HANYS' Complex Case Discharge Delay Data Collection Pilot

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Agenda

Complex case discharge delay pilot

Background

Methods and results

Next steps

Unintended consequences

25 YEARS OLD

7+ MONTHS INPATIENT

- Arrived due to mental health crisis. Co-occurring substance use disorder.
- Cycled between inpatient psychiatric and SUD rehabilitation units.
- Family not comfortable caring for the patient due to a history of multiple overdoses.
- Community residential facilities did not have capacity for wheelchair access.

16 YEARS OLD

6+ MONTHS INPATIENT

- Arrived when caregivers could not find in-home services or residential placement.
- The patient decompensated dramatically throughout the stay and required three to five beds to minimize disruption to others and two public safety officers at all times.

Unintended consequences

6 YEARS OLD

3+ MONTHS EMERGENCY DEPARTMENT

- Arrived when family determined they were unable to care for the child.
- Patient was ineligible for available residential treatment services due to age restrictions.
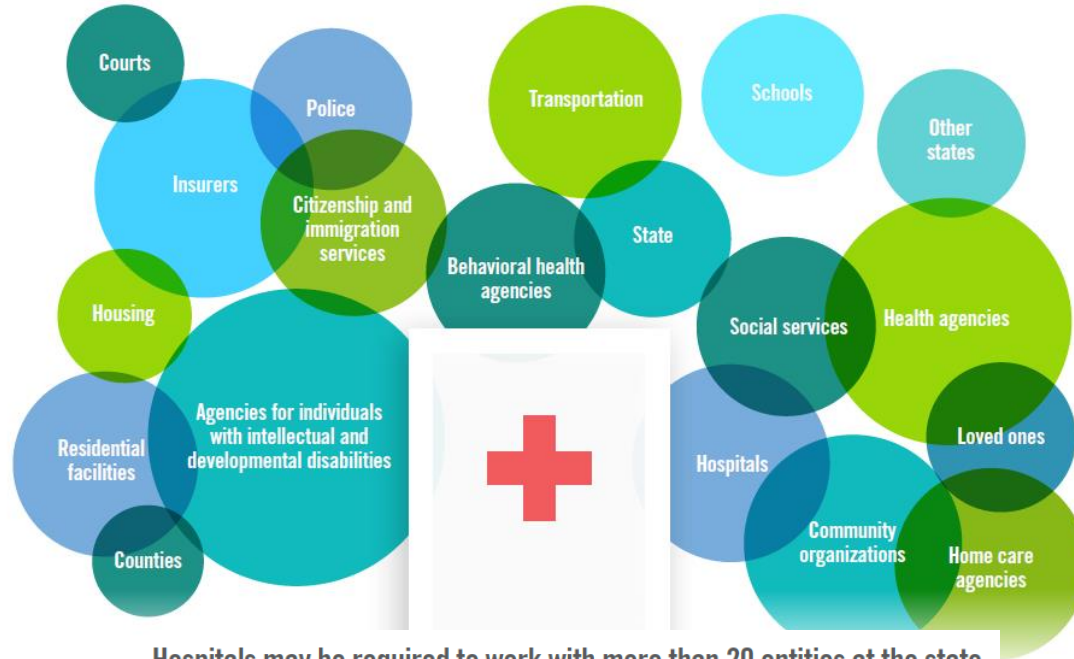
86 YEARS OLD

6+ MONTHS INPATIENT

- Arrived shortly after a residential facility discovered the patient was a level three sex offender, as it was previously not disclosed.
- No emergency shelter would accept the patient based on criminal history.
- Unreimbursed costs to the hospital were more than $194,000.

