

# Navigating Difficult Discharges: Ethical and Operational Challenges in Hospital Care

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# Objectives



EXPLORE ETHICAL DILEMMAS AND  
OPERATIONAL CHALLENGES IN  
COMPLEX HOSPITAL DISCHARGES



REVIEW EVIDENCE-BASED  
TRANSITIONAL CARE  
INTERVENTIONS



EXAMINE TWO ILLUSTRATIVE CASE  
STUDIES



PROPOSE STRATEGIES FOR  
EQUITABLE AND ETHICAL  
DISCHARGE PLANNING



I. Introduction & Scope  
(5 minutes)



II. Ethical Framework (7  
minutes)



IV. Case Study 1: Mr.  
Rand (8 minutes)

# Why Discharge Matters

Vulnerability at care  
transitions

Impact on readmissions,  
patient safety, and  
satisfaction

# Defining “Difficult Discharge”

Clinical readiness vs.  
placement barriers

Patient-family-provider  
conflicts

Ethical gray zones

# Ethical Principles in Discharge Planning

Autonomy

Beneficence & Nonmaleficence

Justice

Stewardship

# Common Ethical Tensions

Patient Situation	Clinician/Admin Concern	Core Ethical Issue
Desires discharge, lacks capacity	Safety concerns	Protecting the vulnerable
Refuses discharge, has capacity	Overprotection risk	Autonomy
Medically ready, no placement	Social constraints	Justice
Conflicting family demands	Emotional burden	Balancing interests
Delayed discharge pressure	Cost containment	Stewardship vs. care quality

- **Slide 5: Common Ethical Tensions**

# Structured Discharge Models



PROJECT BOOST



IHI TRANSITIONS GUIDE

# Components of Effective Discharge Planning

Early risk screening

Multidisciplinary teams

Medication reconciliation

Caregiver education

Post-discharge follow-up

# Summary Table

Intervention	Benefit	Limitation
Project BOOST	↓ Readmissions	Training burden
Post-discharge follow-up	↑ Continuity	↑ Utilization
Medication reconciliation	↓ Errors	Time-intensive
Transition coaches	Effective in complex cases	Resource-intensive

# Clinical Summary MrRand

**Slide 9: 78 y.o. ventilator- and dialysis-dependent**

Original long-term care home refuses return

No alternative placement found after 2+ months

ICU admission is medically unnecessary but unavoidable

# Ethical and Operational Challenges



STAFF FATIGUE AND  
WORKFLOW  
DISRUPTION



POOR COMMUNICATION  
ACROSS CARE SETTINGS



GAPS IN HOME CARE OR  
FACILITY AVAILABILITY



INSTITUTIONAL LIABILITY  
FEARS VS. PATIENT  
RIGHTS

# Integrating Ethics into Operations

Ethics  
consultation  
during  
discharge  
disputes

Documentation  
of patient  
preferences and  
capacity

Transparent  
communication  
with family and  
risk  
management

Support from  
hospital  
leadership in  
ethically  
defensible  
decisions

# Recommendations

1

Start discharge  
planning on day  
1 of admission

2

Invest in  
transitional care  
teams (social  
work, case  
managers)

3

Document and  
support patient  
preferences

4

Collaborate with  
community  
partners and  
long-term care  
networks

5

Protect  
clinicians  
making ethically  
sound decisions  
under pressure

## Discussion Questions

What additional supports might have helped in Mr. Rand's case?

How should RQ's team respond to legal threats from family?

Where is the boundary between hospital liability and patient self-determination?

How do we advocate for system-wide improvements?

## Closing Reflections

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Difficult discharges are ethically and operationally complex

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Real-world cases demand flexible, human-centered responses

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Balance between legal, ethical, and logistical considerations is key

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A robust ethical framework enhances discharge quality and equity

# References & Further Reading

