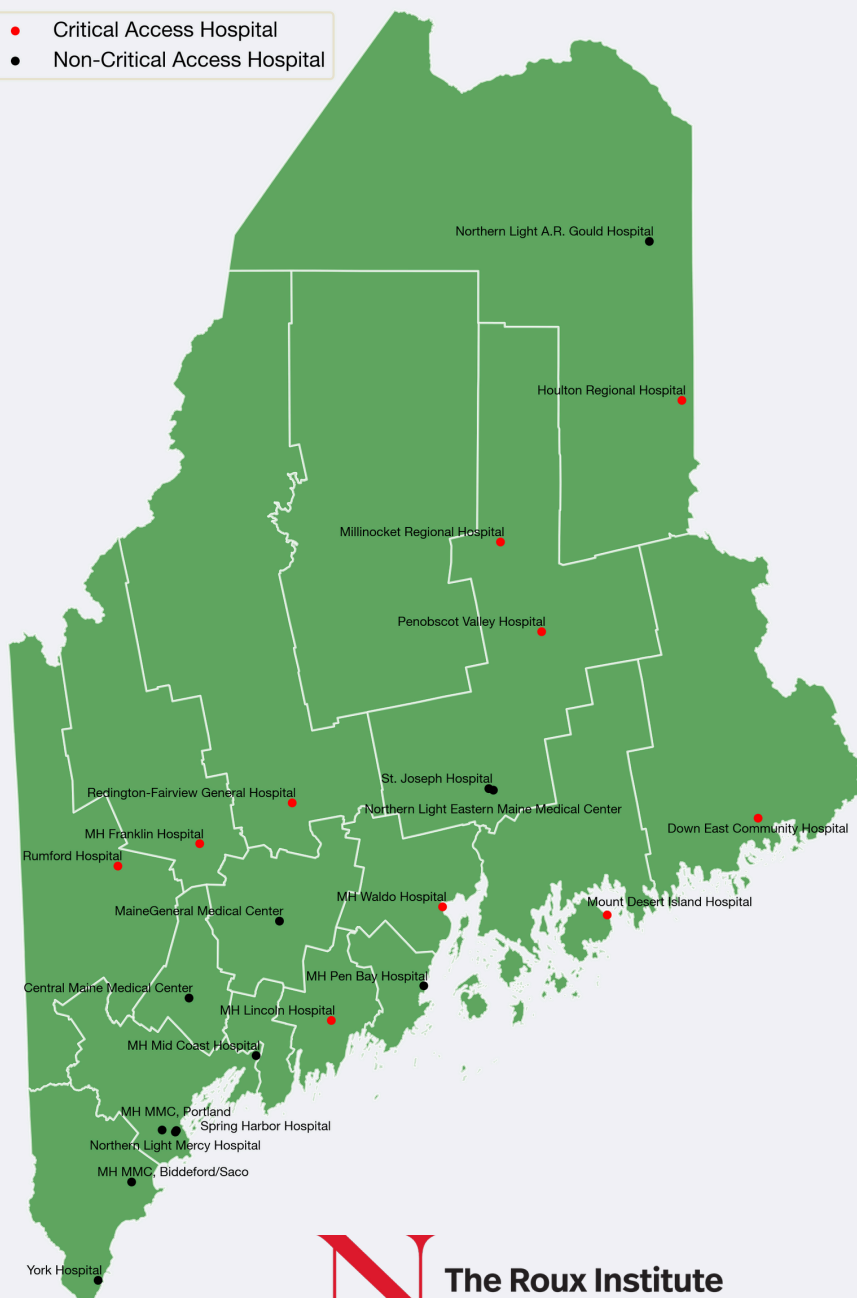


A Clogged System of Care

2025

Respondent Hospitals

22 of 36 Hospitals in Maine Reporting



The Roux Institute
Northeastern University

Understanding the drivers and impacts of delayed care within the Maine healthcare system.

