

Abstract

Barriers to Timely Hospital Discharge Among General Internal Medicine Patients: Informing Clinical Innovation and Process Redesign [†]

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Background and Purpose: Timely hospital discharge is essential to delivering high-quality, patient-centered care and optimizing patient outcomes [1]. Delays in discharge can prolong hospitalization, negatively affect patient experience and satisfaction, contribute to hospital overcrowding, and increase healthcare costs [2–4]. Prolonged hospital stays have also been associated with increased morbidity, mortality, and hospital readmissions [5–7]. Internal Medicine patients are particularly vulnerable to discharge delays due to their complex medical and social care needs [8–10]. This study aims to identify patient-, provider-, and system-level barriers to timely discharge among General Internal Medicine (GIM) patients and generate evidence to inform clinical innovation and hospital process redesign.

Methods: This ongoing mixed-methods study includes a retrospective chart review and qualitative semi-structured interviews. Quantitative data will be collected from adult GIM patient admissions at a regional hospital over a defined study period using hospital administrative and clinical records. The patient capture methodology will include admissions meeting predefined inclusion criteria for GIM hospitalization. Data collected will include patient demographics, primary diagnosis, comorbidities, length of stay, discharge disposition, alternate level of care designation, and timing of discharge readiness compared with actual discharge. Existing hospital stratification systems, including diagnosis-based groupings and Case Mix Group (CMG/CMG+) methodologies, will be explored to support patient categorization and data quality. Descriptive statistical analyses will be used to identify patterns associated with discharge delays. Qualitative interviews will be conducted with healthcare providers involved in discharge planning, including physicians, nurses, allied health professionals, and care coordinators, to explore perceived barriers and opportunities for improvement. Quantitative findings will provide contextual background to inform thematic qualitative analysis and interpretation.



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Results/Findings: Data collection and analysis are ongoing. Preliminary findings are expected to identify common contributors to delayed discharge, including patient complexity, care coordination challenges, communication gaps, resource limitations, and systemic workflow barriers.

Conclusions: This study is expected to provide a comprehensive understanding of barriers to timely discharge among GIM patients and identify opportunities for targeted interventions and process redesign to support safer and more efficient transitions of care.

Significance/Implications: The findings may support strategies to improve patient flow, reduce avoidable hospital stays, enhance patient experience, optimize resource utilization, and reduce readmissions, particularly in regional and northern healthcare settings.

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