

# Consequences of Inability to Discharge Hospital and Health System Patients



Minnesota's hospitals and health systems urgently need relief to sustain appropriate community access to patient care.

## Patient Gridlock

Hospitals and health systems are struggling to properly discharge patients to appropriate care settings due to a lack of community placement options. This gridlock is causing problems getting patients the right care, at the right location and the right time. Hospital and health system staffing, finances, and - most importantly - bed availability for new patients who need acute care services are being impacted.

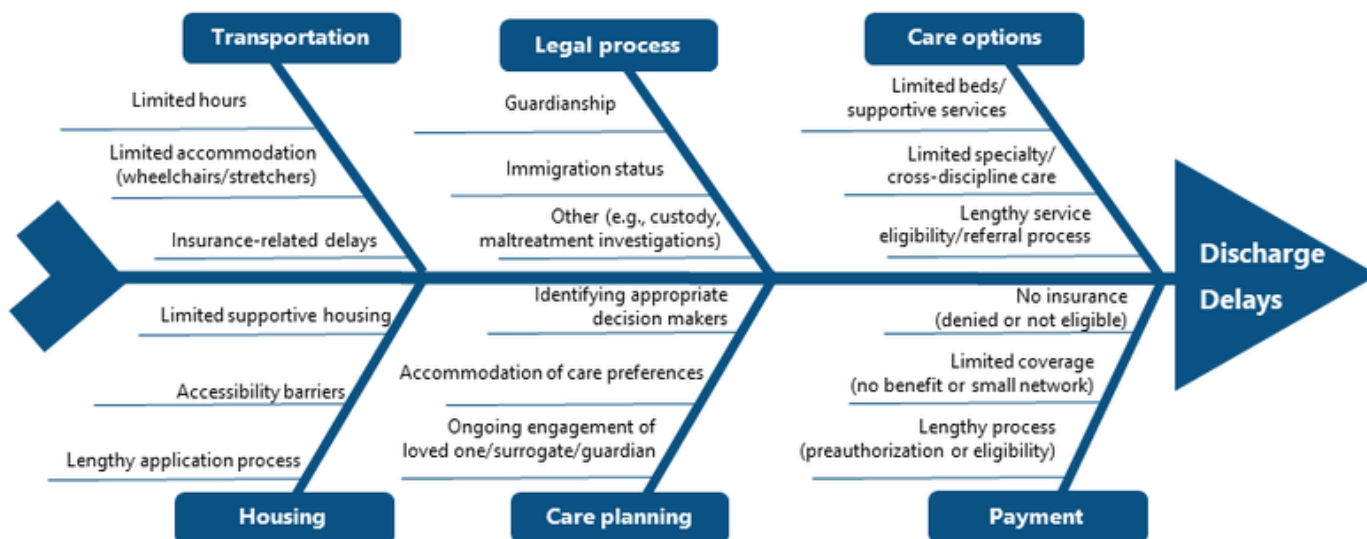
In addition, emergency departments are boarding adolescents with mental health challenges and violent behaviors because other care settings are overly reliant on hospital resources and 24/7/365 capacity. This is a breakdown of county social services, foster care, and mental health infrastructure including a lack of Psychiatric Residential Treatment Facility (PRTFs) – intensive mental health services for adolescents that include a housing component. The state of Minnesota also plays an important role as a payor and additional state funding is needed.

## By the Numbers

Minnesota's Department of Human Services (DHS) recently shared data capturing the extreme challenges hospitals and health systems faced during the first five months of 2023:

- An astounding **76,245** avoidable inpatient days were reported due to discharge delays. **2,208** of those discharge delay days involved pediatric patients.
- Patients boarded in emergency departments for **10,482** days. Of those, children accounted for **3,219** of the days.

## Summary of external factors impacting discharge delays





## Minnesota Impact

Avoidable hospital days are bad for Minnesotans:

- **Patients** are facing longer wait times at the emergency department when they need acute care services. Sometimes inpatient beds are simply unavailable. It's also hard on patients who should be in alternative community settings.
- **Employees** are experiencing more incivility and violence due to longer lengths of stay, including many behavioral health patients who no longer need acute care services.
- **Hospitals** are struggling with no compensation for avoidable hospital days. Each avoidable day costs a hospital about \$2,500.

## Urgent Actions Needed

- **Protect access to care and stabilize service delivery** at Minnesota hospitals and health systems by passing proposed legislation – [HF 2848 \(Carroll\)/SF 2885 \(Morrison\)](#). The bill provides premium pay to community care settings that admit difficult-to-discharge patients from a hospital AND provides temporary financial support to hospitals and health systems to offset the costs of avoidable days. Premium pay for difficult-to-discharge patients was also proposed in Governor Walz's revised FY2024-2025 budget.
- **Increase Medical Assistance (MA) reimbursements** to better cover the actual costs of providing care to low income and underserved populations – [HF 2924 \(Her\)/SF 2693 \(Wiklund\)](#). Medicaid currently underpays Minnesota hospitals and health systems by almost \$837 million below the actual cost of care each year. \*
- **Support for significant health care workforce development**, including retention, recruitment, and development initiatives.

*Due to patient gridlock and the inability to discharge, other patients are experiencing longer wait times in emergency departments.*

*When patients are in the wrong care setting, it increases the likelihood of violence in hospitals.*

## Contact

Contact Mary Krinkie ([mkrinkie@mnhospitals.org](mailto:mkrinkie@mnhospitals.org)) or Danny Ackert ([dackert@mnhospitals.org](mailto:dackert@mnhospitals.org)) with questions.

\*Minnesota Hospital Association [Community Benefit Report](#)