Bree Complex Discharge from Hospitals
Data and Alignment Draft Recommendations

July 20th, 2023

Definitions:
All healthcare sites should align on a definition for patients in an acute care bed without an acute care need, even if different parties calculate avoidable days, length of stay, and medical necessity differently.

• Current consensus definition: Patients who are medically ready to be transferred outside of an acute care setting but are unable to due to external transition barriers.

Collecting Patient Information:
Collect standard patient characteristic data during the discharge process to understand and proactively address potential discharge barriers.

• Patient characteristic information could include: demographic data, geographic data, primary payer/insurer, planned discharge site, healthcare decision maker/power of attorney, and information about potential barriers (such as social need, behavioral health need, legal need, etc.).

Discharge Barriers:
If a patient is determined to have a delayed discharge or avoidable delay, collect information about the discharge barriers facing the patient, considering barriers related to the following list:

• Medical:
  o Alzheimer’s/dementia/traumatic brain injury
  o Bariatric status
  o High Care Needs
  o Hemodialysis/Dialysis Availability
  o Wound Care
• Behavioral:
  o Complex behavioral need
  o Substance use disorder (Current or history)
  o Lack of psych support/services
• Social Needs:
  o Housing/homelessness
  o Undocumented
  o Lack of family support/cooperation
• Legal:
  o Guardianship/Conservatorship
  o CPS/APS
  o Prior conviction (esp. sex offender/arson/violence)
• Payment:
  o Delayed insurance authorization/prior authorization
  o DME coverage
  o COPES
  o Uninsured/Lack of coverage
• Process:
  o DDA Delays
  o Delays from HCS
  o Transfer to Eastern/Western
• Post-Acute Placement
  o Bed Type not available
  o Delay in response
  o Unable to transfer
• Patients may experience multiple different or overlapping discharge barriers.
• Different facilities may have their own internal process for discharge barrier collection, but each site should develop a standard process for collecting discharge barrier categories for all their patients.