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HEALTHCARE

Patients are being 'dumped' and left at RI hospitals for months, even years. Why?

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Key Points

- Long-term care facilities routinely refuse to let residents return after a hospital stay, for a complex set of reasons.
- Finding a new facility can be extremely difficult, leaving patients to languish at the hospital for weeks, months or even years.
- Prolonged, unnecessary hospital stays are often detrimental to patients. They also reduce the number of available beds and drive up costs.

When John Albanese's 94-year-old mother fell and broke her nose at her assisted living facility in Warwick this spring, healing was the easy part. The hard part was getting her out of the hospital.

Within five days, she was ready to be discharged, Albanese said. But Halcyon West Bay, where she had lived for two years, wouldn't take her back.

"This was a classic hospital dump," Albanese said.

Federal law generally prohibits long-term care facilities from abruptly evicting patients. But a complex set of administrative factors, limited resources for behavioral care and lack of oversight mean that facilities routinely refuse to let patients return once they are admitted to the hospital, according to advocates and family members.

Patients can end up lingering in the hospital for weeks and in some cases months and even years, according to a hospital administrator. The prolonged stay takes a toll on both the patient's well-being and the hospital's finances and resources.

It's unclear how often so-called "hospital dumping" takes place. The Rhode Island Department of Health does not get notified when a long-term care facility discharges a patient to the hospital or find out if they eventually return.

Lori Light, from the Rhode Island State Long Term Care Ombudsman Program, says her office usually only finds out about dumping when a hospital or a family member contacts them. She's aware of 23 cases in 2024, which is likely an underestimate.

Theresa Jenner, vice president of care coordination for Brown University Health, runs a team that helps patients who get stuck at the health system's hospitals. She

said she sees such cases happen regularly.

“We have had patients who we can sort things out within a few days to weeks. And, very sadly, we've had people stay for years,” Jenner said

'Between a rock and a hard place'

Until her fall, Albanese's mother, Anna, was in a memory care program at Halcyon West Bay. She seemed to be doing well there, Albanese said, and he was taken by surprise when a case manager at Rhode Island Hospital informed him that the facility would not take her back, even though she was ready for discharge.

Anna, who has dementia but is capable of walking and feeding herself, ended up lingering at the hospital for 15 days longer than was medically necessary while Albanese scrambled to find a new facility that would take her. Often, he said, she would dissociate and curl up into a ball out of fear.

"Hospitals are just not a good environment for people who have dementia," said Albanese, who lives in New York City.

He temporarily moved into a nearby hotel so that he could spend six or seven hours a day by his mother’s side, making sure she got out of bed and ate her meals every day.

Ultimately, Albanese couldn’t find another assisted living placement for his mother. He settled for a nursing home that "looks like a run-down hospital," a decision he now regrets.

"They put you between a rock and a hard place," he said.

Halcyon did not respond to questions about the incident with Albanese’s mother.

"All Halcyon facilities and staff members comply with state and federal rules governing the confidentiality of health care information and will not comment on a particular individual's situation or status," said Melissa Stock, Halcyon's executive director, in a statement.

Albanese said Halcyon never gave him or the ombudsman's office an explanation. He noted that his mother is on Medicaid, and he suspects – though he can't say for sure – that the facility may have had financial motivation to replace her with a patient with private insurance, which reimburses long-term care facilities at higher rates.

Dumped and stuck

Hospital dumping is often the result of a complex matrix of factors.

In some cases, patients need medications that long-term care facilities are not authorized to dispense. After they are hospitalized, the hospital may find that these patients cannot return to their facility because of those restrictions, leaving them in limbo as staff search for a new home for them.

"We're trying to work creatively with how we can move this patient out of the hospital into a facility that can [treat the patient], recognizing that the nursing homes have their own set of regulations that they're trying to balance with providing care," Jenner, from Brown Health, said.

Additionally, neither Medicare nor Medicaid will cover the cost of holding a bed open at a nursing home for a patient who is being treated in the hospital. Under state law, families can pay to keep the bed open, but only for up to five days.

"Most families simply cannot afford to pay for a bed hold," said Light from the ombudsman's office. Additionally, she said, it's not clear if they're always offered that option.

