Toronto Grant Hospital

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**Introduction**

Many significant problems have been identified in the post-acute (subacute) sector of an aged care or rehabilitation program. There are many barriers to discharging patients out of the rehabilitation program due to the adverse patient outcomes and prolonged admissions (Post Acute Care Rehabilitation (PACR) Program, 2019). A systematic literature review based on the post-acute care to discharge defines and measures the prolonged stay in the hospital of the patients which acts as a key demographic, clinical variable. Thus, the discussion of this research proposal would elaborate the barriers to discharge patients in the rehabilitation program.

**Discussion**

**Identification**

The classification of emancipation obstacles and classification causes abbreviate the multidisciplinary process in which development of post-acute inpatient care requires immense focus. The study focuses on the classification of systematic problems which were responsible for discharge barriers rather than blaming the patient (Jolley et al. 2013). One significant barrier to discharge patients out of the rehabilitation program is evaluated as a patient's activity limitations, dysfunctions, body functions, and safety considerations. Moreover, another important barrier related to the environment is limited readily available resources due to optimization. Furthermore, inability to home modifications or ambulatory rehabilitation does not enable discharge to proceed. Other ramifications include less or no carer funding, recruiting and training for the in-home patients or no accommodation to where the patient can be discharged and move to. All of these barriers to discharge are generally known as inadequacies or inefficiencies in the obtainability of disability, communal, or fitness services (Dorner, & Friedrich, 2018).

**Conclusion**

Recommendations to patient flow from non-rehabilitation settings oblige a valuable basis for progressive examination which measures the causes of barriers acute hospital, inpatient rehabilitation program (New et al. 2013). The identified barriers to exit patient rehabilitation program can only be minimized if the analyzed ramifications can be solved and more patient approaches are present. Improved patient flow through post-acute care should be voluntarily available.

**References**

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