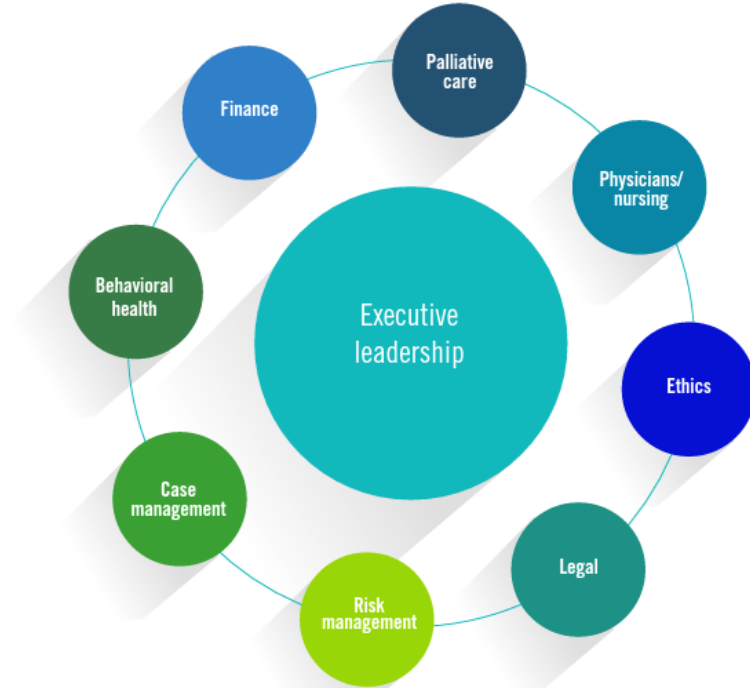# Unintended consequences

Hospitals may be required to work with more than 20 entities at the state, regional and local level to discharge a single complex case.

Unintended consequences

Hospital complex case discharge delay team example[73]

History

Nowhere to Go, Patients Linger in Hospitals, at a High Cost

🎁 Give this article ➤

By Sam Roberts
Jan. 2, 2012

WATCH: Why children are living in hospital emergency departments in WA

April 8, 2022 at 6:00 am | Updated April 8, 2022 at 3:40 pm

Minnesota Now
Foster care children are stuck in hospitals across the state: Do we have a solution?

Stuck in Bed, at Hospital's Expense

By John Leland
Sept. 30, 2011

ERs 'flooded' with mentally ill patients with no place else to turn

By Susan Scutti, CNN
Updated 9:45 PM EST, Fri January 4, 2019

Up to one in three English hospital beds occupied by patients fit for discharge

Exclusive: Acute lack of social care means people are not able to leave, often causing their health to worsen

Waits for Care and Hospital Beds Growing Dramatically for Psychiatric Emergency Patients

NEWS PROVIDED BY
American College of Emergency Physicians (ACEP) →
Oct 17, 2016, 12:30 ET

More than 1,000 patients await discharge across Massachusetts hospitals

Advocacy

The complex case
discharge delay problem

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The scope of complex case
discharge delays in New York state

February 2023

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Methods and results

Approach

Inclusion criteria

- Any patient > 4 avoidable days in the emergency department and/or > 14 inpatient days (except swing beds)

- Discharged April 1 to June 30 or not discharged by June 30

Definition of avoidable days

- Number of days when a patient is stabilized and ready for discharge but is unable to be discharged

