

# Maryland Hospital Association

## *Mental and Behavioral Health Data Collection Protocol*

### Purpose

The Maryland Hospital Association is interested in conducting a 3 month (August 8, 2018 through November 16, 2018) pilot study with hospitals across Maryland. The goal of this study is to measure the number and percentage of, and reasons for, behavioral health discharge delays. Discharge delays are defined as days in inpatient hospital care when a patient is stabilized and ready to be discharged to a different care setting, but is unable to be discharged.

This pilot study will serve to inform policy and practice within the mental health infrastructure in Maryland. These indicators will illustrate the opportunities for patient care outside of the inpatient hospital system.

### Data collection definitions

When completing the data collection, you will be asked to use the following definitions of reasons for discharge delays. If you have questions about these definitions or how to apply them to specific situations, please contact Kristin Dillon at [kristin.dillon@wilder.org](mailto:kristin.dillon@wilder.org) or 651-280-2656.

Reason for delay	Definition and/or Examples
Delay in creating or implementing care plan/execution of MD orders	<p>While patient may meet criteria for being in the hospital, they are not getting the behavioral health services that have been ordered in a timely fashion, (i.e., chemical dependency evaluations not getting done, psych testing not completed). This includes:</p> <ul style="list-style-type: none"> <li>▪ Delays in ordering necessary meds, labs, consults, and discharges</li> <li>▪ Delayed or missing documentation.</li> <li>▪ Delayed follow through with written physician orders due to staff, equipment, or service issues.</li> <li>▪ Waiting for testing or labs.</li> </ul>
Delay of social work/discharge planner execution of referral	<p>Delay in action by the hospital social work department. For instance, the social workers not completing referrals or developing a backup plan, or the social work initial assessment is not completed on admission (hospital day 1) or by hospital day 2.</p>

Reason for delay	Definition and/or Examples
<p>Waiting for CSA inside county of responsibility to identify and make referral</p> <p>Waiting for CSA outside county of responsibility to identify and make referral</p>	<p>Includes waiting on Core Service Agency (CSA) to:</p> <ul style="list-style-type: none"> <li>■ Identify facility for referral</li> <li>■ Make referrals for placement following discharge</li> <li>■ Request financial records for referral</li> </ul> <p>Note: This is for delays due to identification of placement in which a social service or government agency is involved and responsible for the delay.</p>
<p>Waiting for agency to accept, process, or deny referral</p>	<p>Referral made, but waiting for the agency to accept or reject the referral, including gathering any assessments, paperwork, or information needed to make a determination about the referral.</p>
<p>Awaiting insurance or financial benefit activation</p>	<p>Waiting for activation of insurance or other benefits a placement requires before accepting a patient.</p>
<p>Awaiting insurance authorization</p>	<p>Waiting for a health plan authorization for next level of care, such as a residential CD treatment program, a state chronic care hospital, necessary home-based services, etc.</p>
<p>Awaiting waiver approval</p>	<p>Placement found and patient accepted, but awaiting waiver approval (e.g., disability waiver) for the service.</p>
<p>Medicaid transportation delay</p>	<p>Placement found and patient accepted, but waiting for Medicaid transportation to become available to transfer the patient to the new setting.</p>
<p>Preferred setting refuses or denies patient admission</p>	<p>Agency identified and referral made, but the agency refuses to accept the patient. This may be due to specific patient characteristics or capacity issues within the agency.</p>
<p>Lack of bed space in preferred setting</p>	<p>Facility identified, patient accepted, but there is a delay in bed availability.</p>
<p>Lack of access to outpatient services</p>	<p>Patient is ready to go home, but unable to connect to outpatient services necessary for maintaining stability, such as an outpatient psychiatry appointment, primary care appointment, ACT services, outpatient CD treatment, or needed family services.</p>
<p>Off hours (nights/weekends) when coordination not available</p>	<p>Placement found, but due to hours of operation, the necessary processing or the actual admission to the setting is delayed.</p>
<p>Delay due to patient legal involvement, including civil commitment or guardianship</p>	<p>Delay due to legal involvement, which may include delays due to the civil commitment process or the appointment or decisions around legal guardianship. For example, a patient is admitted, but is in the commitment process. They have stabilized and are ready for a lower level of care, but need to remain hospitalized until commitment process is completed.</p>
<p>Lack of housing/housing instability</p>	<p>Delay due to issues with finding appropriate housing, excluding residential treatment facilities (such as a group home, nursing home, foster care, or residential mental health or chemical health treatment).</p>
<p>Patient non-adherence to plan of care/refusal of placement</p>	<p>Patient/family is not cooperating with necessary paperwork or follow-up, they are delaying completing paperwork or follow-up, or they are not participating in care plan, including refusing the selected placement.</p>
<p>Family inability to pick patient up</p>	<p>Patient is willing to be discharged to a new setting, including home, but the family is unwilling or unable to pick up or transfer the patient.</p>