Even when a bed hold is offered and paid for, the five-day period may not be long enough for a hospital to get prior authorization from the insurer to authorize treatment, leaving families on the hook for a higher rate to reserve a bed.

“We do, however, see situations where a facility sends a resident to the hospital (think “hospital dump”), and because the resident/family cannot afford the bed hold and the facility never intended to readmit the resident, the person is effectively displaced,” Light said in an email.

Still, Medicaid requires nursing homes to readmit a resident, whose hospitalization has exceeded the facility’s bed hold policy, “immediately upon the first availability of a bed of appropriate level of care in a semi-private room in the facility if at the time of readmission, the resident requires the services provided by the facility.”

“Failure to readmit a patient places a facility at risk of a finding of patient abandonment and violates Medicaid rules,” said Kerri White, a spokesperson for the state's Executive Office of Health and Human Services. “Providers cannot terminate the provider-patient relationship without written reasonable notice and arrangements for continuity of care.”

White noted that there could be circumstances that prevent readmission, such as a change in a patient’s acuity or the type of care required, or if they pose a risk to themselves or others.

Yet in interviews with families and advocates, The Providence Journal found that long-term care facilities often fail to provide notice of eviction or arrange continuity of care.

'Why can't I leave here?'

Another challenge is the limited number of beds available for patients with dementia in Rhode Island.

Nursing homes routinely transport patients who exhibit violent or aggressive behavior – which are common but not universal symptoms of dementia – to hospital psychiatric wards, making them particularly vulnerable to dumping.

More than half of the residents in nursing homes had dementia in 2015 – about 4,000 people – according to an article in the Rhode Island Medical Journal. But the state has only 339 beds designated for dementia care across nine facilities, according to figures provided by the Executive Office of Health and Human Services.

Lori Choquette, whose 82-year-old mother has Alzheimer's disease and sometimes displays aggressive behavior, said that her mother languished at Landmark Medical Center in Woonsocket for six weeks after she threw a remote control at another patient at her nursing home this spring and was not allowed back.

"You could tell she got very depressed," Choquette said.

When her mother was in the nursing home, Choquette would often take her out for outings such as dinner or getting her hair done. When she visited the hospital, her mother would ask, “Why can’t I leave here?”

"I think I called a hundred nursing homes, begging them to take my mother," Choquette said. "I'd say about 85% said, 'We can't handle patients with a diagnosis of dementia with aggression.' ... You lose all faith in the medical system."

Her mother has been sent to hospital psychiatric wards on at least five or six occasions, she said, and is now on her third nursing home: a locked dementia unit at the Grand Islander in Middletown, where she is doing well. Choquette wonders where she would be if she didn't have someone to advocate for her.

"This is a disease," she said. "What do all the other people do?

A burden on hospitals – and patients' well-being

Patients who find themselves stuck at a hospital end up taxing the hospital's resources.

"Once the patient is cleared for discharge, they no longer meet medical criteria to be in the hospital. And there is no safe plan, so there's no nursing facility we can discharge the patient to. The cost ends up being borne by the hospital," said Jenner, of Brown Health.

In 2024, patients stuck at Brown Health's facilities, which include Rhode Island Hospital and Miriam Hospital, cost the health system more than $9 million, according to Kelly Brennan, a Brown Health spokesperson. The figure, which Brennan said was a conservative estimate, includes patients stuck for reasons other than hospital dumping, but the latter constitutes a large chunk of it.

Beyond the financial burden, hospital dumping also results in hospital bed shortages and extended emergency room waits for some patients.

And unnecessary, prolonged hospital stays can be detrimental to patients.

Jenner noted that long-term care facilities have "much more liberal visitation policies," outdoor spaces for recreation and a more social and home-like environment than hospitals, where nurses must wake up patients every shift to check their vital signs.

When patients are barred from returning to their long-term care facilities, “it can be devastating,” Light said.

“This is not just a procedural issue; it is the displacement of someone from their home,” she elaborated. “These situations are highly stressful for residents, overwhelming for families, and place additional burden on hospitals that are not intended to serve as long-term living arrangements.”

At the same time, nursing homes often aren’t equipped to deal with patients who may be a risk to themselves or others, said Christine Gadbois, a public health nurse who serves on Rhode Island’s Long-Term Care Coordinating Council and the Governor’s Council on Behavioral Health.

