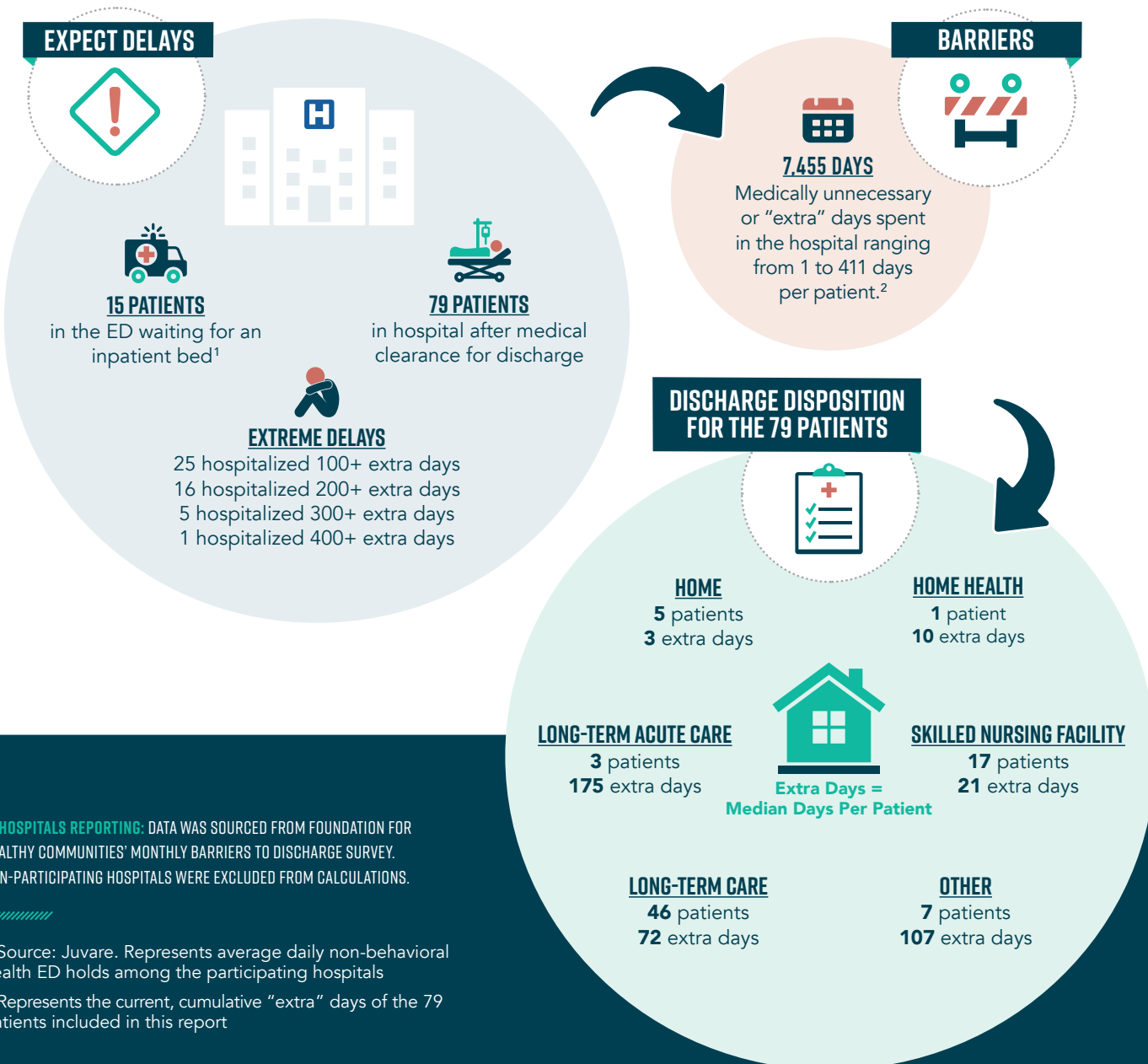


Medically Cleared Patients in New Hampshire Hospitals Face Barriers to Discharge

Across New Hampshire, patients who no longer have medical needs are ‘stuck’ in hospital beds awaiting safe discharge dispositions. There are a number of barriers that lead to these delays, impacting not only these patients, but those who require inpatient beds and must wait in Emergency Departments (ED) until a bed becomes available. This report is a snapshot of all patients on a single day during the first week of June 2024 medically ready to be discharged but unable to safely leave the hospital.



