16 articles reviewed using the terms “Complex Discharge,” “Discharge Barriers,” and “Discharge Barriers.” Searching for “Medical Barriers Discharge” did not yield relevant results.

Description of Discharge Barriers

Several articles tried to identify most common discharge barriers. Barriers cited include: financial, behavioral, housing, education, medical comorbidities, availability of post-acute care beds, and others we have previously discussed.

Discharge Process. Most articles described improvements to the discharge process to increase discharge rates. Strategies include:

- Interdisciplinary communication to ensure patients are aware of their intended discharge date
- Coordinating with primary care physicians and intended post-acute care facilities for follow-up
- Proactive discharge planning, including setting an intended discharge date
- Use of standard discharge tools and workflows
- One article offered systems-level interventions to decrease length of stay, focused on research, clinical pathways to discharge, and case management.
Barriers: Medical

Medical Barriers to Discharge include existing diagnosis, ongoing chronic illness, or other medical factors that complicate discharge back to the home.

- Alzheimer’s/dementia/TBI
- Hemodialysis/Dialysis
- Wound Care
- Respiratory/Trach Patients
- Bariatric Status
- Frequent Readmissions or ED utilization
- Other High Care Needs
Complicating Factors

- Lack of specialized services to address patient needs
  - Ex: Lack of availability for hemodialysis patients, lack of memory care services.
- Lack of infrastructure to address patient needs
  - Ex: Lack of available bariatric beds despite patient being otherwise eligible.
- Lack of insurance coverage or eligibility for services to meet patient needs
  - Ex: Lack of coverage for more expensive or specialized post-acute services

What other underlying issues prevent discharge for patients with medical needs?
Potential Solutions

• Linking specialty services to post-acute care.
• Improving infrastructure for post-acute care.
• Using solutions outside of post-acute care to follow-up with patient’s medical needs.

Other strategies to meet medical needs?