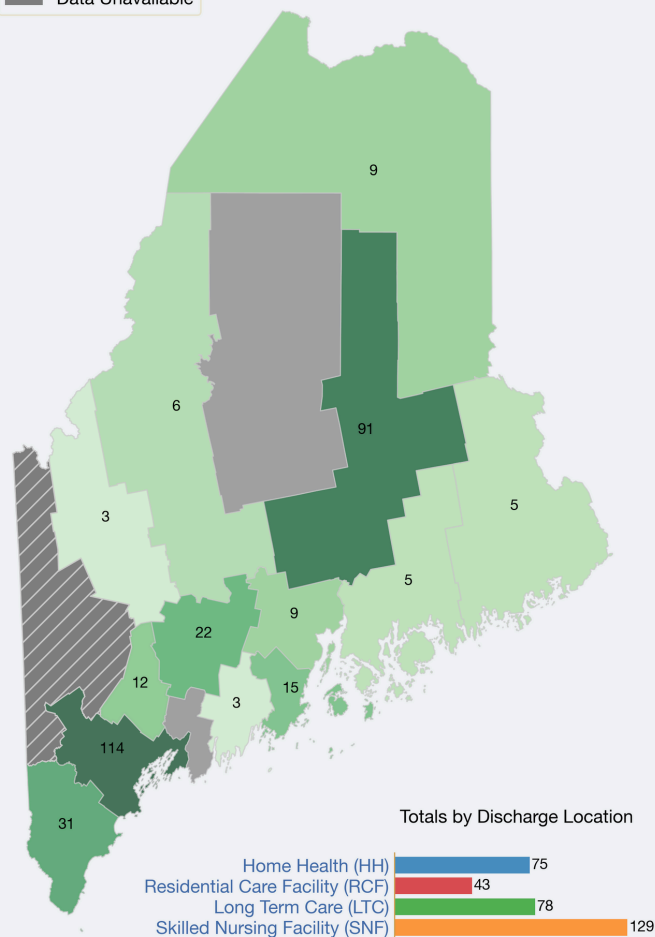
Our direct care workforce shortage combined with insufficient reimbursement rates from public payers has led to an unprecedented number of long-term care facility closures, unstaffed residential and skilled nursing beds, and limited home health and behavioral health capacity. As a result, Maine hospitals, on any given day, have over 300 patients* who are ready for discharge and awaiting placement in another setting. Many of these patients wait weeks to months.

Delayed discharges prevent hospitals from admitting new patients who need acute care and payers do not universally compensate for patients' prolonged hospital stays. A recent AHA analysis noted that the average length of stay across all patients in hospitals increased by 19% in 2022 compared to 2019. Additionally, the average length of stay for patients being discharged from acute care hospitals to home health agencies grew 12.6%, while those discharged to skilled nursing facilities saw a 20% increase.

