Minnesota Department of Health: Mental and Behavioral Health Inpatient Discharge Delay Data Collection Protocol

Purpose

The Minnesota Department of Health is interested in conducting a study with hospitals across Minnesota. The goal of this study is to measure the number and percentage of, and reasons for, behavioral health discharge delays. Discharge delays 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 Minnesota. These indicators will illustrate the opportunities for patient care outside of the inpatient hospital system.

Study duration

The overall study period lasts for 45-days between September 5, 2023 and October 20, 2023. Each hospital is being asked to **carefully track this data for a minimum of two weeks (14 days) within the overall study period**. If a hospital would like to participate for more than 14 days, it can choose to participate for as much of the 45-day period as it would like, however, all data collection should start after September 5 and end by October 20. We ask that you communicate the study timeframe your hospital selected prior to starting data collection. Please plan to start your data collection on a weekday to ensure there is technical assistance available should any questions arise.

Data collection definitions

When completing the data collection, you will be asked to use the following definitions of reasons for discharge delays. If you have questions about these definitions or how to apply them to specific situations, please contact Miamoua Vang at miamoua.vang@wilder.org or 651-280-2664.

Reason for delay	Definition and/or examples
Internal staff delays	
Delay in creating or implementing care plan/execution of MD discharge orders	While patient may meet criteria for being in the hospital, 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: ▪ Delays in ordering necessary meds, labs, consults, and discharges ▪ Delayed or missing documentation. ▪ Delayed follow through with written physician orders due to staff, equipment, or service issues. ▪ Waiting for testing or labs.
Delay of social work plan/ referral paperwork and/or other staff correspondence to implement plan	Delay in action by the hospital social work department. For instance, the social workers not completing referrals or developing a backup plan, or the social work initial assessment is not completed on admission (hospital day 1) or by hospital day 2.
External social service or government agency delays	
Waiting for a social service or government agency to identify: ▪ an IRTS placement ▪ a child or adult foster care (AFC/CFC) placement ▪ chemical dependency treatment programming ▪ a nursing home referral	Includes waiting on a social service or government agency to: ▪ Identify facility for referral ▪ Make referrals for placement following discharge ▪ Request financial records for referral 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.
Awaiting MNChoices process or CADI approval/rate agreement	Patient is in the MNChoices assessment process or placement found and patient accepted, but awaiting CADI waiver approval or rate negotiation for the service.
Awaiting MA benefit activation	Patient is working through the process of enrolling in Medical Assistance/MinnesotaCare or restoring lapsed coverage
Awaiting insurance authorization for discharge setting	Waiting for a 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.
Awaiting guardianship approval	Awaiting county appointment of or decisions around legal guardianship.
Delay due to patient civil commitment	Delay due to the civil commitment process. For example, a patient is admitted, but is in the commitment process. They have stabilized and are ready for a lower level of care, but need to remain hospitalized until commitment process is completed.
Transportation delay	Placement found and patient accepted, but waiting for transportation, including MA transportation, to become available to transfer the patient to the new setting.
Other outside social service or government agency delay, such as an authorization delay	All other delays due to social service or government agencies, including delays due to authorization by an agency, i.e. child protection, probation, county "committee" for placements.

Reason for delay	Definition and/or examples
Lack of space or wait list in safe setting	
State psychiatric hospital bed unavailable in ▪ AMRTC ▪ Minnesota Security Hospital ▪ CBHH	Start counting days on the day in which the patient is placed on the state psychiatric hospital waiting list. If doing concurrent planning with another type of facility, identify the lack of bed space in the facility you believe to be most appropriate for the patient.
Hospital bed not available/ delay in transfer to medical bed (awaiting accepting MD decision)	Patient is appropriate for medical bed, but other specialties won't take the patient. OR Patient appropriate and need to transfer to medical unit who is willing to admit the patient, but there is not a bed.
Bed not available in: ▪ CABHS Willmar ▪ Child/Adolescent Residential Treatment Center (PRTF) ▪ IRTS ▪ Nursing home/memory care ▪ Chemical dependency treatment/CARE facility ▪ Child or adult foster care ▪ Group home ▪ Crisis home / crisis bed ▪ Other group facility	Use this when a facility or type of facility has been identified, the patient has been accepted, and there is a delay in bed availability.
Lack of housing	Delay due to issues with finding appropriate, safe housing
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, partial hospitalization, day treatment, or needed family services.
Patient or family delays	
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.
Lack of consent/cooperation by decision-maker (e.g., parent or legal guardian)	Legal decision maker (e.g., parent or guardian) is not consenting to or accepting placement or necessary follow-up required for placement. Or patient is willing to be discharged to a new setting, including home, but the family is unwilling or unable to pick up or transfer the patient.
Delay due to patient criminal legal involvement	Patient's criminal legal involvement, including warrants, pending court proceedings, and/or probation if they are interfering with discharge placements

Data collection process

Eligible cases

The data collection tool should be used to track patients in inpatient care between September 5, 2023 and October 20, 2023 (even if admitted prior to September 5th) who are eligible to be discharged to a different care setting, but continue to stay in your facility.

Hospitals with inpatient psychiatry units should track patients admitted to inpatient psychiatry (excluding partial hospitalization patients). Hospitals that do not have inpatient psychiatry units should track all behavioral health patients admitted to inpatient units. Some hospitals may choose to track patients both in inpatient psychiatry units and behavioral health patients in medical units.