Data collected

- Hospital stay details, patient characteristics and external factors

Participation

- 52 hospitals participated

    - 50 for inpatient units

    - 13 for EDs

- 8 out of 52 submitted partial data

Results

- 90 days

- 52 hospitals

- 1,115 patients

- 60K delay days

- $169 million

Results

Total complex case discharge delay days by region

5,585

19,466

8,763

18,292

8,198

Avoidable Days

5,585 — 19,466

Participating hospitals by region

Region	
Central New York	6
Hudson Valley	10
New York City	16
Long Island	13
Western New York	7
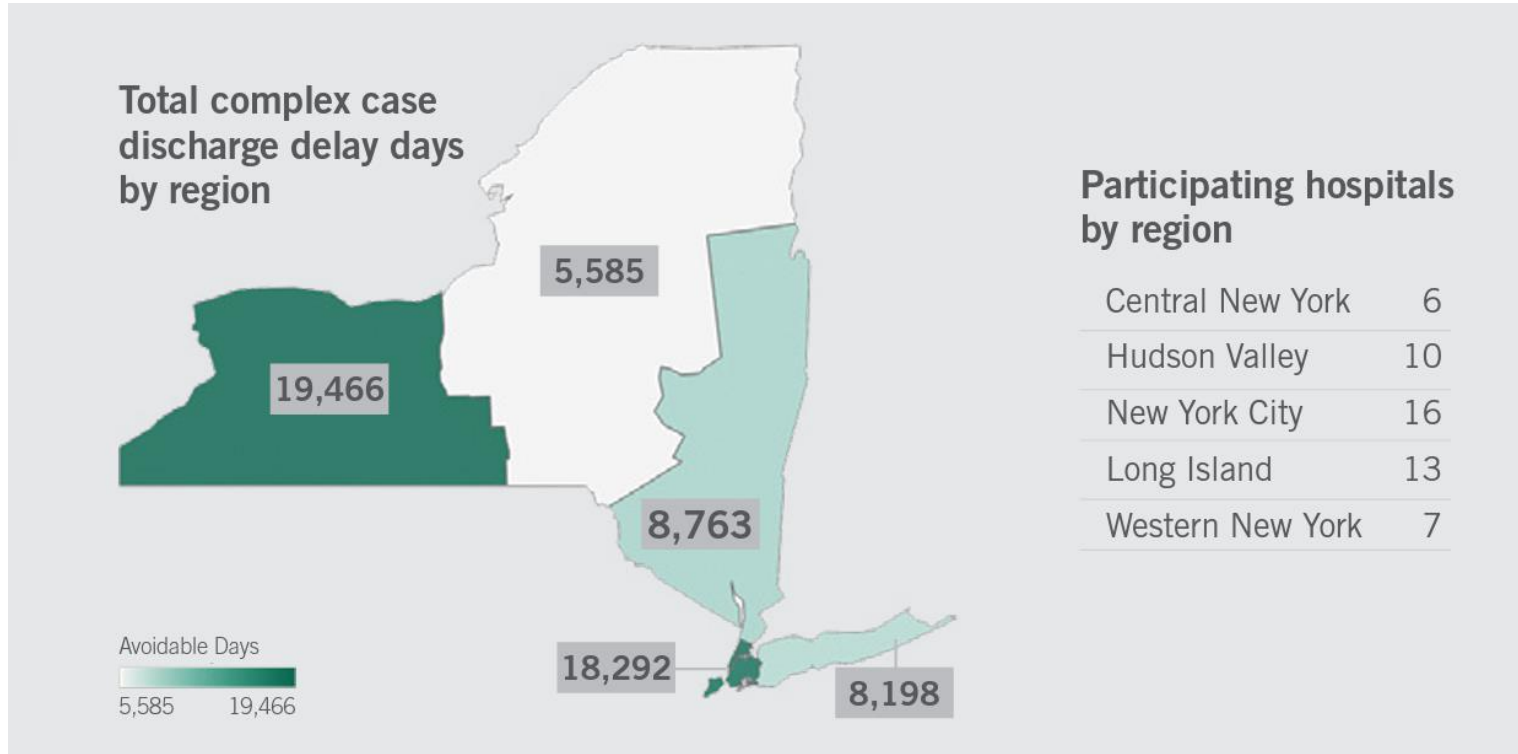
Inpatient: Delay days

Inpatient delay days by number of patients

Delay	Number of patients
15-30 days	479
31-90 days	359
91-179 days	95
180-365 days	47
>365 days	12
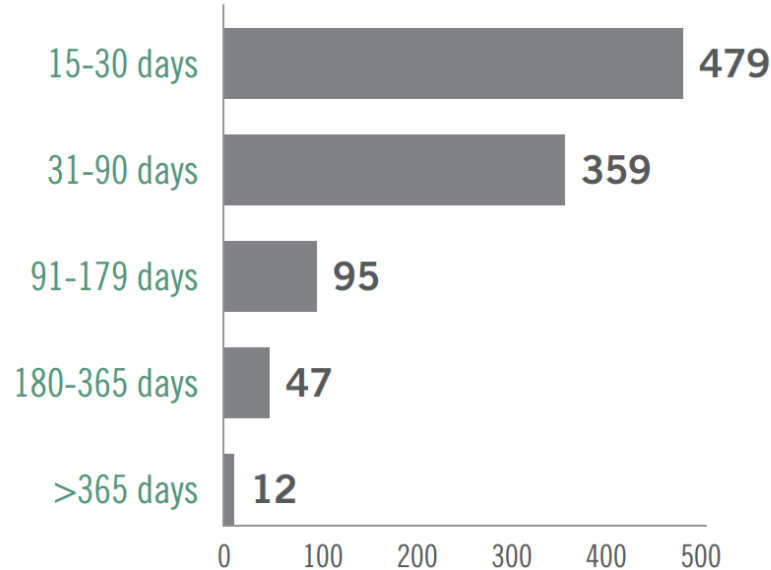
Inpatient: Age

