

HANYS Looks to Call Attention to Complex Patients Stuck in Hospitals

The Healthcare Association of New York State published a white paper last week to raise awareness of complex case discharge delays. These concern patients with complex conditions admitted into hospitals who are unable to be discharged due to a lack of safe or appropriate facilities to receive them for continued care.

Such delays are not new, said Bea Grause, president of HANYS.

"It has been an issue for as long as I've been a nurse, which is over 40 years," she said.

However, the time to elevate awareness is now, Grause said.

"As the state is thinking of making significant changes to health care infrastructure following the pandemic, it is more important than ever to highlight this population that might otherwise be overlooked again," she said.

The issue has remained unresolved for so long for many reasons. One of which is the difficulty in defining who is a complex case but can be discharged and when one's case becomes problematic. For hospital discharge coordinators, the clock starts ticking once there is no medical reason for patients to stay in the hospital, but it is not clear how long a patient would have to be stuck to be considered a complex case, Grause said.

For some patients, that limbo can be months or even more than a year. The white paper included case studies of patients left in a hospital setting for over 14 months. Factors that led to delays included ineligibility for facilities run by the state Office for People with Developmental Disabilities, undocumented immigration status leading to legal complications in obtaining public benefits and a receiving facility being ill-equipped to handle a patient's medical needs.

Anecdotally, hospitals statewide encounter hundreds of these patients annually, but that is likely an undercount, Grause said. The seemingly small number of patients affected also contributed to the problem being overlooked for decades.

But for these hundreds of patients—potentially even more than a thousand—it's a terrible quality of life being unable to receive care in the best setting suited for them, Grause said.

"They might continue to receive medical care, but very often their needs are beyond just that," she said. These could include needed speech and physical rehabilitation, behavioral health services or even just social interaction. "Some larger facilities might be able to provide that, and many rural and poorer-resourced hospitals might not," she added.

Having patients left in a hospital poses a financial cost too. Complex case patients could cost the facility \$5,000 per day, and there are many recorded cases of the state stopping payments to a hospital for such patients, according to the paper. Some patients represented unreimbursed costs of nearly \$200,000.

HANYS had spoken with some agencies, such as OPWDD, pre-Covid-19 to coordinate efforts, but talks were waylaid by the pandemic, Grause said.

"It's time to bring all stakeholders, from agency leaders to hospital heads to community-based organizations and consumer groups, back to the table," she said.

The current state is untenable, said Andrea Smyth, executive director of the New York State Coalition for Children's Behavioral Health. And Katherine Alonge-Coons, chair of the New York State Conference of Local Mental Hygiene

Directors, said the organization would commit to working with state partners "to identify solutions that create a 'no wrong door' approach and obtain long-lasting recovery and overall life success."

In addition to fostering dialog, important next steps include establishing a senior-level, multiagency response team that can set protocols for complex cases and that hospitals can turn to, Grause said. There also needs to be a closer look at whether the state's facilities are adequately equipped to handle such cases following a discharge, she said.

"It's a truly challenging problem to solve, but there's no lack of goodwill among all members involved," Grause said.