Wilder Research

Maryland Hospital Association
Mental and Behavioral Health Study

Data Collection Questions and Answers

The following questions and responses were shared during the August 6 and August 7 webinar trainings. If you have additional questions, please contact Kristin Dillon at Kristin.dillon@wilder.org or 651-280-2656.

Questions about patient eligibility

Question	Answer
If the patient is able to be discharged to the correct setting when they are ready, is it necessary to compete a form for them?	No. We will only be completing forms for patients who are ready to be discharged but unable to be discharged. We do not need to collect data on patients where there is no delay.
If a patient has been in inpatient care for months already, do we start them as a new patient?	Yes, please add them as a new patient and start tracking their discharge delays with a start date of 8/8/18. You do not need to go back and retrospectively add reasons for their discharge delays, just reasons moving forward.
Are we collecting data in the ED or only in inpatient units?	Only inpatient at this time. We hope to conduct a later study looking at delays in EDs, but we will need to adapt the process for that type of study, including likely changing the unit of measurement. We hope to have plan to pilot an ED study in fall.
Are we only entering data for inpatient psychiatry patients or for patients in any medical surgical unit?	Each hospital can decide the scope of the study in their facility. We hope that hospitals with inpatient psych units collect data for all eligible patients within that unit, but you can broaden it to gather information for all behavioral health patients in medical surgical units as well.
Should we gather this data hospital-wide for behavioral health patients in medical surgical units or can we just collect it from some specific units?	Do what makes most sense for you, if have capacity to do this broadly, that's fine. If you do not have the capacity, can do it with one or two units. We would ask that you include your entire psychiatry unit if you have one.
If a patient is ready for discharge only if there is someone who can handle the patient, should we enter them as ready for discharge?	Yes. That would be counted as a delay. If with a certain resource available they would be ready for discharge, then you can start counting them and indicate the setting and reason they cannot be in that setting in the tool.

continued

Question	Answer
If the patient isn't clinically ready for discharge, but we have started some of the tasks to find a provider, do we enter those tasks?	No, the clock should start ticking when they are clinically ready to be discharged. We are looking for reasons that the patient is getting stuck in inpatient care. We realize you may take a lot of the necessary steps to get them placed before they are eligible for discharge, but we want to know what is preventing them from moving into another setting once they are ready.
Does this study include substance use disorder patients or only mental health patients?	You can include both substance use disorder and mental health patients. The discharge settings in the tool should address both.
Will the study/tool be able to collect if a patient returns after 30 days?	No. Once a patient is discharged, their case is closed. If they return, you would have to enter a new patient record at that point.

Questions about specific fields

Question	Answer
Can you clarify about the end date for each reason? If someone continues to be delayed, what if end date is unknown?	You have two options. In Minnesota, it worked for most hospitals to only add a reason when it ended (i.e., a new reason started or the patient was discharged), in which case you would know the end date. If you would prefer to enter the information when the reason starts, you can leave the end date empty, but you will need to remember to go back in and update it when the reason ends.
If someone is homeless, what county should they be entered in?	If someone is homeless, you can enter county that the hospital is located in.
For preferred discharge settings, do we enter it as a preferred discharge setting if we believe it is the best setting for a patient, but they are ineligible to go there due to something like insurance coverage?	Yes, that is a great example of why the preferred placement setting and the pursued placement setting may be different. Please put the ideal setting as the preferred placement setting, even if the patient is not eligible to go there. Then, if you would like, you could add a comment in the comment box at the end to explain why the preferred discharge setting and the pursued discharge setting are different.
What happens if patient can never find bed, or patient no longer meets requirement – is that considered voluntary or involuntary?	Involuntary would most likely be due to a court order, commitment, requirement to avoid jail, etc. However, if there are other circumstances that you think would fall under the involuntary category, you can use your discretion as long as you do so consistently within your team/facility.

Logistical or process questions

Question	Answer
Will there be a paper document in case we need to enter in data at a later time – for example, having a secretary enter data at a later time?	Yes, we will post a pdf of the tool on the web portal that you can use for this purpose.
Specific day we need to get started by?	We would like sites to start on August 8, 2018.
When does the study end?	On November 16, 2018.
If someone else on my team will be entering the data, will there be an obvious way that another person will get this information in order to enter data?	You will get a common URL so that everyone has access. You will need to ensure that everyone who needs access to the ID numbers for patients is given access to that information. If someone isn't getting email reminders or updates, MHA can also add them to the email list so they can receive information.

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For more information

For more information about this study, contact:

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