21 HOSPITALS REPORTING: DATA WAS SOURCED FROM FOUNDATION FOR HEALTHY COMMUNITIES' MONTHLY BARRIERS TO DISCHARGE SURVEY. NON-PARTICIPATING HOSPITALS WERE EXCLUDED FROM CALCULATIONS.

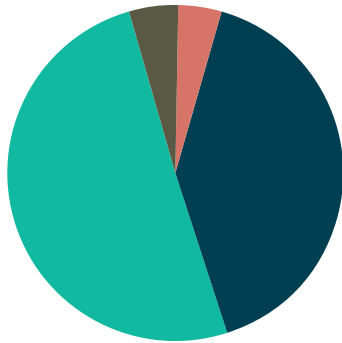
¹ Source: Juvare. Represents average daily non-behavioral health ED holds among the participating hospitals

² Represents the current, cumulative “extra” days of the 79 patients included in this report

Demographics

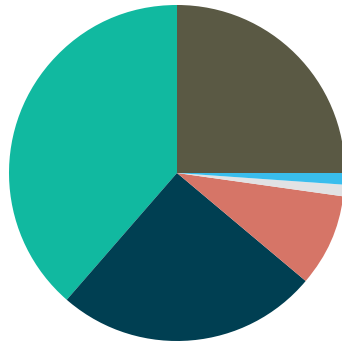


Characteristics of the 79 patients waiting for disposition



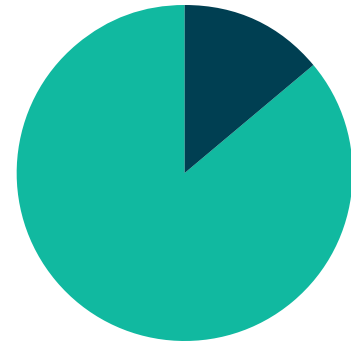
AGE GROUP

- <44 {4%}
- 45-64 {41%}
- 65-89 {51%}
- 90+ {5%}



PRIMARY INSURANCE

- MEDICARE {38%}
- MEDICAID {25%}
- COMMERCIAL {9%}
- MEDICARE ADV. {25%}
- VA {1%}
- UNINSURED {1%}



PRIMARY RESIDENCY

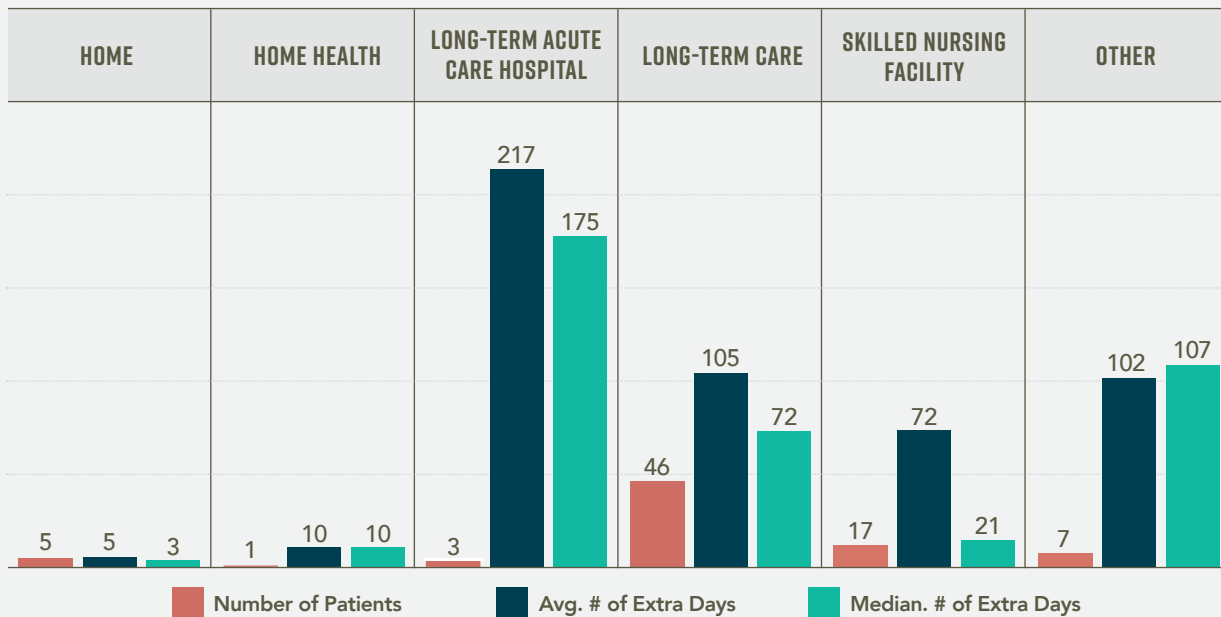
- NEW HAMPSHIRE {86%}
- OUT-OF-STATE {14%}