Patients Awaiting Discharge by County

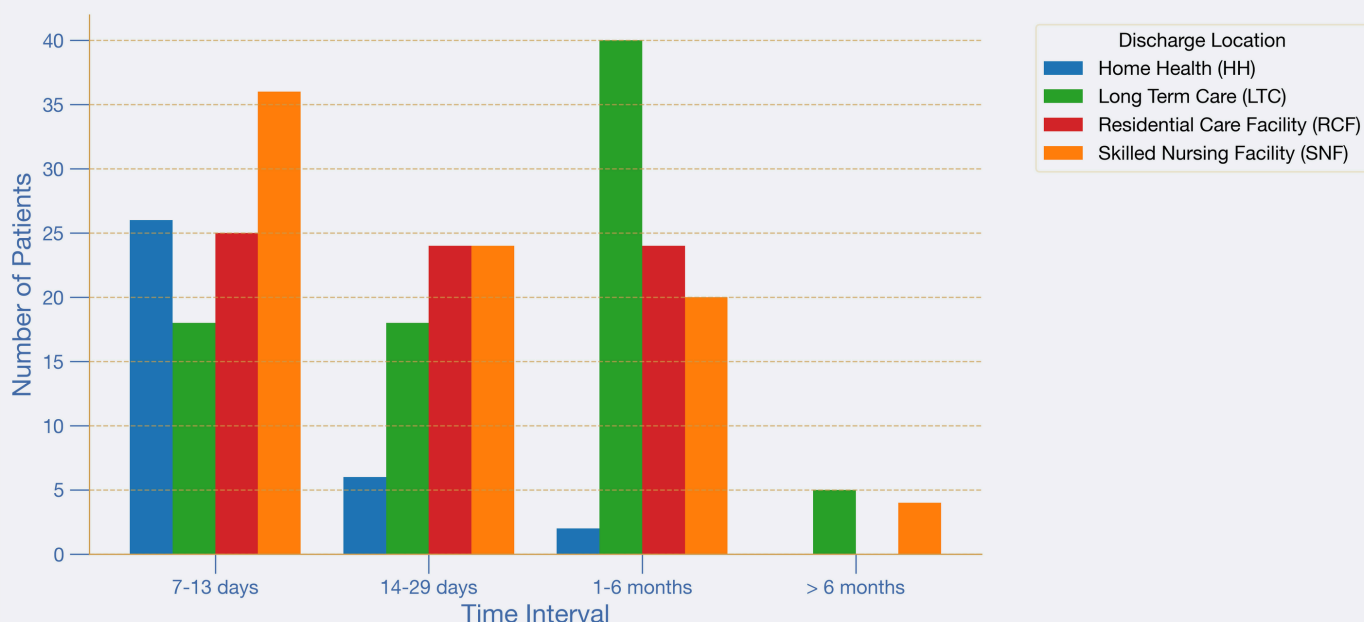
Statewide Total: 325*

▨ Data Reported with Androscoggin County
■ Data Unavailable



* 22 of 36 Hospitals in Maine Reporting

Patients Awaiting Discharge by Time Interval and Location



One study found the average duration for a delayed discharge was 17 days and came at a cost of more than \$31,000.[1]

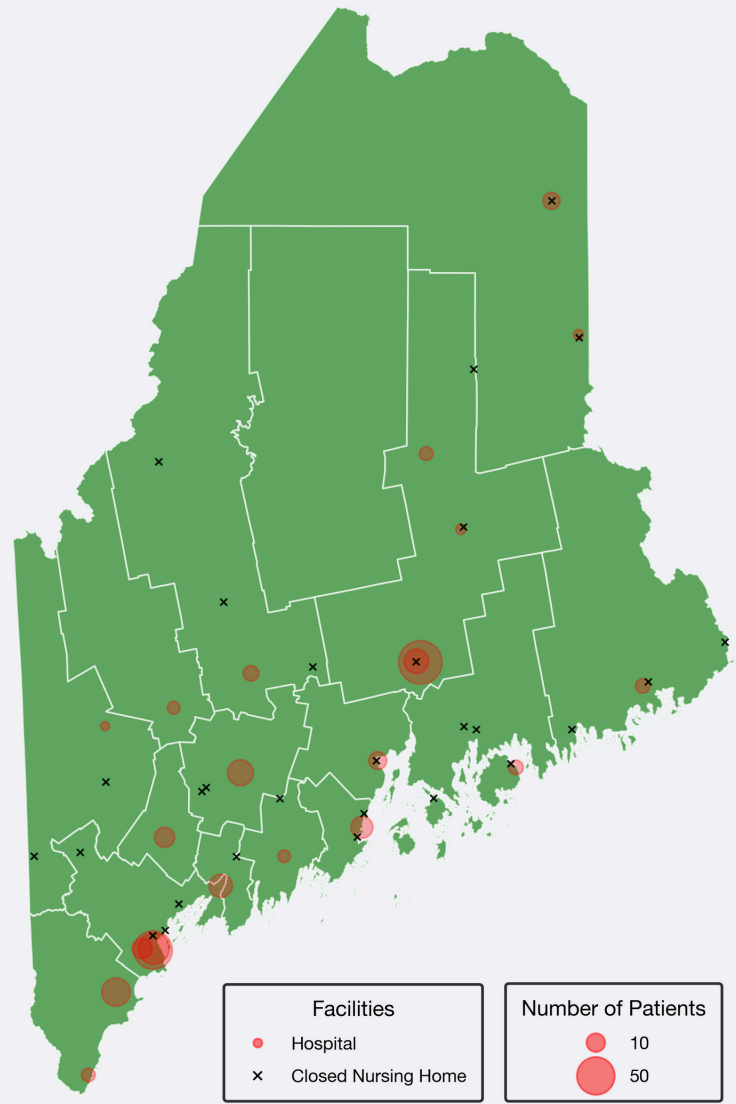
In addition to the increased cost burden, patients and their families suffer and health outcomes are negatively impacted when individuals cannot access the appropriate level of care close to home.

