

Patient ID (only for this study, not the hospital ID): __00102349_____ Patient first and last initial: __JF_____
Hospital Name: __Hospital A_____

Maryland Hospital Association Mental and Behavioral Health Emergency Department Pilot

Characteristics of ED Stay

1. How did the patient arrive in the ED?*

- Family/self
- First responder or ambulance
- Law enforcement
- Transfer from another ED
- Other: _____

2. When did patient arrive in the ED?* Date: __4/15/2019_____ Time: __6:00PM_____

3. When was the patient's disposition determined?* Date: __4/15/2019_____ Time: __8:30PM_____
(Note: For this study a delay is defined as starting 4 hours after the disposition determination)

Patient Characteristics

4. Is this patient a Maryland resident?* Yes No

5. Patient age range:* Under 13 13 – 17 18 – 64 65 or older

6. Patient insurance coverage at admission:* Public insurance Private insurance Uninsured

7. Has this patient been seen in your ED in the past year?* Yes No

Preferred Discharge or Transfer Setting

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

- Inpatient acute medical hospital unit
- Inpatient acute psychiatric unit
- Inpatient specialty psychiatric unit (i.e., Sheppard Pratt Health System, Brooke Lane)
- Skilled nursing facility (SNF) or nursing home
- Assisted living facility (ALF)
- Residential Rehabilitation Program (RRP)
- Residential chemical dependency treatment
- Child/Adolescent Residential Treatment Center in Maryland
- Child/Adolescent Residential Treatment Center outside of Maryland
- Child or adult foster care
- Group home with services
- Crisis residential program/crisis bed
- State psychiatric hospital (i.e., Spring Grove Hospital Center, Springfield Hospital Center, Clifton T. Perkins)
- State Chronic Hospital (i.e., Deer's Head Hospital Center and Western Maryland Hospital Center)
- Supported housing program (mental health)
- Other residential facility
- Home with supportive services

8a. What supportive services would be needed for this patient to be home?

- Intensive outpatient (including partial hospitalization and day hospital)
- Psychiatric Rehabilitation Program (PRP)
- Medication Management with Psychiatrist/Psychiatric Nurse Practitioner
- Individual Therapy
- ACT services
- Outpatient chemical dependency treatment
- Family support services (e.g., in-home caregivers or respite care)
- Other supports needed in order to discharge home: _____

Reason for Discharge Delay

9. Start date and time **for this reason** that the patient could not be discharged, admitted, or transferred: 4/16/2019, 12:30AM
(i.e., patient's disposition decision was made 4 hours ago, but patient is unable to be discharged, admitted, or transferred)

10. End date **for this reason** that the patient could not be discharged, admitted, or transferred: _4/16/2019_

11. Reason for discharge or transfer delay (i.e., why the patient cannot be discharged or transferred) - **Select the single reason from the list below. If there are multiple reasons, separate them into multiple entries with unique times for each entry.**

- Delay in creating or implementing care plan or referral in the ED
- Off hours (nights/weekends) when coordination not available in the ED
- Waiting for Core Service Agency (CSA) inside county of responsibility to identify and make referral
- Waiting for CSA outside county of responsibility to identify and make referral
- Waiting for agency to accept, process, or deny referral
- Awaiting guardianship decisions or execution
- Awaiting insurance or financial benefit activation or coverage
- Insurance denies authorization for placement
- Placement setting refuses or denies patient due to patient characteristics
- Placement setting refuses or denies patient due to capacity in the setting
- Waiting for bed space in placement setting
- Lack of access to outpatient services necessary for patient to return home
- Off hours (nights/weekends) when coordination not available in placement setting or outpatient services
- Delay due to patient legal involvement, including civil commitment or law enforcement
- Lack of housing/housing instability
- Medicaid or ambulance transportation delay
- Personal transportation delays or family inability to pick patient up
- Patient non-adherence to plan of care/refusal of placement
- Family refusal to pick patient up or execute plan of care
- Patient's residential facility refuses to take them back

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

- Developmental disability or autism
- Traumatic brain injury
- Dementia
- Physical disability
- Behavioral issues or dysregulation (e.g., violence, fire starting, self-harm, sexually inappropriate behavior)
- Significant medical comorbidity
- Substance use (including addiction and medication assisted treatment)
- Patient age (e.g., youth or geriatric)
- None of these characteristics are contributing to this delay

Discharge or Transfer Information

13. When was the patient transferred or discharged?* Date: 4/16/2019 Time: 8:00AM

14. Where was this patient transferred or discharged to?*

- Inpatient acute medical hospital unit
- Inpatient acute psychiatric unit
- Inpatient specialty psychiatric unit
- Skilled nursing facility (SNF) or nursing home
- Assisted living facility (ALF)
- Residential Rehabilitation Program (RRP)
- Residential chemical dependency treatment

- Child/Adolescent Residential Treatment Center in Maryland
- Child/Adolescent Residential Treatment Center outside of Maryland
- Child or adult foster care
- Group home with services
- Crisis residential program/crisis bed
- State psychiatric hospital
- State Chronic Hospital (i.e., Deer's Health Hospital Center and Western Maryland Hospital Center)
- Supported housing program (mental health)
- Other residential facility
- Home with support services
- Other (please specify): _____

Optional: What additional services do 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.

Comments (optional):

* Identifies questions asked of ALL behavioral health patients in the ED.