Maryland Hospital Association Mental and Behavioral Health Emergency Department Data Collection Protocol

April 2019

Introductions

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Agenda

Purpose of the project

Data collection process

– Eligibility criteria

– Technical assistance

– Online tool preview

Data collection definitions

– Case studies to review definitions

Analysis and reporting

Overview of the project

- Led by the Maryland Hospital Association

- 45 day study (4/15/19 through 5/31/19)

- Builds on the 2018 behavioral health inpatient study

Purpose of the project

- To measure the number, percent, and reasons for discharge, admission, or transfer delays

- To inform policy and practice within the mental health infrastructure in Maryland

Tool creation

- Started with the Maryland inpatient study tool

- Revised by ED study design team

- Gathered input from:

  – MHA Behavioral Health Task Force

  – ED staff and others from several hospitals

Data Collection Process

Technical assistance

If you have questions about the pilot, contact:

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Eligibility criteria

- Track all behavioral health patients in emergency departments between April 15, 2019 and May 31, 2019

- Limited questions for all behavioral health patients

- Additional questions for those who experience delays
  - Delay begins if BH patient is in ED four hours after a disposition decision has been made

What is tracked

- Admission characteristics

- Date/Time of arrival

- Date/Time of disposition decision

- History in your ED

- Preferred discharge setting*

- Reason for delay (start and end time)*

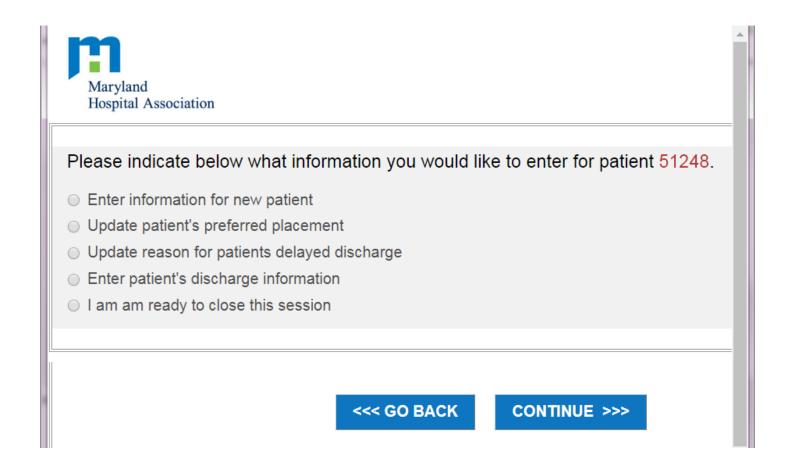- Discharge information

* Only tracked for patients with a delay

Form completion

Entering data for new patient

Reason for discharge/transfer delay changes

Discharge

Online Tool preview

https://na2se.voxco.com/SE/1145/maryland/

Tips

- Be sure to document the ID number somewhere safe

- Find ways to work the data entry into your daily workflow

- If you need to exit before you finished entering information:

  – Click "continue" to save your data

  – To re-enter, choose the section in which you left off

Privacy and confidentiality

- Names and other identifying information are NOT expected to be included

- Identification numbers will be used only for tracking forms within this pilot

- Store ID numbers separate from other patient information

Questions

about the data collection process?

Data Collection Definitions

Internal hospital delays

- Delay in creating or implementing care plan or referral in the ED

- Off hours (nights/weekends) when coordination not available in the ED

Delays in referral process

- Waiting for CSA <u>inside</u> county of responsibility to identify and make referral

- Waiting for CSA <u>outside</u> county of responsibility to identify and make referral

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

Delays due to authorization or government systems

- Awaiting guardianship decisions or execution

- Awaiting insurance or financial benefit activation

- Insurance denies authorization for placement

- Medicaid or ambulance transportation delay

- Delay due to patient legal involvement, including civil commitment or law enforcement

Delays within placement setting

- Preferred setting refuses or denies patient admission due to patient characteristics

- Preferred setting refuses or denies patient admission due to capacity in the setting

- Waiting for bed space in preferred setting

- Lack of access to outpatient services

- Off hours (nights/weekends) when coordination not available

Patient delays

- Lack of housing/housing instability

- 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

Case Study

Case study

Example: Jason is a 24 year old male admitted to the ED on 4/15/2019 at 6pm. Jason has autism, low verbal skills, and several behavioral issues. At 7pm, the ED team determined Jason needed specialized services that are only available at inpatient units in two hospitals in the state. One hospital has a very long wait list, so the team determined this hospital was not a viable option for Jason. The second hospital prioritizes patients who are in EDs. If Jason is admitted to an inpatient bed, he will move down the priority list for this hospital. ED staff need to determine whether he should remain in the ED, where he may deteriorate, in order to stay on the priority list, or whether he should be admitted to their inpatient unit, where he will likely face a long wait for the specialized services he needs. At 8:30pm, the ED team determines that Jason should be admitted to their inpatient psychiatric unit. He is transferred to the inpatient unit the next morning (4/16/2019) at 8:00am. Jason receives treatment in this inpatient unit for 21 days, and then is discharged home with his father.

On 5/14/2019, Jason has an incident at a grocery store, and is brought back to the ED on an emergency petition. He is admitted to the ED at 11am. At 3:30pm, the team determined that Jason should be referred to a specialized inpatient unit in another hospital, and makes a referral. At 4:30pm the specialized unit approves the referral, but informs the ED that they do not have capacity, and put Jason on a wait list for a bed. While waiting for bed space in the specialized unit, Jason remains in the ED and receives medication monitoring. Jason is discharged to his home at 1pm on 5/17. During Jason's stay, ED staff had the impression that Jason's family was not giving him his medication at home. Staff began to pursue guardianship, so that if Jason returns to the ER in the future, they can follow through on this process.

Questions

about the reasons for delays?

Analysis and Reporting

Reporting plan

- Wilder Research will:
  - Analyze results
  - Develop aggregate report
- MHA will determine if the final report will be made public

Questions?