

# Maryland Hospital Association

## *Behavioral Health Emergency Department Data Collection Protocol*

### Purpose

The Maryland Hospital Association is conducting a 45-day (April 15, 2019 through May 31, 2019) study with emergency rooms across Maryland. The goal of this study is to measure the number and percentage of, and reasons for, behavioral health discharge, admission, or transfer delays. Delays are defined as hours in emergency department care when a patient is stabilized and ready to be discharged or transferred to a different care setting, but is unable to be discharged or transferred.

This 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 emergency department system.

### Data collection definitions

When completing the data collection, you will be asked to use the following definitions for what constitutes a delay and reasons for 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.

**Delay definition:** For this study, a delay starts if a behavioral health patient is still in the emergency department *four hours after a disposition decision has been made*.

## Definitions of reasons for delays

Reason for delay	Definition and/or Examples
Delay in creating or implementing care plan or referral in the ED	<p>While a patient is in the ED, 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> <li>■ Delay in completing referrals or developing a backup plan.</li> <li>■ Social work assessment is not completed in a timely manner.</li> </ul>
Off hours (nights/weekends) when coordination not available in the ED	Patient care, coordination, or referrals are unable to be made because the appropriate staff are not available, such as during the night or on a weekend.
Waiting for CSA inside county of responsibility to identify and make referral  Waiting for CSA outside county of responsibility to identify and make referral	<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>
Waiting for agency to accept, process, or deny referral	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.
Awaiting guardianship decisions or execution	Waiting for a guardian to be identified or for the guardian to assist with decision making for the patient.
Awaiting insurance or financial benefit activation	Waiting for activation of insurance or other benefits a placement requires before accepting a patient or waiting for 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.
Insurance denies authorization for placement	When insurance denies a specific placement or claim for admission or follow-up care and this denial requires a patient to remain in the emergency department.
Preferred setting refuses or denies patient admission due to patient characteristics	Agency identified and referral made, but the agency refuses to accept the patient due to something about the patient, including characteristics such as behavioral issues, medical comorbidity, disabilities, age, substance use, previous encounters with the patient, etc.
Preferred setting refuses or denies patient admission due to capacity in the setting	Agency identified and referral made, but the agency refuses to accept the patient due to capacity issues within the setting. This may be because the setting is full or because they have already taken their maximum number of referrals that day.
Waiting for bed space in preferred setting	Facility identified, patient accepted, but there is a delay in bed availability.

## Definitions of reasons for delays, continued

Reason for delay	Definition and/or Examples
Lack of access to outpatient services	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.
Off hours (nights/weekends) when coordination not available in placement setting	Placement found, but due to hours of operation, the necessary processing or the actual admission to the setting is delayed.
Delay due to patient legal involvement, including civil commitment or law enforcement	Delay due to legal involvement, which may include delays due to the civil commitment process or law enforcement needs. For example, a patient is in the commitment process or need to be held for law enforcement processing.
Lack of housing/housing instability	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).
Medicaid or ambulance transportation delay	Placement found and patient accepted, but waiting for Medicaid or ambulance transportation to become available to transfer the patient to the new setting.
Personal transportation delays or family inability to pick patient up	Patient is willing to be discharged or transferred to a new setting, including home, but they are unable to find a ride or their family is unable to pick them up.
Patient non-adherence to plan of care/refusal of placement	Patient 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.
Family refusal to pick patient up or execute plan of care	Family refuses to pick up patient or 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.
Patient's residential facility refuses to take them back	Patient was living in a residential facility (such as group home, foster care, or residential treatment) before coming to the emergency department, but the facility is unwilling to allow the patient to return at discharge.

## Data collection process

### Eligible cases

The data collection tool should be used to track **all behavioral health patients in the emergency department** between April 15, 2019 and May 31, 2019. There are a limited number of questions that will be answered about all behavioral health patients. In addition, there are more questions that will be answered about patients who are eligible to be discharged or transferred to a different care setting, but continue to stay in your emergency department.

## 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 three 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 three options are:

1. Entering data for a new patient
2. Updating the reason for a discharge or transfer delay
3. Discharging a patient

If your patient does not have a discharge or transfer delay, you only need to go to sections 1. Entering data for a new patient and 3. Discharging a patient. You can skip over section 2. Updating the reason for a discharge or transfer delay completely.

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 4, 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. How patient arrived in the ED:** Select the option that best reflects the how the patient arrived in the ED. If more than one option apply, select the most recent or most direct source. If you select the “Law enforcement” option, you will be asked a follow-up question about whether the patient is on an emergency petition.
- **Q2. When patient arrived in the ED:** List the date and time the patient first arrived in the ED for this visit.
- **Q3. When the patient’s disposition was determined:** List the earliest date in which a patient’s disposition was decided on. This could be when the patient was identified as ready to be discharged or when they were identified as needed an inpatient admission or transfer to another facility. You may need to confer with colleagues to determine how to identify when the patient’s disposition determination was determined. *Note: the clock for a delay starts four hours after this disposition determination.*
- **Q4. Patient residence:** Identify whether this patient is a Maryland resident or not.
- **Q5. 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.
- **Q6. Patient insurance coverage:** Mark which kind of insurance the patient had at the time they arrived in your ED.
- **Q7. Patient history in your ED:** Identify whether this patient had been seen in the past year in your ED. You may need to look back at their records to determine the answer to this question.
- **Q8. 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.

### Step 3: Entering or updating the reason for the discharge delay

If you are entering data for a patient with a discharge or transfer delay, you can click on the “Update reason for discharge delay” button on the main landing page to move to these questions.

- **Q9. Start date and time for reason:** Enter the first date and time this patient was unable to be discharged or transferred for the reason documented in this entry. It is important that there is **only one reason** documented for each span of time, so this time should be either the first time the patient is ready to be discharged/transferred or the time after the previous reason for their delay ended.
- **Q10. End date for this reason:** Identify the last date and time 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/transferred.
- **Q11. 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 delay. Remember, if the reason changes during the patient’s ED stay, you will need to complete a separate entry to indicate the new reason and its duration. Some reasons selected (i.e., those pertaining to a placement setting delay) will lead to an additional question asking you to identify the specific setting type identified in the reason.

*For example, a patient is ready to be transferred on May 3 at 13:00, but he remains in your care until May 4 at 10:00 because he’s waiting for a core service agency social worker in his county to find him a specialty 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 May 3 at 13:00 through May 4 at 10:00. If on May 4 at 10:00, the social worker finds a bed, but there is a waiting list at the facility until May 5 at 15:00, 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 May 4 at 10:00 through May 5 at 15:00.*

- **Q12. Patient characteristics contributing to delay:** Identify if any of the listed patient characteristics were associated with the discharge or transfer 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 delay, do not mark it, even if the patient has the characteristic.

## Step 4: Discharging or transferring a patient

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

Please note: At the end of this section, you will be asked to confirm that the patient is being discharged or transferred. 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 returns to your ED, please enter them as a new patient for the purposes of this study.

- **Q13. When the patient was discharged or cancelled:** List the date and time in which the patient is discharged or transferred from your ED for their behavioral health issue.
- **Q14. Patient discharge location:** Identify the type of facility to which the patient is discharged or transferred. We recognize that in many cases, it is not possible to discharge or transfer a patient to the preferred discharge or transfer setting, and documenting that is one of the goals of this study. So, please report the actual discharge or transfer setting here, even if it differs from the preferred setting.
- **Q15. 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®

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#### For more information

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