# Data collection process

## Eligible cases

The data collection tool should be used to track patients in inpatient care between August 8, 2018 and November 16, 2018 (even if admitted prior to August 8<sup>th</sup>) who are eligible to be discharged to a different care setting, but continue to stay in your facility.

Hospitals with inpatient psychiatry units should track patients admitted to inpatient psychiatry (excluding partial hospitalization patients). Hospitals that do not have inpatient psychiatry units should track all behavioral health patients admitted to inpatient units. Some hospitals may choose to track patients both in inpatient psychiatry units and behavioral health patients in medical units.

## When to submit a new form

Please submit a new form when a patient's reason for discharge delay changes, when a patient's preferred discharge setting changes, or when a patient is discharged. More detail about these transitions is included here:

### *When a reason changes*

The primary data gathered by this form relates to the reasons preventing a patient from moving to a different care setting for their behavioral health issues. It is important that you only endorse **one primary reason per entry**. If a patient moves from one reason to another, please complete a new form and designate the start and end dates that pertain to the new reason.

*For example, a patient is ready to be discharged on September 3, but he remains in your care until September 5 because he's waiting for a core service agency social worker in his county to find him a state psychiatric hospital bed. You would fill out a form and indicate "Waiting for CSA inside county of responsibility to identify and make referral" as the primary reason for the delay from September 3 through September 5. If on September 5, the social worker finds a bed, but there is a waiting list at the facility until September 16, you would complete a new entry for that patient, using the same ID number, and indicate "Lack of bed space in preferred setting" as the primary reason for the delay from September 5 through September 16.*

### ***When the preferred or pursued setting changes***

There may be cases in which the preferred discharge setting changes while a patient is in care. For instance, a patient may stabilize and no longer require treatment in a setting such as a state psychiatric hospital or state chronic care hospital. In other cases, a patient or the referral agency may identify that the patient is not a good fit for a particular type of setting. In these instances, submit a new form identifying the new preferred discharge setting and the reason for delay in placement in the new setting.

Please note: The goal of the preferred discharge setting is to identify where the patient would ideally be placed if the resource was available. This is to inform what resources are most needed for the system to function optimally. Just because a setting is not available, it may still be the preferred setting, so it should be marked as such.

Finally, once you have identified your preferred setting, you will be asked to also identify the setting you are actually pursuing for a placement for the patient. In many cases, this could be the same setting. In other cases, such as when the preferred setting is unavailable, this could be a different option. If the placement setting you are pursuing for placement changes, such as if a patient's needs change or if a setting denies the patient, you will also need to add an entry to document this change.

### ***When a patient is discharged***

You will also submit a new form when a patient is discharged from their behavioral health care. Even if the patient is transitioned into a medical bed at your hospital, we want to track when they are no longer in inpatient care for their behavioral health needs. Indicating that a patient is discharged will close out the case for the purposes of the pilot.

## **Step-by-step instructions**

This data collection tool will be completed online. Below are step-by-step instructions for completing the tool.

