

# Delayed Discharges: Ready to Go, but Still Here



When patients are medically ready for discharge but remain hospitalized due to administrative delays or lack of post-acute access, a dangerous bottleneck is created. Approximately 8% of patients wait more than a week to be discharged. Each occupied bed strains the system, driving longer ED wait times and limiting access for incoming patients.

## The Scale of the Problem



**110K**

Delayed  
Patients



**356K**

Avoidable  
Days



**\$1.1B**

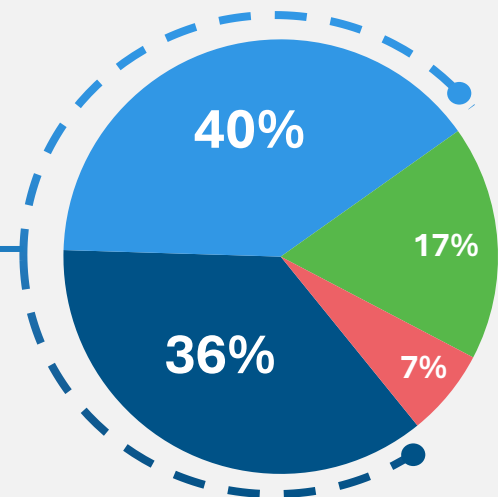
Avoidable  
Hospital Costs

## Why it Happens

Health plan administrative requirements and limited in-network capacity are the primary drivers of discharge delays, forcing patients to wait days for simple authorizations, preventing their transfer to the next level of care.

**76% of delays**

**are authorization and adequacy issues including health plan approvals or lack of available post-acute care beds and staff.**



■ Network Adequacy Issues

■ Family/Caregiver/Patient Issues

■ Health Plan Authorization

■ Patient Specific Barriers

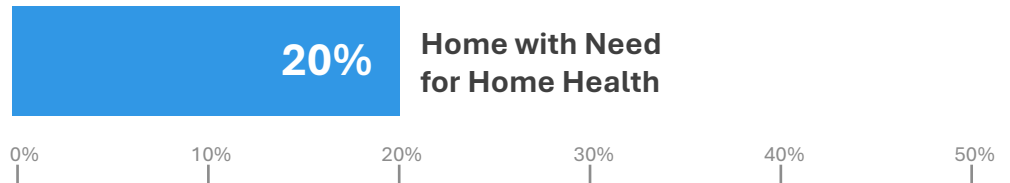
## Discharge Destination

The bottleneck often begins when patients are cleared but waiting for specific post-acute settings or specialized treatments. Specialized recovery cannot happen in a full hospital bed.

Average length of stay for those waiting to go to SNF is **3.53 days**



Average length of stay for those waiting to go home with Home Health is **2.56 days**



## Capacity Impact

When hospital beds are full, new patients cannot be admitted promptly. They board in the Emergency Department (ED), reducing overall access for the community. We need immediate, commonsense solutions to keep patients moving promptly.

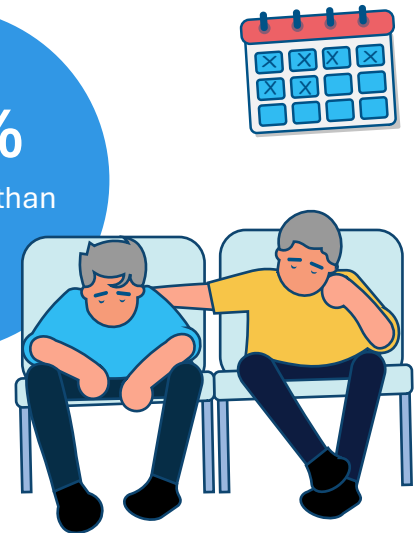
**792,150**

Patients waited for an inpatient bed



**7.4%**

Waited more than 12 hours



## What Needs to Change



**Enforce Timely Authorizations**



**Require Real-Time Clinical Review**



**Align Financial Incentives**