INTRODUCTION

A small but significant portion of UCICM inpatients have been medically cleared for discharge but are unable to be placed for weeks/months. Entrenched housing is in hospitals is harmful to patients:

- Patients are at risk for falls or hospital-acquired infections.
- Hospital beds lack privacy and quiet offered by lower levels of care, which is especially unhealthy for patients with psychiatric or neurocognitive conditions.

Entrenched housing in hospitals is expensive and wasteful. Care at UCICM is significantly more expensive than at lower levels of care, so weeks or months spent at a higher than necessary level of care represents a significant and unnecessary expenditure of resources.

From January to December, 2019, there were 53 adult patients with LOS>100 days. 17 of these patients were medically justified for staying but long and were discharged within a week of medical clearance. The rest, 36 patients, were discharged 15 to 752 days (mean 214 days) after medical clearance:

The factors associated with LOS Outliers have been described, but previous studies have not focused on a population with such large minimum LOS. This study seeks to characterize and quantify the barriers to discharge faced by LOS>100 patients who have been medically cleared but have difficulty finding placement at a lower level of care.

Methods

We used a list of patients whose current Length of Stay exceeded 100 days (LOS>100) that is maintained UC Davis Care Management. The 41 patient notes on the LOS>100 list were not reviewed because this study is interested specifically in adult patients. Then 20 adult patients on the LOS>100 list:

Near, we traced the charts of the 20 charts on the LOS>100 list in a progress note stating that they were medically cleared for discharge. The date of the note was recorded as the date of Medical Clearance for this patient. The number of days between LOS>100 and discharge was also recorded. For each patient:

- Days from hospitalization to the date of LOS>100.
- Days from LOS>100 to discharge.
- Days from LOS>100 to the date of medical clearance.

The individuals with the most knowledge about the barriers to discharge faced by these patients are the Hospital Care Managers. We selected 4 patients from the Hospital Care Managers to conduct a focus group that would allow them to conduct a focus group and answer the questions. The purpose of this group was to understand their perceptions of the barriers and attitudes toward the discharge of these patients. The interview was conducted in the office of the hospital. The interview was recorded and transcribed. The transcripts were then analyzed for common themes and patterns.

The demographic information for patients currently admitted and not currently admitted to inpatient care was collected. One identified patient from 2019 had LOS>100 days. For each patient, we collected the LOS by total hospital cost. This calculation does not exclude the portion of patients that are admitted to the hospital and associated with available hospital days.

RESULTS

DISCUSSION

The primary barriers to discharge faced by these patients are neuropsychiatric and behavioral.

It is critical to note that these patients are not able to find placement because of a lack of available beds, but over 2019, many patients were discharged from UCICM to lower levels of care in a timely manner. Rather, it appears that agencies are choosing not to accept these patients because they request increased staffing expenses, additional risk to staff and other patients, and an emotional toll on staff. To ensure reliable placement of patients:

- UCICM can seek control beds at these facilities, either through contract or direct ownership.
- UCICM can offer incentives to facilities that accept these difficult to place patients.

The second strategy was successfully employed by hospitals in Syracuse, NY. Facilities that reliably accepted difficult to place patients were turned out of facilities that offered more profitability, such as patients with rehabilitation potential.

- Area hospitals worked to establish a community fund that offered money to facilities to offset the cost of expensive medications (which had been identified by long-term care facilities as barriers).

CONCLUSION

REFERENCES
