

# Maryland Hospital Association

## *Mental and Behavioral Health Data Case Studies*

### Purpose

The following case studies were developed by Dr. Sarah Knight and Sarah Kubel from University of Maryland Medical Center to depict realistic examples of patients experiencing discharge delays. Wilder Research used these case studies to complete sample data collection forms in order to illustrate some key data collection decisions.

### Case Study 1

#### Scenario

Erica is a 32 year old female admitted voluntarily to inpatient psychiatry after an accidental overdose on heroin. A friend called EMS when Erica became unresponsive after using and Erica was given narcan in the field by EMS. On arrival to the ED, Erica was agitated, combative, and expressed suicidal ideation. On evaluation by the psychiatric crisis team in the ED, Erica was more calm, but continued to endorse suicidal ideation and reported a history of depressive symptoms “my whole life”, 2 prior suicide attempts (one at 16yo, one at 28yo), and intermittent polysubstance abuse (“I mean, I tried it all once or twice or ten times. But mostly heroin now.”) that started at age 12 but has been increasing in intensity for the past 18 months. Erica has had housing instability for the past year, staying place to place with family, friends, and acquaintances, but her behavior when using has burned many bridges with people who cared about her. She has a long, complex history of childhood trauma and is in contact only with her great aunt, who is 81yo and recently moved to a nursing home.

On the unit, Erica is stabilized on sertraline, prazosin, and suboxone. Her suicidal ideation begins to subside and she is able to engage in safety and discharge planning discussions on day 6. On day 6, Erica is interested in residential dual diagnosis treatment and consents to referrals to two facilities, which are sent the same day. Day 6 is a Friday, so the facilities don’t review her referrals until Monday, day 9.

Facility 1 clinically accepts Erica on day 9, but does not anticipate an open bed until day 11. Facility 2 requests more clinical information/updates on day 9, which are submitted, but not reviewed by the program until day 10. On day 10, Facility 2 declines Erica due to “the severity of her psych issues” despite the program being self-described as dual diagnosis. On day 11, Facility 1 does not have an open bed and anticipates an opening on day 12. On day 12, Erica expresses ambivalence about residential treatment and has never-previously-expressed complaints and concerns about aspects of Facility 1’s program rules and location. On day 12, Erica is given resources for additional programs to consider, but cannot make a decision about which facilities she would agree to be referred to. On day 13, another Friday, Erica selects 2 additional SUD residential treatment facilities and is referred. On days 16 and 17, both programs are reviewing her referral. On day 18, one program advises they will not accept Erica on suboxone, but will accept her if she is willing to come to the program without it. Erica wants to stay on suboxone, so declines the bed. On day 19, there is no open bed. On day 20, she is accepted by a program and is discharged directly to that program. The program offers suboxone maintenance in-house but does not offer outpatient mental health treatment within the program, so Erica is also referred to an outpatient mental health treatment provider close to the program’s location.

## Sample Tools for Scenario

### Admission Characteristics

1. Is this patient in a psychiatric unit or a medical unit?  
 Psychiatry unit
2. Where was this patient admitted from?  
 Emergency department of this hospital
3. Was this patient admitted:  Voluntarily
4. When was this patient admitted for inpatient care on this unit? 9/1/18
5. When was the patient clinically ready for discharge? 9/6/18  
(i.e., the start date of the potentially avoidable days)

### Patient Characteristics

6. Is this patient a Maryland resident?  Yes  
6a. If yes, what is this patient’s county of residence? Baltimore County
7. Patient age range:  18 – 64
8. Patient insurance coverage at admission:  Private insurance

### Preferred Discharge Setting

9. If space were available, what is the preferred setting this patient would be discharged to? (Select only the one ideal setting)  
 Residential chemical dependency treatment

10. What type of placement setting are you pursuing for this patient?

Preferred placement setting above

**Reason for Discharge Delay 1**

11. Start date **for this reason** that the patient could not be discharged: 9/6/18  
(i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: 9/9/18  
(i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

Off hours (nights/weekends) when coordination not available

14. Did any of the following patient characteristics contribute to this delay?

None of these characteristics are contributing to this delay

**Reason for Discharge Delay 2**

11. Start date **for this reason** that the patient could not be discharged: 9/10/18  
(i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: 9/11/18  
(i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

Lack of bed space in placement setting

14. Did any of the following patient characteristics contribute to this delay?

None of these characteristics are contributing to this delay

**Reason for Discharge Delay 3**

11. Start date **for this reason** that the patient could not be discharged: 9/12/18  
(i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: 9/13/18  
(i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

Patient non-adherence to plan of care/refusal of placement

14. Did any of the following patient characteristics contribute to this delay?

None of these characteristics are contributing to this delay

**Reason for Discharge Delay 4**

11. Start date **for this reason** that the patient could not be discharged: 9/14/18  
(i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: 9/17/18  
(i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

Waiting for agency to accept, process, or deny referral

14. Did any of the following patient characteristics contribute to this delay?

None of these characteristics are contributing to this delay

#### Reason for Discharge Delay 5

11. Start date **for this reason** that the patient could not be discharged: \_\_\_9/18/18\_\_\_  
(i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: \_\_\_9/18/18\_\_\_  
(i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

Placement setting refuses or denies patient admission

14. Did any of the following patient characteristics contribute to this delay?

Substance use (including addiction and medication assisted treatment)

#### Reason for Discharge Delay 6

11. Start date **for this reason** that the patient could not be discharged: \_\_\_9/19/18\_\_\_  
(i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: \_\_\_9/19/18\_\_\_  
(i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

