



Addressing Difficult to Discharge Patients

Jefferson Healthcare supports additional funding and legislation that provides options for post-acute care bed options. This includes supporting the DDA and long term care providers financially, as well as addressing the guardianship difficulties that hospitals face when a patient cannot act as their own decision maker. Lastly, ensuring system-wide accountability is critical for solving this systemic issue.

Difficult to discharge patients cause untold strain on rural hospital systems

"Difficult to discharge" patients, or patients who no longer have an acute care need but do not have a safe place to be discharged such as a skilled nursing bed or an adult living facility, disproportionately affect smaller hospitals and the communities that we serve. Patients who are unable to be discharged from our hospital strain our clinical operations, and the patients who are stuck in larger health systems further disrupt our ability to transfer a patient in desperate need for a higher level of care. These bottlenecks in the system lead to poor health outcomes for patients and cause significant moral injury to doctors, nurses, and the rest of the care teams.

At any time, Jefferson Healthcare is boarding 1-4 of these difficult to discharge patients. As a 25 bed critical access hospital with an average patient count of 15-16, this can represent almost 25% of our patient load. These patients become almost like residents, staying for 20, 50, or even over 100 days at a time. Hospitals are solely responsible for finding these patients a bed to be discharged to; our partners in long term care are stretched thin and cannot support the 10-15 typically unproductive calls a day it takes our case managers to get these patients settled. Regardless of these challenges, hospitals are committed to finding a suitable and safe discharge for every patient, but we are asking for help.

Support access to post-acute resources for patients in Washington State

Jefferson Healthcare supports funding for the Developmental Disabilities Administration (DDA); additional funding for long term care facilities to create more capacity, especially in rural areas; system-wide accountability in finding placement for these individuals, outside of just the hospitals; and addressing the State's guardianship process and increasing the availability of public guardians. We appreciate the focus on this issue as we continue to support our community and our patients.

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