**Common Definition:**

**Complex Discharge** occurs when a patient receiving inpatient care at an acute care hospital has complex barriers to care that require support from interdepartmental teams to manage discharge. This is related to **avoidable days**, or days where a patient does not meet inpatient criteria but remains in the hospital.

Common categories of discharge barriers include:

<table>
<thead>
<tr>
<th>Category of Discharge Barrier</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Lack of Coverage/Health Insurance Issue                | • Under-funded or under-engaged health insurance  
• Lack of coverage for required post-acute care need | |
| Need for Assistance with Daily Living                  | • No available caregiver at home  
• Needs assistance with activities of daily living | |
| Lack of Post-Acute Care Bed                            | • No appropriate post-acute care beds with capacity to take on new patients                | |
| Legal Barriers                                         | • Guardianship requirements  
• Parent or guardian concerns for pediatric patients  
• Other legal barriers | |
| Social Need Barriers                                   | • Reliance on state/federal resources for food or housing  
• Lack of available transportation for care needs  
• Lack of long-term/stable housing | |
| Medical Need Barriers                                  | • Chronic comorbid medical condition  
• Medical complexity requiring long-term care  
• Need for specialty services: Wound care, Traumatic Brain Injury Care, dementia care  
• Frequent readmissions or ED utilization | |
| Behavioral Health Barrier                              | • Behavioral health diagnosis  
• SUD/OUD disorder  
• Risk of violence to self or others | |