MHA with the support of the Roux Institute at Northeastern University developed a survey tool and surveyed all Maine hospitals in August of 2024, with 22 of 36 hospitals responding. This report will delve into some of the factors contributing to these delayed discharges to post-acute care settings and briefly examine the ongoing challenges associated with boarding patients in emergency departments. The report reflects data from 22 hospitals; however, Maine has 36 hospitals across the state. Thus, we can conclude that there are over 300 patients on any given day.

[1] [Issue-Brief-Patients-and-Providers-Faced-with-Increasing-Delays-in-Timely-Discharges.pdf \(aha.org\)](#)

Patients Awaiting Discharge by Hospital: Nursing Home Closures Overlay

Number of Closed Nursing Homes: 28



22 of 36 Hospitals in Maine Reporting

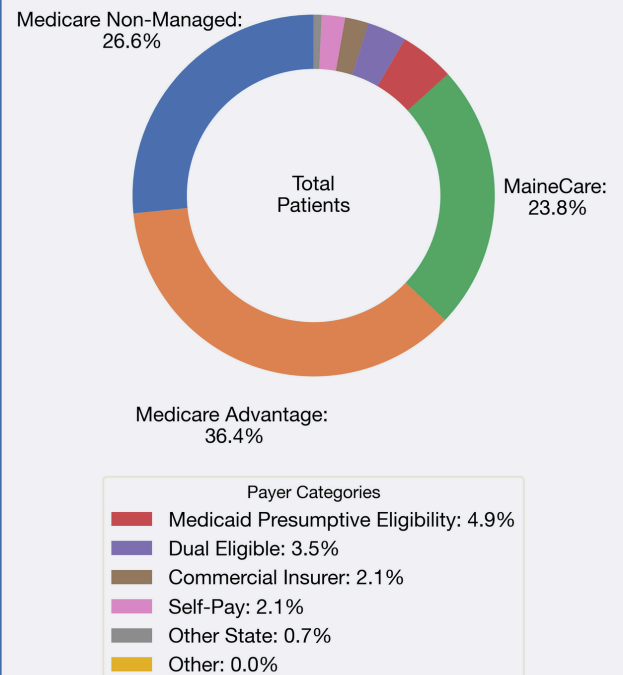
Top Right: Nursing homes, including long-term care and skilled nursing facilities, have been hit particularly hard by a combination of workforce shortages and low reimbursement rates. Since 2014, 28 nursing facilities have been closed, with 54% of those, or 15, closing in the past three years (2021 to 2024). The distribution of closures impacts all geographic parts of the state and all hospitals and their ability to move patients to post-acute care settings. To highlight the impact of these closures, one hospital noted in the survey that there were no skilled nursing facilities within a two-hour radius of their hospital, further demonstrating the impact these closures have had on families as they seek placement for their loved ones.

Most Common Reasons for Delay by Rank

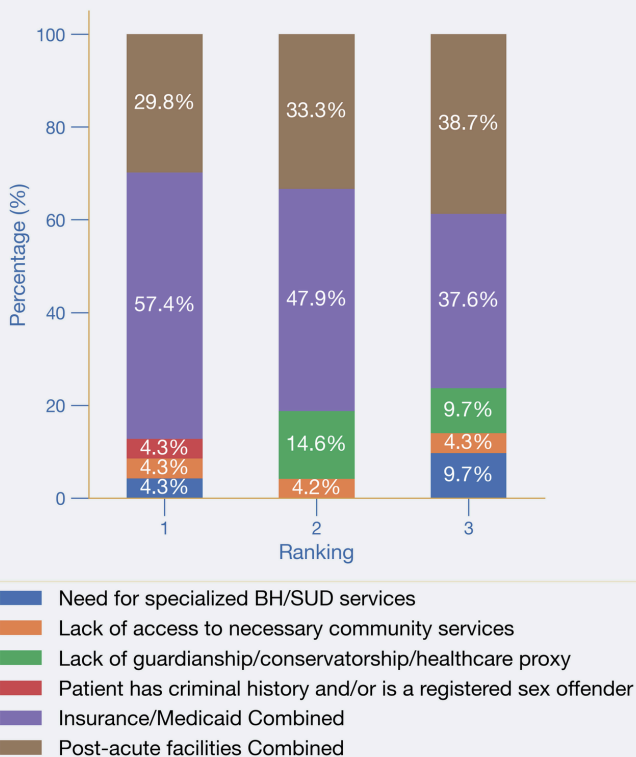


The aggregated ranking of most common reasons for a patients discharge being delayed, with one being the most commonly cited and 15 being the least.