Note: This data set collects primary insurance and does not capture if a patient is dual eligible.

Discharge Disposition



Hospitals will not discharge a patient until the patient is able to relocate to a setting that will meet their care needs.



There were no waits for acute Inpatient Rehabilitation Facility beds during this reporting period. Patients were categorized as having 'Other' discharge dispositions when their ultimate care needs were not clear at time of survey, when homeless, and when needing unique traumatic brain injury and developmental disability settings.

Barriers to Discharge by Median Extra Days in Hospital



Each patient's experience is unique, but the most common barriers to discharge are reported below.

Note: patients could be reported as having multiple barriers to discharge.

BARRIER	BARRIER TO DISCHARGE	PATIENTS	MEDIAN "EXTRA" DAYS IN THE HOSPITAL
Housing Concerns	Homeless	7	72
	Family/caregiver unwilling/unable	22	27
	Home modification needed	4	17
Insurance	Other Insurance	7	81
	Waiting on Medicaid Determination	36	64
	Inadequate post-acute network	3	30
	Insurer does not provide post-acute coverage	3	15
	Denial of request for authorization from insurer	3	6
Need for Specialized Services	High acuity (e.g. one-to-one)	6	243
	Bariatric	1	221
	Dialysis	3	88
	Specialized BH/SUD services	4	58
Other	Staffing/capacity constraints at post-acute care facility	11	129
	Lack of guardianship/conservatorship/health care proxy	18	55
	Lack of access to necessary community services	11	12

Insurance and Discharge Disposition



A patient's insurance status and associated policies can have an impact on the length of stay at a hospital.

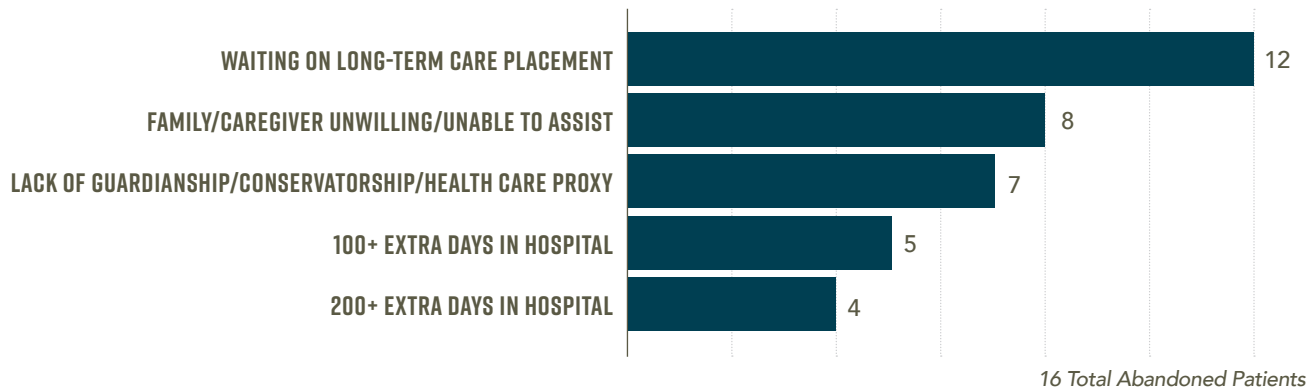
INSURANCE	DISPOSITION	PATIENTS	MEDIAN "EXTRA" DAYS IN THE HOSPITAL
Commercial	Long-Term Acute Care Hospital	1	175
	Long-Term Care	3	70
	Skilled Nursing Facility	3	21
Medicaid	Long-Term Acute Care Hospital	1	395
	Long-Term Care	8	150
	Other	6	61
	Skilled Nursing Facility	4	24
	Home	1	12
Medicare	Long-Term Care	22	48
	Home Health	1	10
	Home	2	4
Medicare Adv.	Other	1	114
	Skilled Nursing Facility	5	72
	Long-Term Care	12	60
	Home	2	3
Uninsured	Long-Term Acute Care Hospital	1	81
	Skilled Nursing Facility	5	15
VA	Long-Term Care	1	12

