A Standardized Early Discharge Bundle Improves Home Hospital Throughput

Lauren Doctoroff, MD, MBA | MassGeneral Brigham Home Hospital

September 2025 – June 2026 | 2,847 patients

BACKGROUND

Delayed discharges drive bed shortages and admission bottlenecks. In June 2025, only 26% of MGB Home Hospital patients were discharged before 1 p.m., pushing discharge into afternoon admission demand.

OBJECTIVE

To increase the proportion of Home Hospital discharges completed before 1 p.m.

METHODS

From September 2025 to present day, a multidisciplinary workgroup implemented a standardized discharge bundle:

- Discharge paperwork completed by 8 a.m.
- Point-of-care testing when appropriate
- AM administration of final IV medications when safe

Primary outcome: DC before 1 p.m.; DC paperwork before 8 a.m. was a process measure. Cohort: 2,847 patients, mean age 70 years, 57.6% female, most discharged to self-care or home health.

RESULTS

Discharges before 1 p.m.: **35%** → **47%** **(+12 pp)**

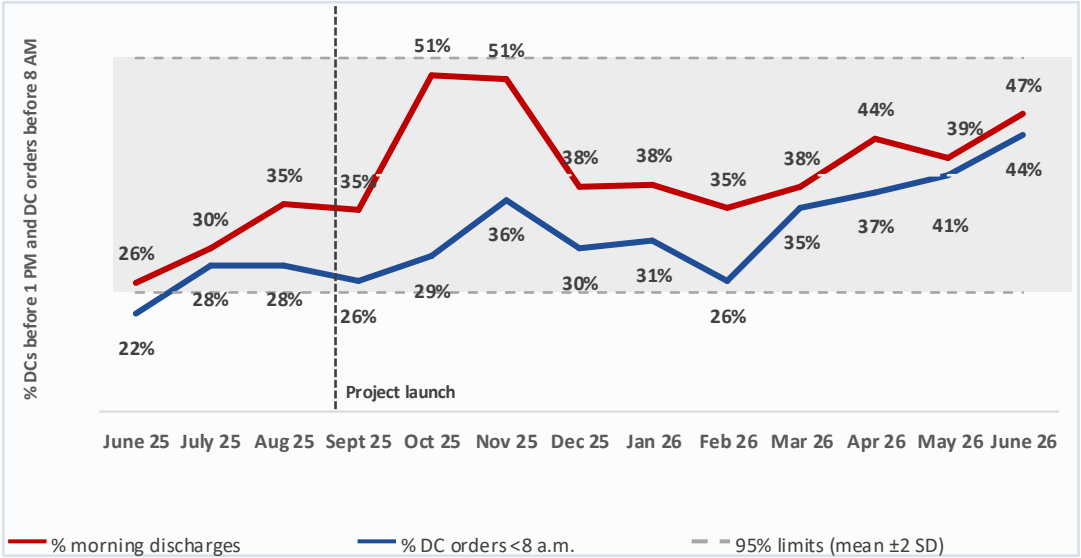


Figure 1 Discharge trends: Discharge before 1 pm, and discharge orders before 8 am

CONCLUSIONS A standardized, multidisciplinary discharge bundle increased Home Hospital discharges before 1 p.m. from 35% to 47% and improved operational predictability. Because the intervention relied on workflow redesign rather than additional staffing or specialized technology, it may be adaptable to other Home Hospital programs seeking to improve discharge reliability and admission capacity.

References: 1. Epstein RH, Dexter F, Diez C. J Med Syst. 2020;44(2):47. 2. Epstein RH, Dexter F, Fahy BG. J Med Syst. 2025;49(1):31. 3. Patel H, Fang MC, Mourad M, et al. J Hosp Med. 2018;13(6):388-391.