Number of Patients Awaiting Placement by Payer



Most Commonly Ranked Causes of Delay (Ranks 1-3)



Breakdown of causes of delayed discharge by most commonly ranked within the top 3 by survey respondents.

Many patients experiencing a delay in care are those covered by Medicare and Medicare Advantage with a combined percentage of 63%, demonstrating that those Mainers 65 years of age and older are most likely to experience a delay in care as they transition from an acute care setting to a post-acute care setting. The second largest group are those covered by Maine's state Medicaid program.

Survey Responses

"We are unable to place [Medicaid] patients requiring LTC as facilities report the reimbursement is too low. [SNF] patients are declined for same reasons compared to commercial and Medicare."

"[We] don't have a Psychiatric Residential Treatment Facility (PRTF) or Intensive Developmental Disorder Residential Program, and there are no intellectual developmental disorder residential beds available."

"In our region there are no SNF beds within a 2 hour radius, there are no LTC beds available. Safe discharge planning is severely limited due to lack of beds and community resources."

Boarding in the Emergency Department (ED):

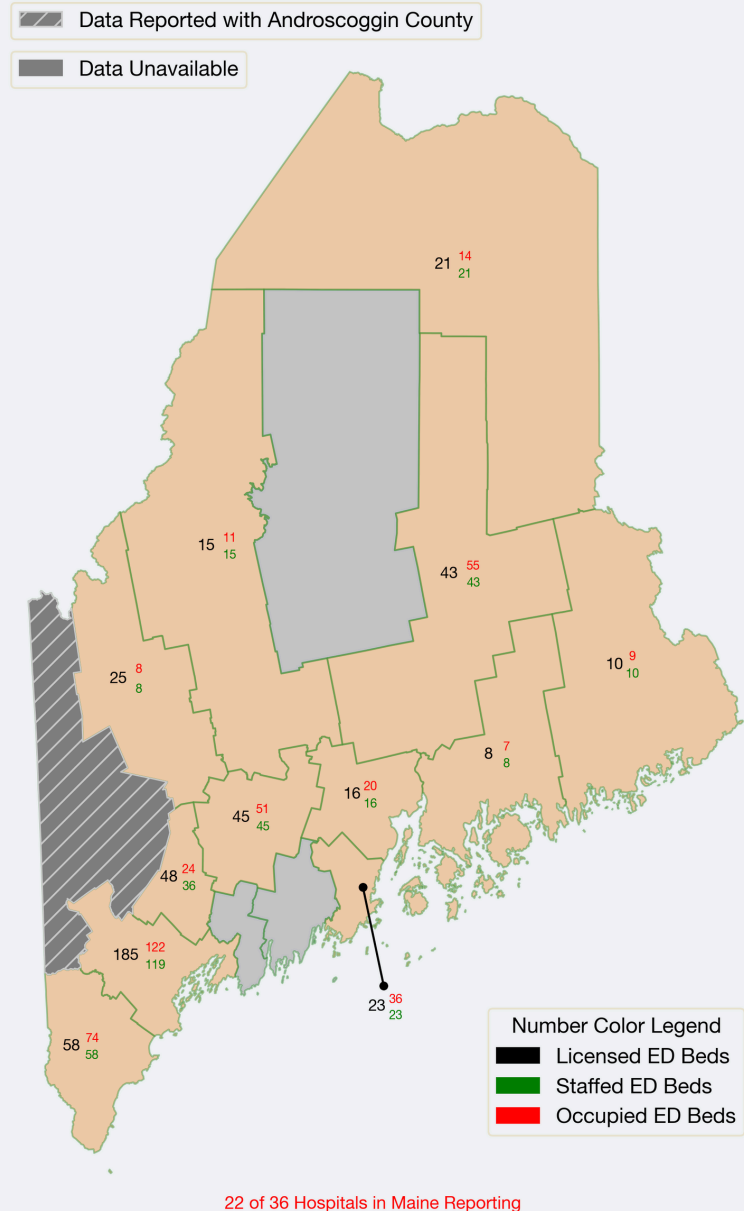
Since the pandemic, Maine hospitals have reported a growing number of patients that are boarding, or sitting, in emergency departments across the state.

