

Key Messages

Access to Care is Threatened by Discharge Delays

Patients who are ready to leave the hospital for rehabilitation, home care, or other settings are often forced to remain in hospitals for extended periods of time.

- Retaining patients in the hospital negatively affects health outcomes, including medical, psychological, and functional abilities, and may increase the need for long-term care or institutionalization.
- Statewide, the overall length of stay at hospitals has increased by 3% over the past two years while the *length of stay for patients requiring skilled-nursing care increased by 50% on top of that*. This means a whopping 380,000 additional and avoidable days of care in acute care hospital settings.
 - In just one region of the state (San Diego and Imperial counties), the number of patients awaiting placement in a skilled-nursing facility has more than doubled since the beginning of the pandemic, with as many as 200 patients in hospital beds each day awaiting discharge to a more appropriate level of care.

Unnecessary delays in patient discharge strain the hospital services that other patients rely on.

- Caring for non-acute patients in acute care hospital beds reduces overall hospital capacity, leaving fewer beds available for patients who need them and leading to overcrowded emergency departments as new patients await admission.
- This is most prevalent in communities with high rates of Medicaid and Medicare patients, which exacerbates the pre-existing health inequities that many of these patients already face.

A variety of health care services (such as maternity, specialty, and emergency care) are threatened, as finite resources are needlessly expended every day to keep patients in hospitals when more effective, appropriate settings of care are not accessible.

- Hospitals currently receive little to no reimbursement for these extra days, even as they continue to bear the considerable cost of providing continued care. Paired with the skyrocketing inflationary pressures associated with rising costs for the workforce, pharmaceuticals, energy, and supplies, many hospitals are being forced to cut services just to ensure their doors stay open. To offer just two recent examples:
 - In August, San Diego County learned it would lose 28% of its geriatric psychiatric capacity — used to care for seniors experiencing dementia and other mental illness — when a hospital was forced to shutter 17 specialty beds.
 - In October, four vulnerable communities were left with deep uncertainty about their health care options when a health system in the Los Angeles area filed for bankruptcy.

To preserve access to care, improve patient outcomes, and ensure a better patient experience for all, Congress should establish a temporary, per diem payment targeted at hospitals.