### ***Step 1: Identify if this is a record for a new patient or a patient already entered***

When you enter the tool, you will arrive on a page that asks you if you are entering a new patient record or if you are updating an existing patient record.

- ***Entering a record for a new patient:*** If you are entering a record for a new patient, the online data collection system will automatically create a unique identifier for each patient you enter into the tool. This identifier links multiple entries for the same patient and reduces the risk of

duplication across forms. Be sure to **document this ID number somewhere safe** so you can access it later to update entries for this patient, but others not involved with the study cannot access it.

- ***Updating a patient record:*** If you are updating information about a patient already entered into the system, type in the ID number randomly assigned to the patient when you created the original record for that patient (see above). It is important that you keep track of the patient ID numbers as Wilder Research has no way to identify who the ID number belongs to.

After receiving a new ID number or entering an existing ID number, you will be sent to a landing page that gives you four choices for where to go next. This is intended to minimize data entry by only asking you to enter information that needs to be updated. The four options are:

1. Entering data for a new patient
2. Updating the preferred placement setting
3. Updating the reason for a discharge delay
4. Discharging a patient

If you need to leave the tool for any reason, clicking on the “continue” button before exiting will save everything you already entered. When you re-enter the system with that patient’s ID number, choose the section of the tool in which you left off in order to complete your entry. For instance, if you left off at question 6, the patient’s residence, click on the “entering data for a new patient” button on the landing page to finish updating the information about that patient.

## ***Step 2: Entering data for new patients***

Once you identify that you are entering data for a new patient, you will be asked to answer the following questions about the patient and their admission to your unit.

- ***Q1. Patient unit:*** Identify whether the patient was admitted to an inpatient psychiatric unit or medical unit for this data collection.
- ***Q2. Where was this patient admitted from:*** Select the option that best reflects the location from which this patient was admitted to your unit. If more than one option apply, select the most recent or most direct admission source.
- ***Q3. Nature of patient admission:*** Mark whether the patient was originally admitted to your unit voluntarily or involuntarily (i.e., from a court order, commitment, or hold).
- ***Q4. Start date of inpatient care:*** List the date the patient was first admitted for inpatient behavioral health care during this particular inpatient stay.

- **Q5. Start date for discharge delays:** List the earliest date on which a patient was stabilized and eligible to be discharged from the hospital. You may need to confer with colleagues to determine how to identify when the patient would be ready for discharge in specific circumstances.
- **Q6. Patient residence:** Identify whether this patient is a Maryland resident or not. If the patient is a Maryland resident, indicate the county of residence for the patient.
- **Q7. Patient age range:** Identify the age of the patient. If listing this information would make the patient too identifiable (e.g., you rarely treat youth in your unit), you may omit this information.
- **Q8. Patient insurance coverage:** Mark which kind of insurance the patient had at the time they were admitted to your unit.

### Step 3: Entering or updating preferred discharge setting

If you are entering data for a new patient, once you enter all of the background information about the patient and their admission, you will continue into the next section to identify the preferred discharge setting and the discharge setting you are pursuing for that patient. If you are updating information about an existing patient already in the system, you can click on the “Update preferred placement setting” button on the main landing page to move directly to this question.

- **Q9. Preferred discharge setting:** Identify the one setting that you believe would be the optimal setting for this patient at the time the form is being completed. It is important to **only identify one setting** in order to best capture where this patient would go if the system was working optimally and space were available in all settings. Even if a setting is not available, it can still be the ideal setting for the patient, so please indicate it on the form.
- **Q10. Pursued discharge setting:** We recognize it may not always be possible for a patient to be placed in the preferred placement setting, so you may have to pursue an alternative setting for the patient. Because of these cases, you will be asked to identify whether or not you are actively pursuing a placement in the preferred placement setting identified in question 9. This means that you are obtaining a referral or securing an open bed in that setting. If you are not actively pursuing the preferred placement, please identify the type of placement you are actively pursuing. If you are actively pursuing more than one type of placement, identify the type of placement in which you are most actively trying to get the patient discharged.

