewed across four domains. Each domain has one named owner. Any criterion not green requires a named owner and a resolution window before the huddle closes.

DOMAIN	NAMED OWNER	WHAT WE REVIEW
1. Clinical Readiness	Attending Physician	Medical stability, medication reconciliation, follow-up appointments, pending labs or imaging that will not alter plan.
2. Post-Acute Placement	Case Management	Setting identified (SNF, IRF, home health, LTACH, home), receiving facility accepted, payer authorization confirmed, documentation sufficient for the receiving provider.
3. Patient & Family Readiness	Nursing & Case Management	Patient understands and agrees to the plan, caregiver identified and prepared, transportation confirmed, home safety and equipment in place.
4. Operational Readiness	Care Coordination & Bed Management	Transport scheduled with confirmed time, DME orders placed, clinical handoff completed, discharge summary initiated.

THE 90-DAY ENGAGEMENT

Phase 1, Diagnose

DAYS 1 TO 14

Baseline audit of 50 recent discharges. Front-line interviews. Delay-code analysis. Bottleneck report with quantified opportunity.

Phase 2, Install

DAYS 15 TO 56

Framework rollout. Huddle protocol stood up. Owners trained. Audit dashboard live. Escalation pathway operational.

Phase 3, Stabilize

DAYS 57 TO 90

Weekly executive review. Real-time coaching. Dashboard refinement. Transition memo. Sprint runs without A3HCS by day 90.

ENGAGEMENT & WHY A3HCS

Engagement Structure

Fixed-fee, scoped per facility size and complexity. Three-phase delivery over 90 days.

DELIVERABLES

Baseline discharge audit, 4-domain Discharge Readiness Framework install, daily huddle protocol, escalation pathway, weekly audit dashboard, owner training, weekly executive coaching, transition memo.

Optional 90-day stabilization retainer available after the sprint to monitor sustained gains and refine the dashboard.

Why A3HCS

Physician-executive lead. Engagements are run by a practicing healthcare executive, MD, MBA, ACHE, Six Sigma Black Belt. Not by a junior associate.

Inside-the-hospital fluency. The framework was built from operating experience, not from a consulting textbook.

Outcome-tied delivery. Fee is tied to deliverables and benchmark outcomes, not billable hours.

Built to outlast us. The discipline runs without A3HCS by day 90.

Schedule a Strategy Consultation

30-minute call to assess fit, baseline opportunity, and engagement scoping. No obligation. • **a3hcs.org** •

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