



*Minnesota Hospital Association*

# **MHA's Survey and Analysis of Hospital Discharge Delays in 2023**

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# Hospital discharge delays

## **MHA originated study of delayed discharges in 2016/2017**

- Partnered with the Wilder Foundation for the Potentially Avoidable Days - PAD Study

### **Problem #1**

- Hospitalized patients who are ready for discharge to alternative sites of care are stuck in hospital beds awaiting discharge to alternative care sites of care

### **Problem #2**

- ED boarding, in part, residents of alternative care sites are being dropped off, or show up, at Emergency Rooms. Many are children from families, foster care and group homes.

# Increasing pressure in 2022

- Members were reporting uptick of concerns throughout 2022
- MHA conducted a one-week survey (Dec 2022) that found 2,000 patients had accumulated over 14,000 non-acute days awaiting discharge at an estimated cost of \$35m for that one-week sampling of patients
- MHA advocated for, and was awarded funding in 2023 legislature: \$18 million
- DHS was directed to conduct a survey to allocate the funding

# Legislative action

## **\$18.0m funding secured in 2023 Legislature:**

- For 1/1/23 – 5/31/23 94 hospitals reported over 46,000 delayed days eligible for funding at \$391/day
- 35,561 discharge delays >7 days
- 10,482 ED boarding days
- Funding was distributed to hospitals in August, 2023

# **\$18m did not cover costs**

## **The \$18m covered less than 16% of the costs**

- Based on 46,043 eligible days for funding, only \$390.94 per day was available to cover estimated costs of \$2,500 per day
- Based on the survey data, MHA estimated the annual costs to be over \$450 million
- MHA then replicated the survey of hospitals for the next 5-month period of June 1 – Oct 31, 2023

# Summary of demographics (1/1 – 5/30/23)

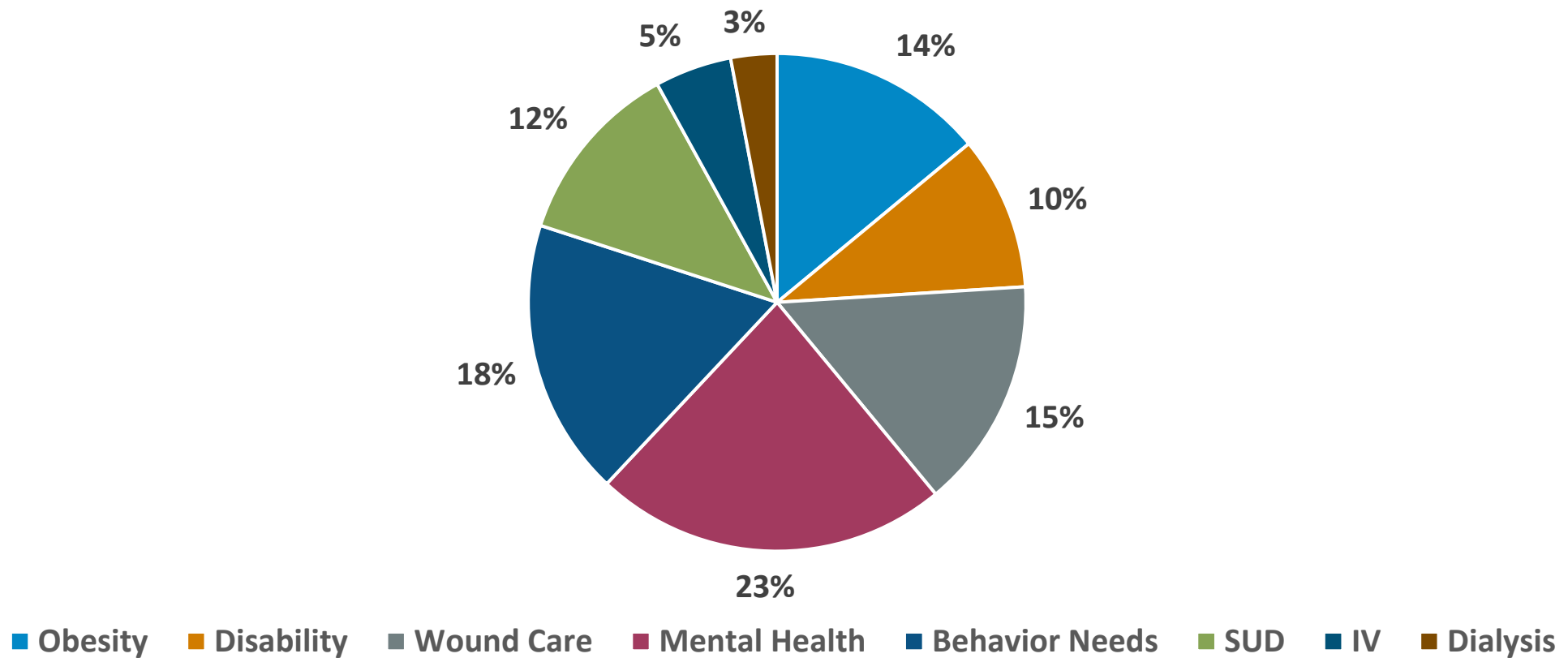
| <b>Inpatient Delayed Days</b> |                  |                   |                        |                      |
|-------------------------------|------------------|-------------------|------------------------|----------------------|
| <b>Demographic</b>            | <b>Incidents</b> | <b>Total Days</b> | <b>Ineligible Days</b> | <b>Eligible Days</b> |
| <b>Female</b>                 | <b>3,294</b>     | <b>34,825</b>     | <b>19,299</b>          | <b>15,526</b>        |
| <b>65+</b>                    | <b>2,288</b>     | <b>20,644</b>     | <b>12,510</b>          | <b>8,134</b>         |
| <b>Adult</b>                  | <b>945</b>       | <b>13,065</b>     | <b>6,226</b>           | <b>6,839</b>         |
| <b>Child</b>                  | <b>61</b>        | <b>1,041</b>      | <b>531</b>             | <b>510</b>           |
|                               |                  |                   |                        |                      |
| <b>Male</b>                   | <b>3,476</b>     | <b>41,398</b>     | <b>21,392</b>          | <b>20,006</b>        |
| <b>65+</b>                    | <b>2,199</b>     | <b>21,567</b>     | <b>12,390</b>          | <b>9,177</b>         |
| <b>Adult</b>                  | <b>1,205</b>     | <b>18,686</b>     | <b>8,498</b>           | <b>10,188</b>        |
| <b>Child</b>                  | <b>73</b>        | <b>1,167</b>      | <b>511</b>             | <b>656</b>           |
| <b>Totals</b>                 | <b>6,770</b>     | <b>76,223</b>     | <b>40,691</b>          | <b>35,532</b>        |