Total inpatient delay days by age

Age	Days
65+	26,750
50-64	12,260
27-49	10,250
22-26	2,400
18-21	1,900
13-17	2,830
<=12	2,280
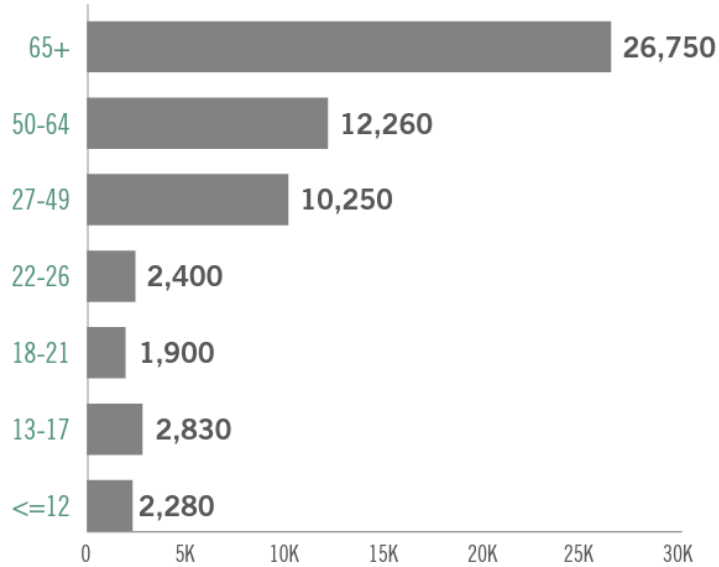
April 1 to June 30, 2022

Average inpatient delay days by age

Age	Average	Cases
65+	58	464 cases
50-64	49	248 cases
27-49	58	177 cases
22-26	78	31 cases
18-21	95	20 cases
13-17	89	32 cases
<=12	114	20 cases
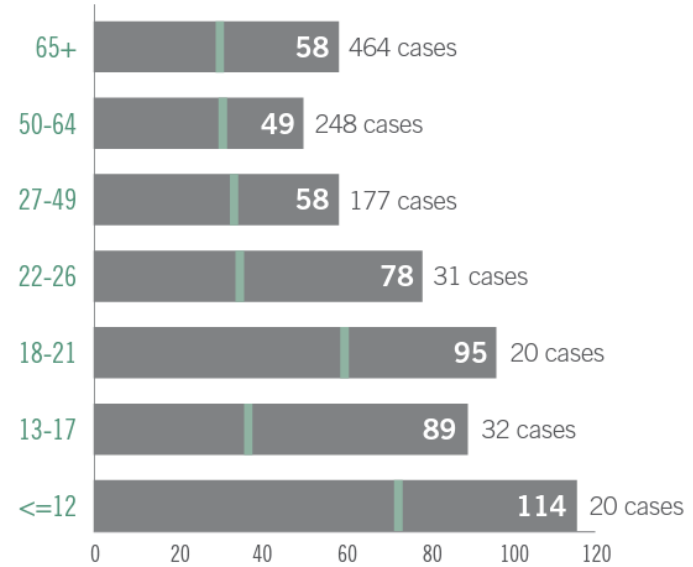
April 1 to June 30, 2022; green bar indicates median

Inpatient: Complex care needs

Average inpatient delay days by complex care needs

Complex care need	Delay days	Cases
Intellectual/developmental disability	113	66 cases
Traumatic brain injury	102	40 cases
Sexually inappropriate behavior	97	12 cases
Other	80	8 cases
Aggressive behavior	74	146 cases
Dementia	67	178 cases
Medical complexity +	62	250 cases
Substance use disorder	56	147 cases
Other behavior	53	74 cases
Mental illness	51	251 cases
Medical complexity only	50	324 cases
None	33	13 cases

Most commonly reported medical complexities (not required)
- Dialysis
- Infection, e.g., COVID-19
- Intravenous medications
- End-of-life care
- Wound care
- Bariatric care

"Select all that apply" question; April 1 to June 30, 2022; green bar indicates median

