

Challenges and Barriers to Discharge of Medicine Patients



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Background

- Delayed discharges in internal medicine increase hospital inefficiency, patient harm, and provider moral distress.^{1–3}
- Many delays are avoidable, often due to systemic issues and non-medical factors.⁴
- Current literature is fragmented, with inconsistent definitions and methodologies.
- A systematic review is needed to guide policy and improve discharge practices.

Objective

To identify and synthesize evidence on patient- and system-level risk factors and interventions associated with prolonged hospitalizations and discharge delays in internal medicine, and to evaluate the impact of targeted discharge interventions.

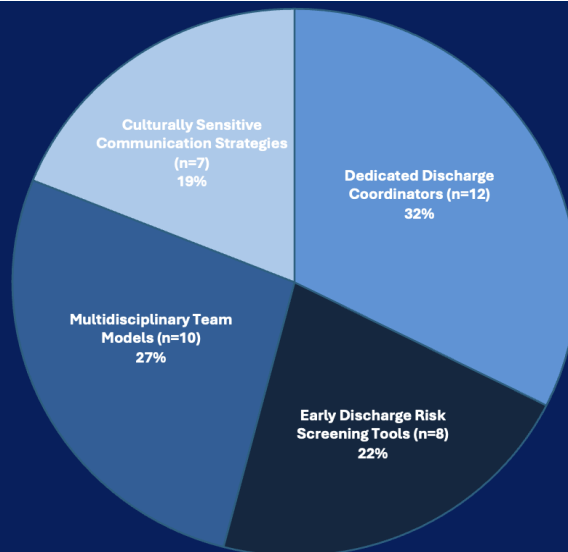


Figure 1. A total of 37 studies were included, with interventions falling into 4 broad categories.

Methods

Databases Searched: MEDLINE (via PubMed), Embase, CINAHL

Search Period: January 1, 2000 – May 31, 2025

Inclusion Criteria:

Adult inpatients on internal medicine services

Hospital-based interventions to reduce discharge delays or improve discharge planning

Reported outcomes: length of stay, discharge delay (prevalence or duration), readmission, patient satisfaction, or costs

English-language publications

Statistical Analysis:

Random-effects meta-analysis (DerSimonian-Laird model)

Heterogeneity assessed using I^2 statistic

Subgroup analyses: cultural tailoring, intervention type, geographic region

Results

Overall Effect:

Pooled analysis showed a significant reduction in hospital length of stay (LOS) by **1.8 days** (95% CI: 1.1–2.5; $I^2 = 52\%$) compared to usual care.

By Intervention Type:

Multidisciplinary discharge planning teams had the greatest impact:

LOS reduced by **2.2 days** (95% CI: 1.4–3.0)

Discharge delays decreased by **27%**

Culturally Tailored Interventions:

All **7 studies** evaluating culturally sensitive discharge processes reported improved discharge timeliness.

Discussion

System-level and non-medical factors—such as poor discharge planning, limited community supports, and institutional workflow barriers—are key drivers of delayed discharge.

These findings underscore the role of social determinants of health in prolonging hospital stays.

Delays are worsened by inefficient discharge coordination across teams and settings.

Effective interventions include:

Multidisciplinary discharge planning teams

Early case management involvement

Discharge prediction tools

Future Work

- Prioritize patient-centered discharge metrics
- Integrate equity-focused frameworks into intervention design and evaluation
- Assess long-term outcomes including:
 - Rehospitalization
 - Patient quality of life
 - Sustainability of discharge interventions

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Conflicts of Interest

	Co-Author	Conflict Disclosures
1	Kelvi Toskovich	No conflicts to disclose
2	Dr. Florence Morriello	No conflicts to disclose