Many of these patients are waiting for an inpatient bed, either within the same hospital or at another facility, such as a tertiary care center or residential care facility, where specialized inpatient care is required. However, due to the unavailability of inpatient or residential treatment beds, these patients often remain in limbo for days, waiting for a bed to become available. This shortage contributes to Maine's emergency departments operating at over 93% capacity on average, with some counties exceeding 100% capacity.

Boarding patients in the emergency department leads to delayed care and an increase in violence as agitated patients sit for prolonged periods not receiving the care they need (Table 1). Ultimately, this hampers the state's emergency preparedness as hospitals struggle to respond to a surge in demand driven by a virus or mass casualty event.

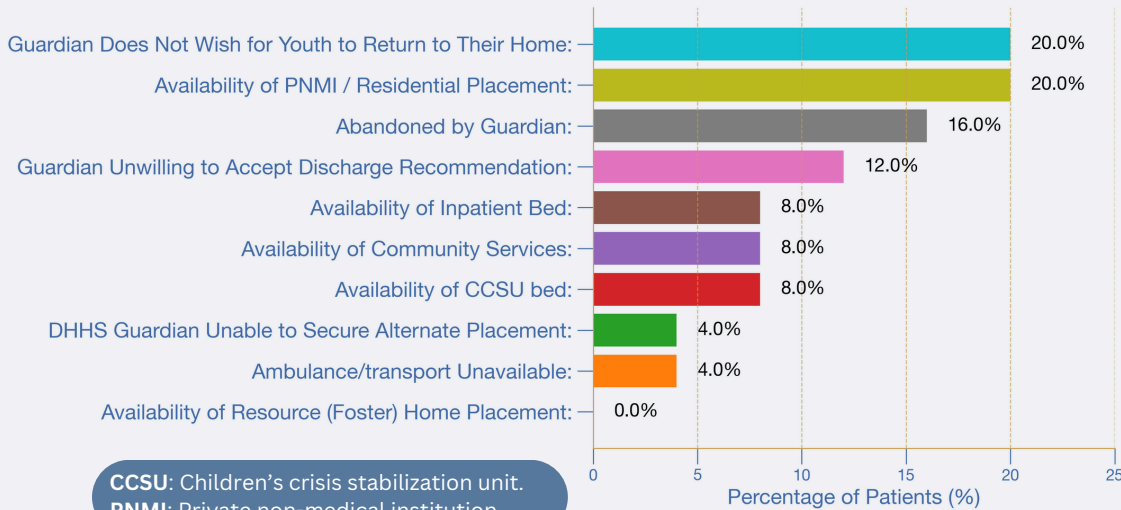
Emergency Department Overview by County: Capacity & Occupancy

Statewide Occupancy Rate of Staffed ED Beds: 93.27%
Statewide Percentage of Licensed Beds Currently Staffed: 80.89%