Inpatient: External factors

Average inpatient delay days by external factor

Factor	Average delay days	Cases
Guardianship	151	77 cases
Advanced care planning	95	21 cases
Other	68	106 cases
Insurance or financial coverage	66	281 cases
Placement setting	62	577 cases)
Agency eligibility/referral process	53	132 cases
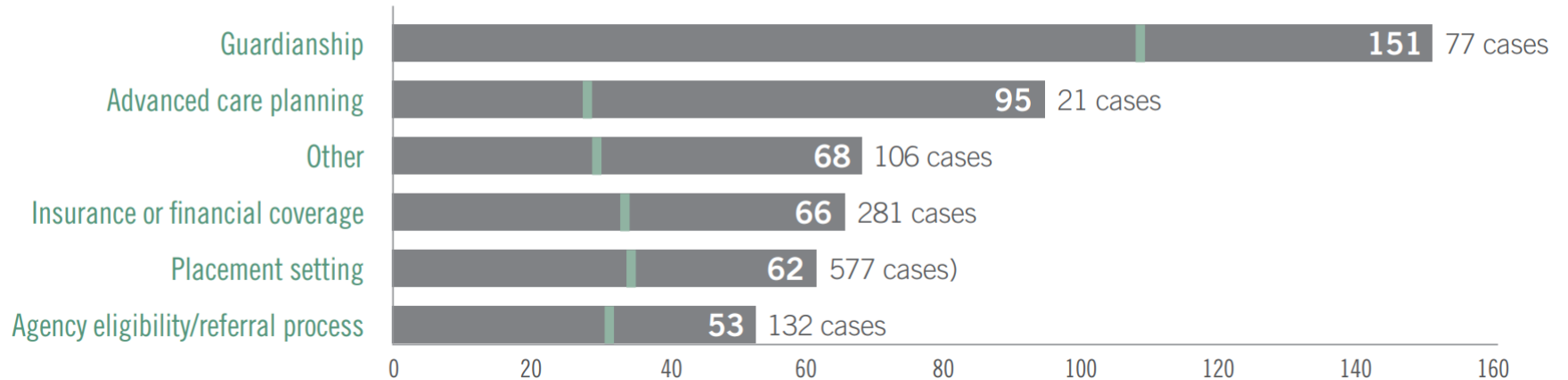
Inpatient: Insurance

Average inpatient delay days by insurance type

Insurance Type	Days	Cases
Undocumented	118	65 cases
Medicaid fee-for-service	74	69 cases
Uninsured	68	29 cases
Commercial	57	105 cases
Medicare managed care	55	262 cases
Medicaid managed care	53	246 cases
Medicare fee-for-service	49	216 cases
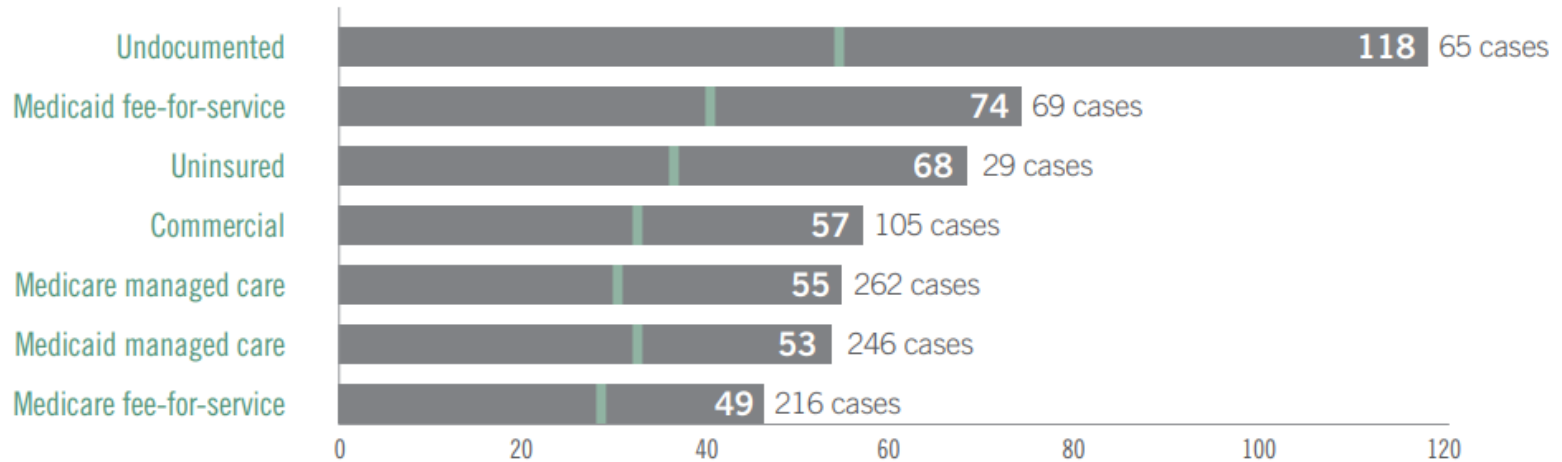
April 1 to June 30, 2022; green bar indicates median