Lack of bed space in placement setting

14. Did any of the following patient characteristics contribute to this delay?

None of these characteristics are contributing to this delay

#### Discharge Information

15. End date for inpatient care: \_\_\_9/20/18\_\_\_

16. Where was this patient discharged to?

Residential chemical dependency treatment

## Case Study 2

### Scenario

James is a 44 year old male with a long history of schizophrenia admitted involuntarily after leaving threatening notes for his group home/assisted living care provider and found to have hidden a kitchen knife under his bed. On admission to the unit, James initially engages well with

the treatment team, is pleasant and cooperative, and admits to having hidden the knife and leaving threatening notes for his care provider, offering an explanation full of delusional, paranoid ideas about the care provider's involvement with the Illuminati, the NSA, and the CIA. The care provider has already advised the team that James is not welcome to return to the home. James also refuses to return, but is agreeable to medication adjustments, re-engagement with outpatient treatment, and referral to a new group home care provider. James agrees to a postponement of his IVA hearing on day 6 of his admission and is converted to voluntary on day 13. During this time, he is restarted first on oral paliperidone, titrated to a therapeutic dose, then agrees to transition to the long-acting injection formulation, and is given his first Invega Sustenna injection and then given his second loading dose. He is referred to an assisted living/group home placement agency to assist in locating a new home on day 13 as well as an ACT team that serves the same area where placements are being sought. The placement agency identifies 3 potential group homes on day 15, but the care providers can't come to interview James until days 17, 18, and 19. The provider who visits James on day 17 declines him after James asks the provider questions about her possible involvement in secret societies. The provider on day 18 declines James after James admits he threatened his past care provider, even though this information was shared in the original referral and James shares that he did not intend to hurt the care provider, "just scare her enough to admit what she's doing". James declines the provider who visits on day 19 due to the location of the home. The placement agency has no additional providers to recommend for several days. On day 25, the team determines James may need a higher level of support than assisted living/group homes are willing/able to provide and the team refers James to RRP. James is deemed appropriate for RRP, but there are no openings in his home jurisdiction and he is placed on the waitlist. On day 32, assisted living/group home placement agency refers a licensed provider who has other clients with chronic mental illness in his home and accepts James; James also agrees to placement. James is discharged to the program on day 33.

## Sample Tools for Scenario

### Admission Characteristics

1. Is this patient in a psychiatric unit or a medical unit?  
 Psychiatry unit
2. Where was this patient admitted from?  
 Emergency department of this hospital
3. Was this patient admitted:  Involuntarily
4. When was this patient admitted for inpatient care on this unit? \_\_\_10/1/18\_\_\_\_\_
5. When was the patient clinically ready for discharge? \_\_\_10/13/18\_\_\_\_\_ (i.e., the start date of the potentially avoidable days)

### Patient Characteristics

6. Is this patient a Maryland resident?  Yes

6a. If yes, what is this patient's county of residence? \_\_\_\_\_Allegany County\_\_\_\_\_

7. Patient age range: X 18 – 64

8. Patient insurance coverage at admission: X Public insurance

### Preferred Discharge Setting 1

9. If space were available, what is the preferred setting this patient would be discharged to? (Select only the one ideal setting)

X Group home with services

10. What type of placement setting are you pursuing for this patient?

X Preferred placement setting above

### Reason for Discharge Delay 1

11. Start date **for this reason** that the patient could not be discharged: \_\_\_10/13/18\_\_\_\_\_ (i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: \_\_\_10/15/18\_\_\_\_\_ (i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

X Waiting for Core Service Agency (CSA) inside county of responsibility to identify and make referral

14. Did any of the following patient characteristics contribute to this delay?

X None of these characteristics are contributing to this delay

### Reason for Discharge Delay 2

11. Start date **for this reason** that the patient could not be discharged: \_\_\_10/16/18\_\_\_\_\_ (i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: \_\_\_10/18/18\_\_\_\_\_ (i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

X Waiting for agency to accept, process, or deny referral

14. Did any of the following patient characteristics contribute to this delay?

X Behavioral issues or dysregulation (e.g., violence, fire starting, self-harm, sexually inappropriate behavior)

### Reason for Discharge Delay 3

11. Start date **for this reason** that the patient could not be discharged: \_\_\_10/19/18\_\_\_\_\_ (i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: \_\_\_10/19/18\_\_\_\_\_ (i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

Patient non-adherence to plan of care/refusal of placement

14. Did any of the following patient characteristics contribute to this delay?

None of these characteristics are contributing to this delay

**Reason for Discharge Delay 4**

11. Start date **for this reason** that the patient could not be discharged: 10/20/18  
(i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: 10/25/18  
(i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

Waiting for Core Service Agency (CSA) inside county of responsibility to identify and make referral

14. Did any of the following patient characteristics contribute to this delay?

Behavioral issues or dysregulation (e.g., violence, fire starting, self-harm, sexually inappropriate behavior)

**Preferred Discharge Setting 2**

9. If space were available, what is the preferred setting this patient would be discharged to? (Select only the one ideal setting)

Residential Rehabilitation Program (RRP)

10. What type of placement setting are you pursuing for this patient?

Preferred placement setting above

**Reason for Discharge Delay 5**

11. Start date **for this reason** that the patient could not be discharged: 10/26/18  
(i.e., the patient is ready to be discharged, but is unable to be discharged)

12. End date **for this reason** that the patient could not be discharged: 11/1/18  
(i.e., a new reason for the discharge delay starts or a patient is discharged)

13. Reason for discharge delays (i.e., why the patient cannot be discharged) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple forms with unique dates.**

Lack of bed space in placement setting

14. Did any of the following patient characteristics contribute to this delay?

None of these characteristics are contributing to this delay

**Discharge Information**

15. End date for inpatient care: 11/2/18

16. Where was this patient discharged to?

Group home with services

## 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.

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### For more information

For more information about this study, contact:

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