When to submit a new form

Please submit a new form when a patient's reason for discharge delay changes or when a patient is discharged. More detail about these transitions is included here:

When a reason changes

The primary data gathered by this form relates to the reasons preventing a patient from moving to a different care setting for their behavioral health issues. It is important that you only endorse **one primary reason per entry**. If a patient moves from one reason to another, please complete a new form and designate the start and end dates that pertain to the new reason.

For example, a patient is ready to be discharged on September 3, but he remains in your care until September 5 because he's waiting for a social worker in his county to find him an IRTS bed. You would fill out a form and indicate "Waiting for a social service or government agency to identify an IRTS placement" as the primary reason for the delay from September 3 through September 5. If on September 5, the social worker finds a bed, but there is a waiting list at the facility until September 16, you would complete a new entry for that patient, using the same ID number, and indicate "IRTS bed not available" as the primary reason for the delay from September 5 through September 16.

When a patient is discharged

You will also submit a new form when a patient is discharged from their behavioral health care at your hospital. Even if the patient is transitioned into a medical bed at your hospital, we want to track when they are no longer in inpatient care for their behavioral health needs. Indicating that a patient is discharged will close out the case for the purposes of the pilot.

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 five 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 delay
3. Discharging a patient
4. Closing the session
5. Entering information about a new/different patient

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 insurance coverage, 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. Where was this patient admitted from:** Select the option that best reflects the location from which this patient was admitted to your unit. If more than one option apply, select the most recent or most direct admission source.
- **Q2. Patient residence:** Identify whether this patient is a Minnesota resident or not. Even if the patient does not have a permanent address, please consider whether they receive services or have identification that identifies them as a Minnesota resident.
- **Q3. Patient zip code:** List the current zip code for the patient. If the patient does not have a permanent address, please mark the appropriate checkbox. Note: we are asking for both residency and zip code because they are not necessarily the same, and they each are used differently in identifying access or eligibility of services.
- **Q4. Patient insurance coverage:** Mark which kind of insurance the patient had at the time they were admitted to your unit.
- **Q5. Patient age:** 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 gender identity:** Identify the gender identity that best matches how the patient identifies themselves (e.g., the pronouns they use). This may or may not be the same as the patient's biological sex.

- **Q7. Patient race/ethnicity*:*** Identify the single race or ethnicity category that best matches how the patient identifies themselves.
- **Q8. Patient interpreter need*:*** Mark whether the patient needed an interpreter at any point during the visit. If the patient requested or required an interpreter and one was not available, or if they relied on a family member or friend to provide interpretation, please still check "yes" to this question.
- **Q9. Nature of patient admission:** Mark whether the patient was originally admitted to your unit voluntarily or involuntarily (i.e., from a court order, commitment, or hold).
- **Q10. Previous admissions:** Identify whether or not the patient has been admitted to inpatient care at your hospital in the past 6 months. You do not need to inquire about admissions to other hospitals.
- **Q11. Start date of inpatient care:** List the date the patient was first admitted for inpatient behavioral health care during this particular inpatient stay.

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

If you are entering data for a new patient, you will continue into the next section to identify the reason for the discharge delay. If you are updating information about an existing patient already in the system, you can click on the "Update reason for discharge delay" button on the main landing page to move directly to these questions.

- **Q12. Start date for reason:** Enter the first day this patient was unable to be discharged for the reason documented in this entry. It is important that there is **only one reason** documented for each span of time, so this date should be either the first day the patient is ready to be discharged or the day after the previous reason for their discharge delay ended.
- **Q13. 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 discharge delay. Remember, if the reason changes during the patient's hospital stay, you will need to complete a separate entry to indicate the new reason and its duration.
- **Q14. Patient characteristics contributing to delay:** Identify if any of the listed patient characteristics were associated with the discharge 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 discharge delay, do not mark it, even if the patient has the characteristic.
- **Q15. End date for this reason*:*** Identify the last day 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.

Step 4: Discharging a patient

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

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

- **Q16. End date for inpatient care*:*** List the date in which the patient is discharged from your facility for their behavioral health issue. If a patient is moved into a different unit in your facility, but no longer receiving behavioral health care, please use the date of the transfer as their discharge date.
- **Q17. Patient discharge location*:*** Identify the type of facility to which the patient is discharged. If the patient is discharged to a setting not listed, please select "other" and specify the discharge setting.
- **Q18. Total locations contacted (only applies to some discharge locations):** If a patient is discharged to another inpatient psychiatric unit, PRTF, or IRTS, you will be asked a follow-up question regarding the number of locations of that type of facility you contacted to locate the bed, including the final discharge location. If you contacted the same facility multiple times, please only count it as one location.
- **Q19. Additional context:** Please add any context that would be helpful in interpreting or understanding the patient's experience. This can include unique aspects of their discharge delay, how reasons fit together (e.g., concurrent planning or overlapping reasons), or specific patient characteristics that contributed to the delay. For instance, if the patient was awaiting insurance authorization for a specific placement, but was discharged to an alternative setting, that description could be included here.

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 Miamoua Vang at miamoua.vang@wilder.org or 651-280-2664. Miamoua is typically available between 8AM and 4:30PM CDT Monday through Friday.

Reporting

Wilder Research will analyze and prepare a report for the Minnesota Department of Health. The report will identify the hospitals that participated in the study, but it will not report data from each individual hospital externally unless expressly permitted by the hospital providing data. Aggregate data will be reported for all hospitals.

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