As The Providence Journal reported in 2024, resident-on-resident violence in nursing homes can have serious – even deadly – consequences.

"We've all read the front-page Journal articles about a nursing home patient who gets assaulted by their roommate," Gadbois said. "The nursing homes have to keep everybody safe."

But that leaves aggressive patients, who are acting out because they have a disease, with nowhere to go.

"The challenge really is the lack of behavioral health supports for people who are in long-term care," Gadbois said.

Without 30-day notice, families are left scrambling

Under state and federal law, long-term care facilities are typically required to issue a discharge notice 30 days before evicting a patient.

They can only do so under certain circumstances – for instance, if they can demonstrate the nursing home or assisted living facility can no longer meet a resident's medical needs, or a resident presents a danger to themself or others.

Other acceptable reasons include failure to pay or a facility closing.

The 30-day waiting period is intended to give the patient or their family time to appeal or find another placement. Exceptions apply in situations where residents' health and safety are in immediate jeopardy.

However, "there are other reasons that a facility administrator may not want a resident in their facility any longer," which don't fit the criteria, said Kathleen Gerard, the director of Advocates for Better Care in Rhode Island.

"Sometimes it might be that their behavioral needs are very high-maintenance," she said. "Sometimes it might be that their payment method is Medicaid."

A 2020 New York Times investigation found that nursing homes across the country routinely used minor outbursts as justification to evict patients who are unprofitable because they are poor or require extra care.

In some cases, long-term care facilities will send unwanted residents to the hospital under dubious pretexts and then refuse to let them return, Gerard said. Other patients are hospitalized for valid reasons but then barred from returning home. Without the required 30 days' notice, families are left scrambling to find a new facility that will admit their loved ones.

Albanese found himself in that exact position. When the Rhode Island Department of Health investigated, Halcyon West Bay's director admitted that the facility should have issued a 30-day discharge notice instead of simply

refusing to take his mother back, records show. But the facility wasn't fined or required to readmit her.

"I think Halcyon just decided to make a bold move and say, 'Let's see what happens. Let's see if anyone is going to make us take her back,'" Albanese said. "And you know what? They were right. No one did."

No room at the nursing home

John Gage, president and CEO of the Rhode Island Health Care Association, which represents nursing homes, said nursing homes "work hard each day to keep every resident safe and cared for, but they can't meet every medical or behavioral need – especially in cases of severe mental illness, aggressive behaviors or addiction."

When a patient is referred to a nursing home, the nursing home has to decide whether to admit them on the basis of information "that may or may not tell the whole story," Gage noted.

"The bigger issue, however, is that community mental health resources are limited," he said. "This is a national challenge that requires a stronger mental health system, not action from nursing homes alone."

Gage said that, while Rhode Island nursing homes try to avoid discharging patients, they are also subject to federal regulations that prohibit them from retaining residents whose needs they cannot safely meet.

"Sometimes, aggressive or dangerous behaviors emerge unexpectedly, and when that happens, we must act in the best interests of the entire community – resident and worker safety is a top priority," he said.

Still, advocates say that long-term care facilities should be less reactive.

“While there are situations where a sudden medical or behavioral change may necessitate a transfer, facilities have a responsibility to monitor a resident’s condition and address concerns proactively – before it reaches the point of an emergency discharge and refusal to return the resident to their home,” Light said. “Early intervention and proper care planning are essential in preventing these situations.”

Easy for patients to fall through the cracks

Families have little recourse when their loved ones are “dumped” at a hospital.

The Long-Term Care Ombudsman office can help appeal a 30-day discharge notice but doesn’t have the power to tell facilities that they have to take a patient back.

Similarly, the Rhode Island Department of Health can cite or fine facilities that don't follow the proper procedure, "but it still doesn't necessarily get the person back to their home," Light said.

The system, with its poor oversight, lack of resourcing and loopholes, makes it easy for patients to fall through the cracks. For long-term care facilities, hospital dumping functions as a release valve to help manage residents with behavioral problems. Hospitals end up saddled with the cost of caring for and housing these patients beyond what is medically necessary. And families are left with little recourse but to scramble to find the next available facility that will take their loved ones.

"The upshot is that not only for my mother but any senior in this situation who is shipped out to a hospital … they really don’t have rights," Albanese said.