

CLAHRC BITE

Impact of delayed discharge from hospital

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Exploring the impact of delayed discharge on patients, health-care staff and associated hospital costs: a systematic review

Background

Delayed discharge—defined as ‘*the period of continued hospital stay after a patient is deemed medically fit to leave hospital but is unable to do so for non-medical reasons*’— is an important problem for health-care providers internationally. Costs to the National Health Service (NHS) in England associated with delayed discharge are approximately **£100m per year**.

Delayed discharge is recognized to be a **system-level** problem requiring effective team working within hospitals and coordination between health and social care.



However, an in-depth understanding of the impact of delayed discharge on patients and the health-care staff caring for them needs to be established so that managers and policymakers can make informed decisions about addressing the consequences of delays.

The costs (financial and other) of delayed discharge to hospitals, the health and social care system, and patients and carers also need to be understood.

We carried out a mixed-studies systematic review to assess the impact and experiences of

delayed discharge at multiple levels, from the perspective of patients, health professionals and hospitals; and associated costs of delay.

Key Findings

- This is the **first systematic review** of the literature to take a comprehensive perspective on the impact of delayed discharge on patients, staff, and hospitals; and of their interrelationships.

Adverse outcomes of delayed discharge:

- For **patients**:
 - an association with an increased risk of mortality, hospital-acquired infections, mental ill health
 - a reduction in patients’ mobility and activities of daily living.
- For **health-care staff**, the stress, diversion from a primary focus on patient care and deleterious interprofessional relationships, all with potentially harmful implications for patients’ health and well-being.
- As well as the impact on inpatient **costs**, there are additional economic repercussions for other services.

What we did

Our review included studies written in English, published since 2000 and conducted in OECD countries, to examine delayed discharge across health systems in countries with comparable economic development. We examined quantitative and qualitative studies to:

- i) quantify the impact of delayed discharge on health outcomes
- ii) qualitatively assess impacts on patients, health professionals and provider organizations
- iii) evaluate the potential costs associated with delay.



Studies were included where they met one or more of the following inclusion criteria:

- i) quantitative data on the impact of delayed discharge on health outcomes (egg quality of care, patient satisfaction, number of infections, mental health, mortality, morbidity, readmissions and functioning),
- ii) qualitative data on experiences of delay from perspectives of patients (egg perceived impact on physical health or patient experience), health professionals (e.g. affect on staff role and working relationships) and hospitals (impacts at the organizational level, e.g. costs of managing delays and affect on culture), and/or
- iii) information on costs of delay due to unnecessary bed-days.

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Recommendations for Policy and Practice

- Our findings provide renewed emphasis for the need to
 - i) **standardize the approach** to measuring delays
 - ii) **invest in the issue of delayed discharge** as a priority given its impact not only on patients' health and experiences of care, but also on staff well-being, interprofessional relationships and information sharing
 - iii) **explore all aspects of the cost** implications.
- We have highlighted that **the real cost of delayed discharge** must include unit level (eg LOS or infection costs or cancelled operations), organizational and local system-level impacts. However we should also consider other costs that have not been quantified yet (eg the impact on staff morale, staff turnover, agency fees, cost of social care, nursing homes), but could have a huge economic impact. The repercussions on other services - such as staff, physiotherapy, radiology, pharmacy, surgery, occupational therapy, laboratory and lack of downstream beds— should be considered when assessing the costs of delayed discharge. Further attention should also be placed on societal costs related to productivity losses due to delayed discharge of patients.
- To assess **the longer term impact of delays**, prospective cohort studies are required that combine routine data from health and social care databases and supplement this with additional process and outcome data.
- The quality of the included studies was mainly low and the implications for practice should therefore be cautiously made.

Read more

Rojas-García A, Turner S, Pizzo E, Hudson E, Thomas J, Raine R.

Impact and experiences of delayed discharge: A mixed-studies systematic review.

Health expectations : an international journal of public participation in health care and health policy. 2017. DOI: [10.1111/hex.12619](https://doi.org/10.1111/hex.12619)

Rojas-Garcia A, Turner S, Pizzo E, Hudson E, Thomas J, Raine R.

Impact of delayed discharge: a systematic review.

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http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42016035256