

Bree Complex Discharge from Hospitals Data and Alignment Draft Recommendations

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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:
 - Alzheimer's/dementia/traumatic brain injury
 - Bariatric status
 - High Care Needs
 - Hemodialysis/Dialysis Availability
 - Wound Care
 - Guardianship/Conservatorship
 - CPS/APS
 - Prior conviction (esp. sex offender/arson/violence)
- Behavioral:
 - Complex behavioral need
 - Substance use disorder (Current or history)
 - Lack of psych support/services
- Social Needs:
 - Housing/homelessness
 - Undocumented
 - Lack of family support/cooperation
- Legal:
 - Payment:
 - Delayed insurance authorization/prior authorization
 - DME coverage
 - COPES
 - Uninsured/Lack of coverage
 - Process:
 - DDA Delays
 - Delays from HCS
 - Transfer to Eastern/Western
 - Post-Acute Placement
 - Bed Type not available
 - Delay in response
 - 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.