# Summary of demographics (1/1 – 5/30/23)

| Emergency Department Boarding Days |           |            |                 |               |
|------------------------------------|-----------|------------|-----------------|---------------|
| Demographic                        | Incidents | Total Days | Ineligible Days | Eligible Days |
| Female                             | 3,702     | 5,718      | 468             | 5,250         |
| 65+                                | 878       | 1,306      | 302             | 1,004         |
| Adult                              | 1,939     | 2,569      | 124             | 2,445         |
| Child                              | 885       | 1,843      | 42              | 1,801         |
|                                    |           |            |                 |               |
| Male                               | 3,375     | 5,673      | 443             | 5,230         |
| 65+                                | 751       | 1,145      | 185             | 960           |
| Adult                              | 2,059     | 3,051      | 196             | 2,855         |
| Child                              | 568       | 1,480      | 62              | 1,418         |
| Totals                             | 7,077     | 11,391     | 911             | 10,480        |

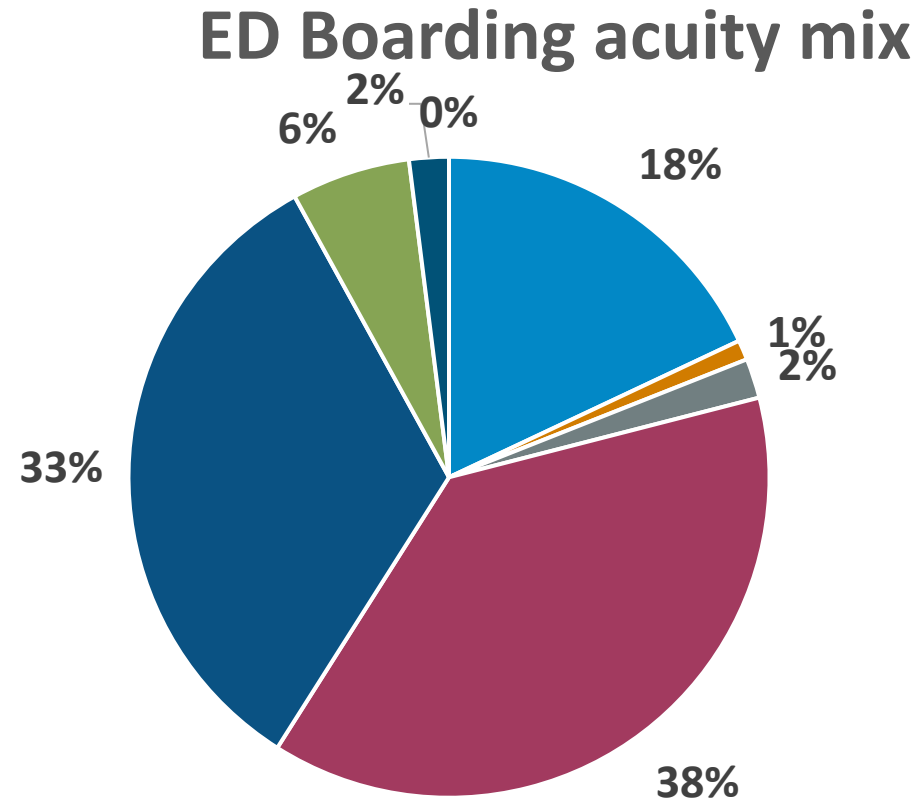
# Inpatient Delayed Days by Acuity

Inpatient acuity mix





# ED Boarding Days Delayed Days by Acuity



■ Obesity ■ Disability ■ Wound Care ■ Mental Health ■ Behavior Needs ■ SUD ■ IV ■ Dialysis