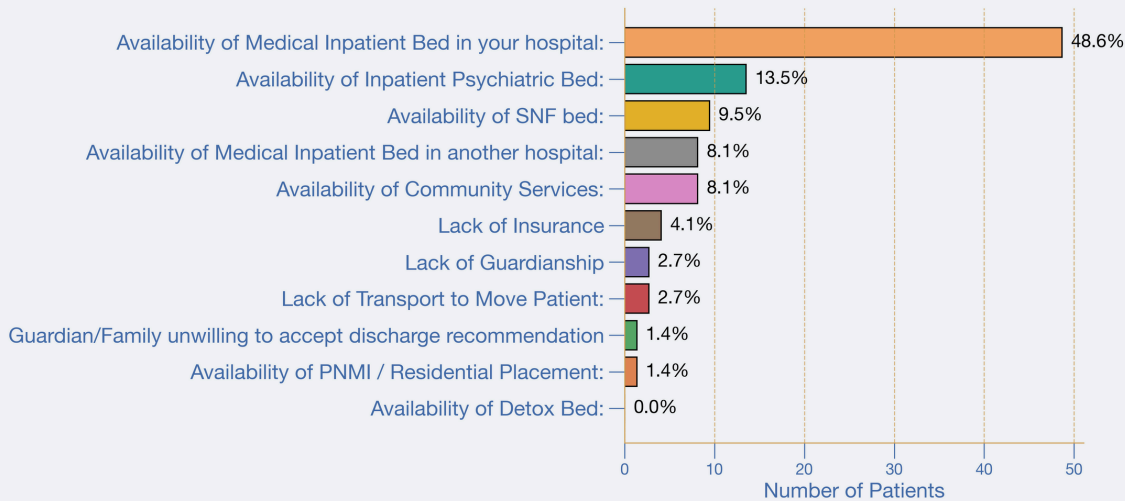


Top Right: Not all responding hospitals provided ED data, resulting in incomplete figures for some counties. In particular, no hospitals in Piscataquis or Lincoln counties reported ED data. Additionally, the only responding hospital in Oxford County submitted its data in conjunction with a hospital in Androscoggin County, and Sagadahoc County does not have a hospital.

Patients (<18) experiencing extended ED stays due to the following reasons:



Patients (18+) experiencing extended ED stays due to the following reasons:



Emergency Department Boarding Times

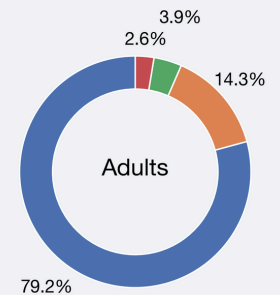
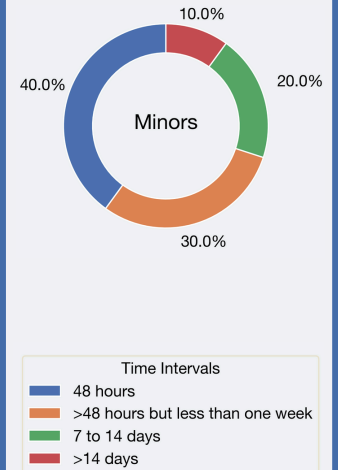
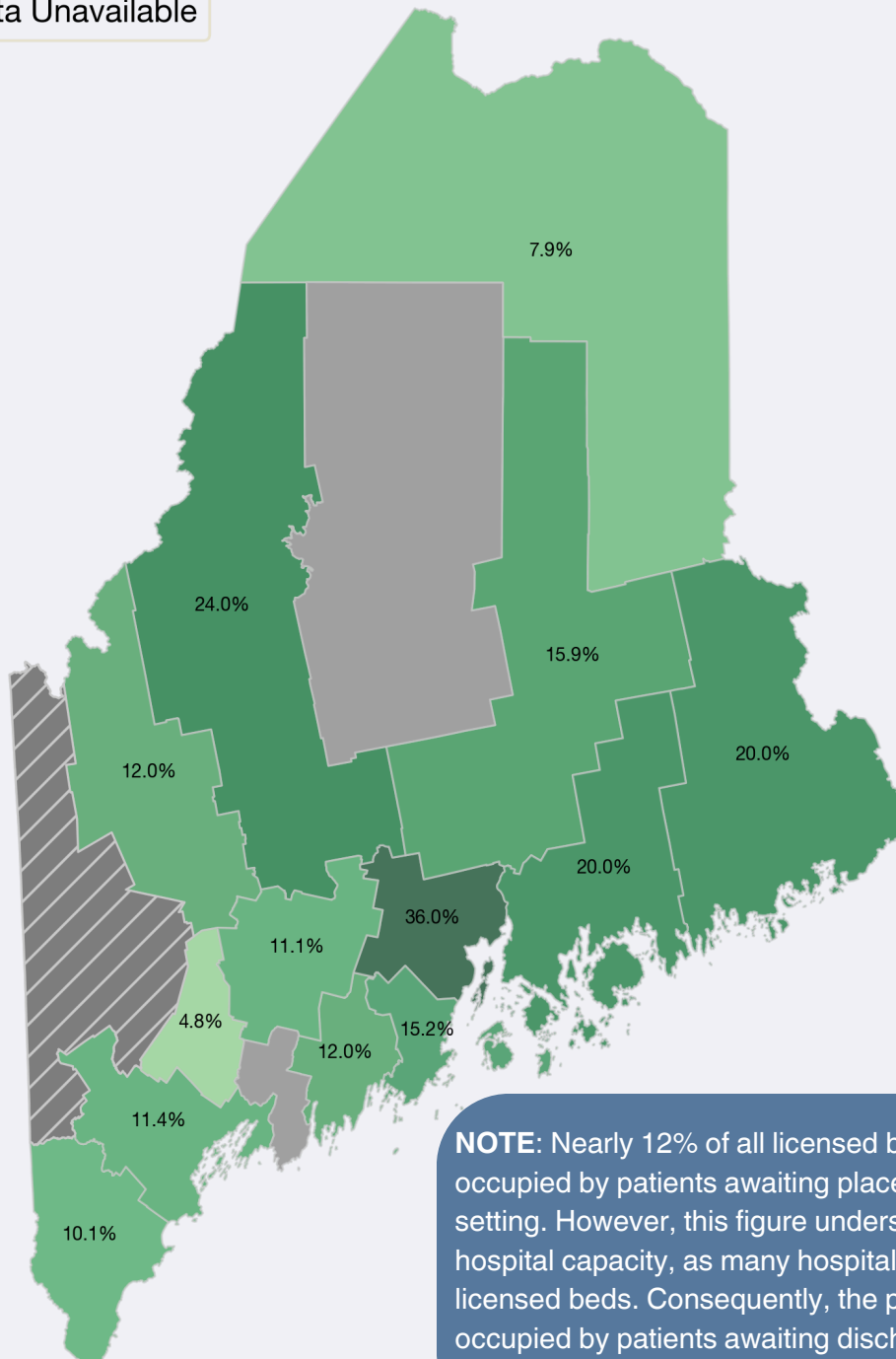


