Below is the content that will appear in the VITAL2015 poster compendium and on your VITAL2015 poster. Please review and **use track changes** to make any edits or comments, as well as to address any questions or comments from America’s Essential Hospitals staff.   
  
America’s Essential Hospitals staff will create and print your poster for you. You will receive a pdf of your poster by April 1 for final approval.

**Return your review and any accompanying materials to** [**Kristin Sinko**](mailto:ksinko@essentialhospitals.org) **no later than 5 pm ET, Friday, March 20.**Compendium abstract:  
**Norwegian American Hospital**

**Transitions Before Noon**

Slow or unpredictable discharges can lead to less effective bed capacity, increased length of stay, and delays in the admissions process. Despite the link between delayed discharges and afternoon bottlenecks, more than 50 percent of the nation’s hospitals average a discharge time of 3 pm or later.

Chicago’s Norwegian American Hospital found that patients were discharged by noon less than 6 percent of the time, and the median time of discharge was 3:40 pm. To address this problem, the hospital developed a multidisciplinary task force to help facilitate earlier discharges.

The multidisciplinary team, including staff from care management, nursing administration, and a physician champion, challenged the family medicine and hospitalist services to meet with care management each morning to discuss potential discharges and create discharge plans for patients. After being assured that a safe discharge plan was in place for each patient, physicians made their rounds and agreed to place orders before noon for planned discharges.

As a result of the task force’s work and the new morning huddles, physicians gained a new perspective of the barriers staff face when trying to discharge patients.

Poster content:  
**Norwegian American Hospital**

**Transitions Before Noon**

**Overview**

Slow or unpredictable discharges can lead to less effective bed capacity, increased length of stay, and delays in the admissions process. Despite the link between delayed discharges and afternoon bottlenecks, more than 50 percent of the nation’s hospitals average a discharge time of 3 pm or later. Norwegian American Hospital found that patients were discharged by noon less than 6 percent of the time, and the median time of discharge was 3:40 pm. To address this problem, the hospital started a multidisciplinary task force to promote earlier discharges.

**Premise/Problem**

The hospital struggled to discharge patients before noon and did so less than 6 percent of the time.

**Methodology**

**Intervention/Innovation**

The hospital tasked a multidisciplinary team with studying the problem and developing ways to promote earlier discharges. The team, including staff from care management, nursing administration, and a physician champion, challenged the family medicine and hospitalist services to meet with care management each morning to discuss potential discharges and create discharge plans for patients. After being assured that a safe discharge plan was in place for each patient, physicians made their rounds and agreed to place orders before noon for planned discharges.

**Success/Outcomes**

As a result of the task force’s work and the new morning huddles, physicians gained a new understanding of the barriers faced by staff trying to discharge patients.