# MHA's data collection methodology

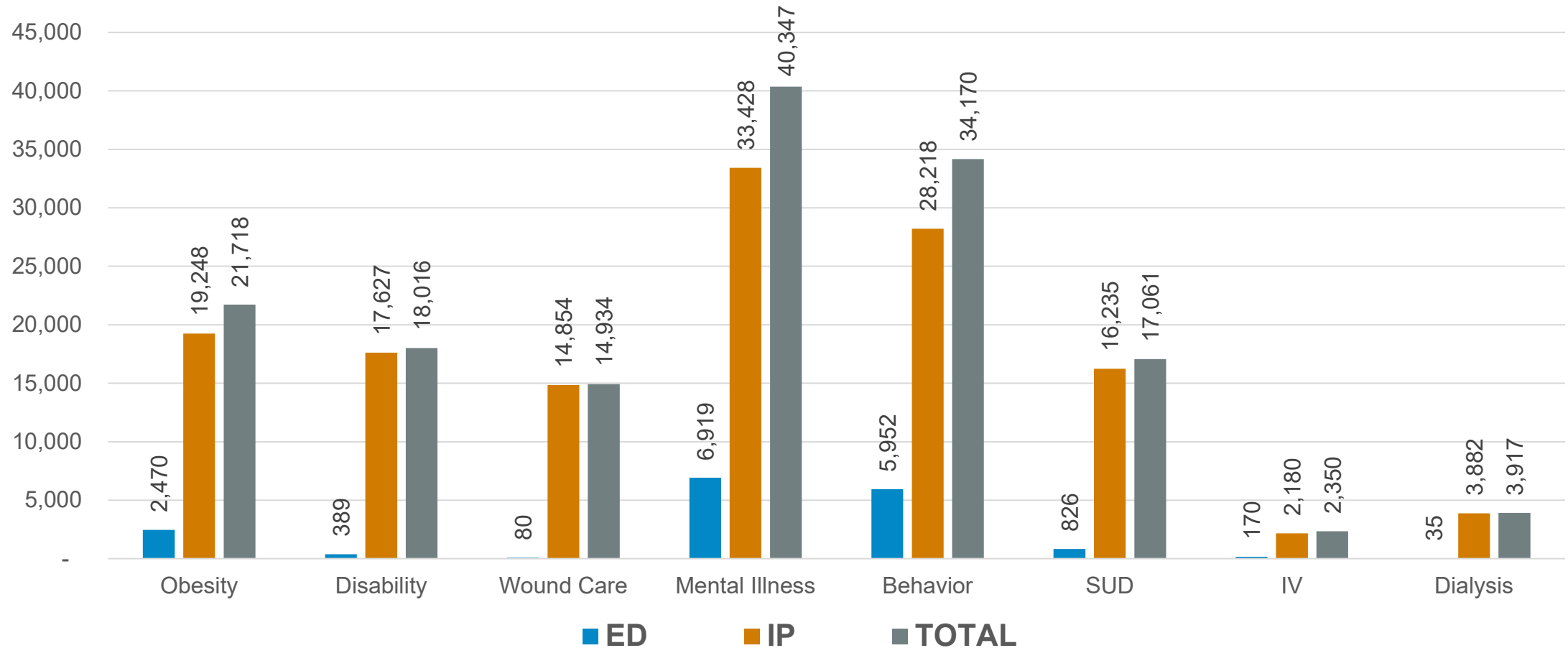
- MHA replicated the DHS survey. The DHS survey collected patients with discharge delay date happening between January and May 2023. MHA's survey went from June to October 2023.
- This survey required hospitals to submit a spreadsheet with two tabs - one for Emergency Department delays, and one for inpatient delays. On each tab, hospitals entered patient-level information. Each row contained a patient's MRN, age, gender, as well as the date (and time, if available) of their begin of stay date, their date deemed medically ready for discharge, and their end of stay date.
- The survey required that hospitals choose at least one of seven medically complicating reasons why the patient was delayed in their discharge. The seven reasons were: Obesity, Disability, Wound Care, Mental Illness, Behavior Needs, Substance Use Disorder, IV usage, and Dialysis.

# Analysis

- Spreadsheets were collected through an SFTP service and then processed and analyzed using Python and SQL.
- The MHA data was merged with the DHS data to reflect 10 months of data.
- The 10-month summary data was annualized by dividing the discharge delayed days total (January-May from DHS, June - October from MHA) by 10, multiplying by 2 months and adding that figure to the results for an estimated 2023 total.

# Delayed Patient Days by Acuity

## June-October 2023



# Analysis: DHS + MHA data, annualized

- **101** Hospitals responded
- Nearly **195,000** patient days of avoidable and unpaid care in 2023.
- **Estimated \$487 million** in direct costs/unreimbursed care in 2023.