

Patient ID (only for this study, not the hospital ID): _____

Hospital Name: _____

Maryland Hospital Association Mental and Behavioral Health Data Collection Pilot

Thank you for assisting in collecting data for the Maryland Hospital Association pilot study. The goal of this study is to measure the number, percent, and reasons for discharge delays, which 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.

Admission Characteristics

1. Is this patient in a psychiatric unit or a medical unit?
 - Psychiatry unit
 - Medical-surgical unit
2. Where was this patient admitted from?
 - Emergency department of this hospital
 - Medical unit of this hospital
 - Emergency department or medical unit of outside hospital
 - Inpatient psychiatry unit of outside hospital
 - Other: _____
3. Was this patient admitted: Voluntarily Involuntarily
4. When was this patient admitted for inpatient care on this unit? _____
5. When was the patient clinically ready for discharge? _____
(i.e., the start date of the potentially avoidable days)

Patient Characteristics

6. Is this patient a Maryland resident? Yes No
6a. If yes, what is this patient's county of residence? _____
7. Patient age range: Under 13 13 – 17 18 – 64 65 or older
8. Patient insurance coverage at admission: Public insurance Private insurance Uninsured

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)
 - Inpatient acute medical hospital unit
 - Inpatient acute psychiatric unit (if not currently in one)
 - Skilled nursing facility (SNF) or nursing home
 - Assisted living facility (ALF)
 - Residential Rehabilitation Program (RRP)
 - Residential chemical dependency treatment
 - Child/Adolescent Residential Treatment Center
 - 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
- 9a. What support services would be needed for this patient to be home?
 - Intensive Outpatient
 - Partial hospitalization
 - 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: _____

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

- Preferred placement setting above
- A setting other than the preferred placement setting

10a. If a setting other than the preferred placement setting, which setting are you pursuing?

- Inpatient acute medical hospital unit
- Inpatient acute psychiatric unit (if not currently in one)
- Skilled nursing facility (SNF) or nursing home
- Assisted living facility (ALF)
- Residential Rehabilitation Program (RRP)
- Residential chemical dependency treatment
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- Supported housing program (mental health)
- Other residential facility
- Home with support services

Reason for Discharge Delay

11. Start date **for this reason** that the patient could not be discharged: _____
(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: _____
(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.**

- Delay in creating or implementing care plan/execution of MD orders
- Delay of social work/discharge planner execution of referral
- 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 insurance or financial benefit activation
- Awaiting insurance authorization
- Awaiting waiver approval
- Medicaid transportation delay
- Placement setting refuses or denies patient admission
- Lack of 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
- Delay due to patient legal involvement, including civil commitment or guardianship
- Lack of housing/housing instability
- Patient non-adherence to plan of care/refusal of placement
- Family inability to pick patient up

14. Did any of the following patient characteristics contribute to this delay?
- Developmental disability or autism
 - Traumatic brain injury
 - 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 Information

15. End date for inpatient care: _____

16. Where was this patient discharged to?
- Inpatient acute medical hospital unit
 - Inpatient acute psychiatric unit (if not currently in one)
 - Skilled nursing facility (SNF) or nursing home
 - Assisted living facility (ALF)
 - Residential Rehabilitation Program (RRP)
 - Residential chemical dependency treatment
 - Child/Adolescent Residential Treatment Center
 - Child or adult foster care
 - Group home with services
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 - Supported housing program (mental health)
 - Other residential facility
 - Home
 - 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):