### Step 4: Entering or updating the reason for the discharge delay

If you are entering data for a new patient or you have just updated the preferred placement setting, you will continue into the next section to identify the reason for the discharge delay. If you are updating information about an existing patient already in the system, you can click on the “Update reason for discharge delay” button on the main landing page to move directly to these questions.

- **Q11. Start date for reason:** Enter the first day this patient was unable to be discharged for the reason documented in this entry. It is important that there is **only one reason** documented for each span of time, so this date should be either the first day the patient is ready to be discharged or the day after the previous reason for their discharge delay ended.
- **Q12. End date for this reason:** Identify the last day in which the reason documented in this entry caused a delay in discharge. Once this reason is resolved, the patient will likely either be moved into a new reason for delay, which would require a new entry, or discharged.
- **Q13. Reason for discharge delays:** Refer to the definitions listed earlier in this protocol and select the **single primary reason** that best captures the cause of the discharge delay. Remember, if the reason changes during the patient’s hospital stay, you will need to complete a separate entry to indicate the new reason and its duration.
- **Q14. Patient characteristics contributing to delay:** Identify if any of the listed patient characteristics were associated with the discharge delay. This may be because it was more difficult to identify an appropriate placement or to get a placement to agree to accept the patient due to the patient characteristic. If the patient characteristic is not directly related to the discharge delay, do not mark it, even if the patient has the characteristic.

### **Step 5: Discharging a patient**

Again, you can either continue into the patient discharge section from the previous section of the tool or you can enter directly into this section from the main landing page by selecting “Discharge this patient.”

Please note: At the end of this section, you will be asked to confirm that the patient is being discharged. If you select yes, you will be closing this patient’s record and you will not be able to access it again. If the patient is readmitted, please enter them as a new patient for the purposes of this study.

- **Q15. End date for inpatient care:** List the date in which the patient is discharged from your facility for their behavioral health issue. If a patient is moved into a different unit in your facility, but no longer receiving behavioral health care, please use the date of the transfer as their discharge date.
- **Q16. Patient discharge location:** Identify the type of facility to which the patient is discharged. We recognize that in many cases, it is not possible to discharge a patient to the preferred discharge setting, and documenting that is one of the goals of this study. So, please report the actual discharge setting here, even if it differs from the preferred discharge setting.
- **Q17. Additional services (optional):** This optional question provides space to enter ideas you have for additional services you think would have been helpful to meet this patient’s need.

---

These can include services that already exist in Maryland or services that you have heard of in other areas.

## Privacy/confidentiality

In order to protect confidentiality, names and other identifying information are not requested on this tool. Identification numbers will be used only for tracking forms within this pilot, and they do not need to link to any other patient information. It is important to maintain this confidentiality while entering and submitting the data as well. Be sure to store ID numbers separate from other patient information.

## Technical assistance

Wilder Research is available to provide technical assistance throughout the pilot. Questions about data collection, including questions about definitions, how to use forms, and submitting data, should be directed to Kristin Dillon at [kristin.dillon@wilder.org](mailto:kristin.dillon@wilder.org) or (651) 280-2656. Kristin is typically in the office from 9AM to 5PM EDT Monday through Thursday.

## Reporting

Wilder Research will analyze results and prepare a report for the Maryland Hospital Association. The report will identify which hospitals participated in the study, but it will not report data from each individual hospital on its own. Aggregate data will be reported for all hospitals. The Maryland Hospital Association will determine if the final report will be made public.

**Wilder  
Research**  
Information. Insight. Impact.

451 Lexington Parkway North  
Saint Paul, Minnesota 55104  
651-280-2700  
[www.wilderresearch.org](http://www.wilderresearch.org)



AMHERST H.  
**WILDER**  
FOUNDATION  
ESTABLISHED 1906

**Here for good.**

### For more information

For more information about this report, contact  
Kristin Dillon at Wilder Research, 651-280-2656.

Author: Kristin Dillon

August 2018