Table 1: Emergency Department Violence

Percent of hospitals reporting pediatric patients displaying violent behavior impacting healthcare staff?	60%
Number of staff that were injured or threatened, verbally or physically, by pediatric patients within the proceeding week.	41
Percent of hospitals reporting adult patients displaying violent behavior impacting healthcare staff?	48%
Number of staff that were injured or threatened, verbally or physically, by adult patients within the preceding week.	25

Statewide Percentage: 11.95%

■ Data Unavailable



NOTE: Nearly 12% of all licensed beds in Maine are occupied by patients awaiting placement in another care setting. However, this figure understates the true impact on hospital capacity, as many hospitals cannot staff all their licensed beds. Consequently, the proportion of *staffed* beds occupied by patients awaiting discharge is significantly higher.

Table 2: Causes of Delayed Discharge

	Number of Patients
Homeless or housing unstable inpatients awaiting discharge to shelters.	27
Patients awaiting discharge to shelters for more than 7 days.	14
Homeless patients with behavioral health issues or SUD.	34
Awaiting discharge to SNF beds with geri-psych capabilities.	14
Patients with dementia diagnoses awaiting discharge who require SNF care in a secure facility.	28
Patients who are waiting for placement due to an inability to find an appropriate facility within their geographic area.	95

Policy Implications

- Invest in behavioral health and direct care workforce development to expand capacity at the community level.
- Reimburse long-term care and residential facilities for the true cost of care.
- Invest in long-term care and home health workforce to care for older and disabled Mainers to ensure that patients don't languish in hospitals while awaiting placement in their community.
- Reimburse hospitals for care provided as a result of delayed discharges to community settings, such as assisted living facilities, long-term care, skilled nursing, and behavioral health facilities.
- Prioritize hospitalized patients for MaineCare coverage approval and Guardianship process.

Survey & Report Methodology

This report represents a collaborative effort between the Maine Hospital Association (MHA) and Data for Social Good, a student led organization at Northeastern University's Roux Institute in Portland, Maine, with contributions from Nelson Farrell, Michael Massone, and Peter Talpey. The data presented in this report was collected through a voluntary survey distributed to all 36 hospitals in Maine. Of these, 22 hospitals responded, resulting in a 61.1% response rate. The survey was distributed on July 31, 2024, and all responses were received by September 3, 2024. This survey and the subsequent report offer a snapshot of patient throughput across the state of Maine during this period.