Abandoned Patients



Hospital emergency departments become the de facto destination when patients have nowhere else to go.

Note: patients could be included in multiple categories.

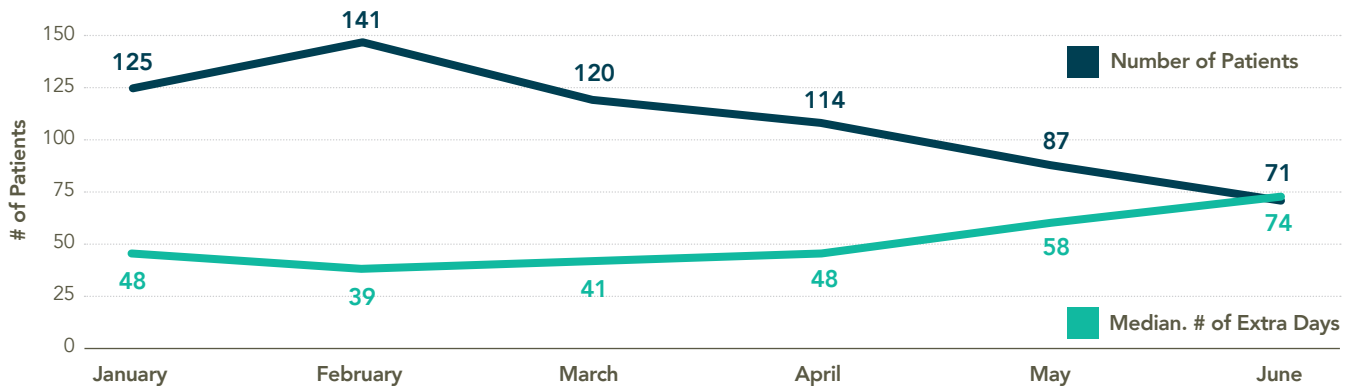


Patients are categorized as abandoned when they are brought to emergency departments and subsequent attempts to reach family/caregiver prove futile, or family/caregiver is no longer willing or is unable, to assist the patient. When patients are in this situation, hospital social workers and case managers are often starting from scratch to determine what patients need and to ensure the appropriate plans and resources are in place for a safe disposition.

Barriers to Discharge Trends



Number of Patients and Median Extra Days in Hospital by Month: January - June 2024



While the number of medically cleared patients waiting in hospitals has decreased over the past 6 months, patients with the most complicated financial, social and medical needs are waiting longer for appropriate post-acute placement. More data is needed to determine if these trends will continue, especially during the winter months when hospital inpatient census is typically at its highest. For patients requiring guardianship and Long-Term Care (LTC) Medicaid application, the process is linear with guardianship needing to be established before the application can be started. LTC Medicaid must be approved before LTC facilities will accept patients. Several NH hospitals are contracting with LTC facilities to provide advanced payment until final application approval in order to move patients out in a timelier fashion.

Note: This graph includes data from the 19 hospitals that submitted data every month between Jan - Jun 2024

Summary



Patients deserve exceptional care throughout their hospitalization, including at time of discharge. It is imperative that those who have the authority to drive change in our complex health care delivery system collaborate to reduce barriers and ensure patients receive timely post-acute care.