Estimated cost

- Inpatient
  - $167 million total (992 cases/58,710 delay days)
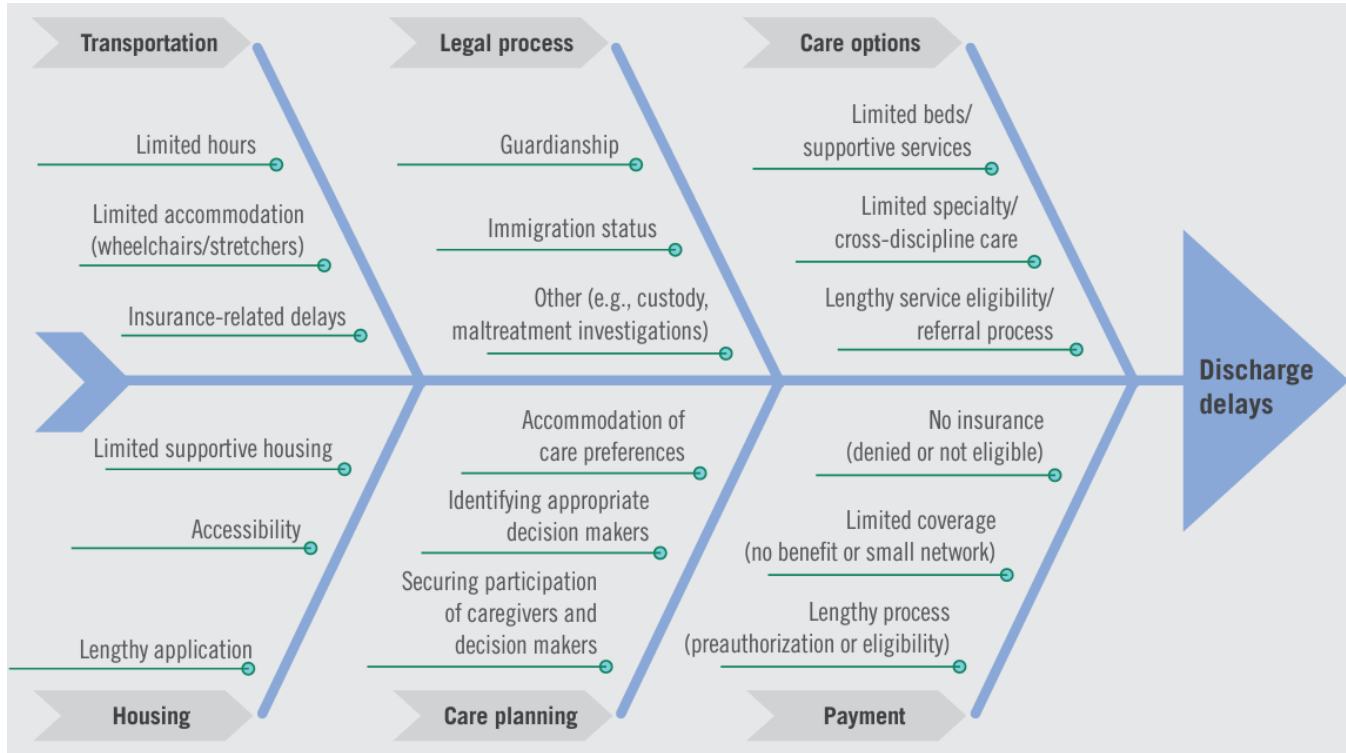 - $168,000 average per case (59 average delay days)
  - $2,000 average per day

- Emergency department
  - $ 2 million total (123 cases/1,594 delay days)
  - $18,000 average per case (13 average delay days)
  - $1,4000 average per day

Summary of external factors

Fishbone (Ishikawa) diagram with main arrow pointing to **Discharge delays**.

Transportation
- Limited hours
- Limited accommodation (wheelchairs/stretchers)
- Insurance-related delays

Legal process
- Guardianship
- Immigration status
- Other (e.g., custody, maltreatment investigations)

Care options
- Limited beds/supportive services
- Limited specialty/cross-discipline care
- Lengthy service eligibility/referral process

Housing
- Limited supportive housing
- Accessibility
- Lengthy application

Care planning
- Accommodation of care preferences
- Identifying appropriate decision makers
- Securing participation of caregivers and decision makers

Payment
- No insurance (denied or not eligible)
- Limited coverage (no benefit or small network)
- Lengthy process (preauthorization or eligibility)

Complex case patients do not fit neatly into any care model within the healthcare system because the system is not designed for them.

Just getting started

Framework for change

| PREVENTION | EARLY INTERVENTION | RESPONSE | VISIBILITY |

Thank you.

Contact

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The Statewide Voice for New York's Hospitals and Health Systems