

# Barriers to Discharge in Pediatric Sub-acute Care

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## BACKGROUND

Non-medical barriers to discharge are apparent in pediatric post-acute care, in which environmental concerns, family systems, and follow-up service-related gaps can work interactively to delay discharge from an inpatient facility to a less restrictive environment.

Studies of social and medical factors affecting hospital discharge in patients admitted to New York City medical facilities indicate that inadequate housing is a significant barrier to discharge.

Previous research indicates that pediatric patients admitted to urban hospitals have a longer length of stay than those in rural areas. This finding could be associated with a lack of adequate or affordable housing. Other studies focusing on children dependent on mechanical ventilators have identified housing barriers as among the issues preventing discharge to a less restrictive environment. The impact of these barriers on healthy child development, family unity, and financial stability has not yet been measured.

## PURPOSE

1. To describe the prevalence of non-medical discharge barriers in a random sample of children being treated in a post-acute rehabilitation facility.
2. To investigate the hypothesis that there will be a statistically significant difference in the length of stay of patients with and without discharge barriers.

## METHODS

- Data were obtained from charts of 225 admissions from 109 patients.
- For this study, admissions represented the unit of measurement.
- Data was collected using a chart review tool developed for this investigation. Items were selected based on a review of the literature, as well as focus groups with social work staff to identify a comprehensive list of common barriers to discharge.

### St. Mary's Research Institute Barriers to Discharge Form

BARRIERS	Referral	Admission	ICP	Medically stable for discharge	Discharge date is set
<b>1. Housing/Environmental:</b>					
<input type="checkbox"/> Insufficient space to meet child's needs					
<input type="checkbox"/> Unhealthy home environment (roaches, mold, etc)					
<input type="checkbox"/> Structural barriers (elevator, walkup apartment, etc)					
<input type="checkbox"/> Waiting list for alternate facility					
<b>2. Psychosocial:</b>					
<input type="checkbox"/> Caregiver cannot be home at a particular time to care for child or accept services					
<input type="checkbox"/> Caregiver substance abuse					
<input type="checkbox"/> Caregiver psychopathology (depression, anxiety, thought disorder)					
<input type="checkbox"/> Caregiver developmental delay					
<input type="checkbox"/> Concerns about abuse or neglect					
<input type="checkbox"/> Caregiver has not participated in care					
<input type="checkbox"/> Immigration status					
<input type="checkbox"/> Custodian/guardian assignment					
<input type="checkbox"/> Caregiver medical health status					
<b>3. Service or Equipment Related:</b>					
<input type="checkbox"/> Wheelchair/Walker					
<input type="checkbox"/> Equipment related to pulmonary support (O2 tank, monitor, etc)					
<input type="checkbox"/> Special bed					
<input type="checkbox"/> Other assistive technology (please provide)					
<b>4. Negotiating Community-Based Services:</b>					
<input type="checkbox"/> Private duty nursing					
<input type="checkbox"/> Rehabilitation services					
<input type="checkbox"/> Home health aid					
<input type="checkbox"/> School placement					
<input type="checkbox"/> Home-based services-other					
<input type="checkbox"/> Post-discharge appointments (medical, rehab, mental health, other)					
<b>5. Financial:</b>					
<input type="checkbox"/> Financial barriers to receiving equipment					
<input type="checkbox"/> Awaiting Medicaid approval					
<b>6. Other:</b>					

## Demographics

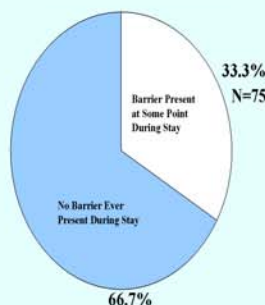
Sample=225 admissions (109 patients)

Gender	
Male	59%
Female	41%
Mean Age	
	8.1 (SD=5.86)
Racial background	
African American	49.8%
Latino/a	28.8%
Caucasian	12.4%
Mixed Race/Other	5.3%
Asian	2.7%
Reason for admission	
Respite/Nursing Care Only	56.4%
Rehab Services	24.4%
Chronic Illness Mngmt	7.1%
Feeding Disorder	4.9%
TBI	3.6%
Palliative Care	2.7%
Insurance Coverage	
Medicaid	83.1%
Private	16.9%

## RESULTS

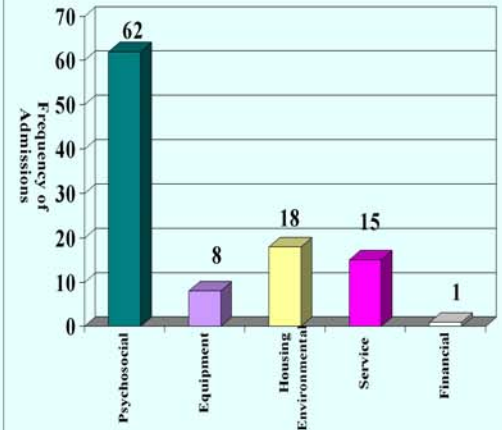
- Results indicate one third (n=75) of the admissions presented with at least one barrier to discharge.
- 32 of the admissions presented 1 with barrier, 35 presented with at least 2 barriers and 8 presented with 3 or more barriers.
- Psychosocial barriers, such as concerns about abuse or neglect, caregiver difficulties participating in care, and other family systems issues were present in 27.6% (n=62) of all admissions.
- Housing and environmental barriers were present in 8% (n=18) of all admissions, and included difficulties obtaining barrier-free housing or apartments that met adequacy standards for space and hygiene.
- Delays in discharge related to obtaining community-based follow-up services were found in 6.7% (n=15) of all admissions.
- Equipment related barriers were found for 3.6% (n=8) of all admissions.
- Financial related barriers, such as awaiting Medicaid approval, were found for .4% (n=1) of all admissions.

### Presence of Barriers



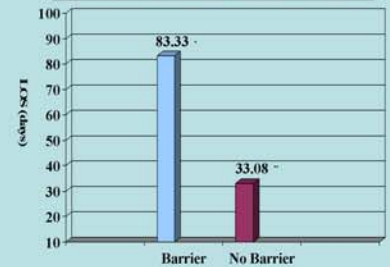
## RESULTS (continued)

### Admissions with Barriers to Discharge



- Results indicate a statistically longer length of stay for admissions when a barrier is present (M=83.33 days, SD=106.45) when compared to admissions with no barriers identified (M=33.08 days, SD=155.96, t(223) =2.51, p<.05).
- The most significant factors that affect length of stay are housing issues and psycho-social barriers. Examination of specific categories of barriers suggest that the group of admissions in which housing issues were present had a mean length of stay over 100 days longer (M=144 days, SD=151.91) than the group without housing barriers (M=41.61 days, SD=139.73), t(223)=2.97, p<.01).

### Length of Stay With and Without Barrier Present



## CONCLUSIONS

- Results indicate that one-third of admissions presented with at least one barrier to discharge.
- The most significant factors that affect length of stay are housing issues and psychosocial barriers.
- The results of this study support previous research that have associated environmental and social issues in urban areas with increased hospital length of stay.
- These results may in fact represent a conservative estimate of discharge barriers when attempting to generalize these results to other post-acute care facilities, as a majority of these admissions were for short-term nursing care only.
- Results suggest the need for more aggressive initiatives and timely identification of barriers.