

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

Hospital Name: _____

Minnesota Department of Health Behavioral Health Data Collection: Emergency Department

1. Is this patient a Minnesota resident? Yes No
2. Patient zip code: _____ Patient has no permanent address
3. How did the patient arrive in the ED?
 - Family/self
 - First responder or ambulance
 - Law enforcement
 - Transfer from another ED
 - Crisis team
 - Other: _____
4. Patient insurance coverage at admission: **CHECK ALL THAT APPLY**
 - Medicare (including pending)
 - Medicaid/MinnesotaCare (including pending)
 - Private insurance
 - Uninsured
5. Patient age: _____
6. Patient gender identity:
 - Man
 - Woman
 - Non-binary
 - Another identity
7. Patient race/ethnicity: **SELECT ONE**
 - African American or African-born
 - American Indian or Native American
 - Asian or Asian American
 - Hispanic or Latino/a
 - White or Caucasian
 - Other (specify: _____)
 - Multi-racial
8. Did this patient need an interpreter at any point during this visit? Yes No
9. When did patient arrive in the ED? Date: _____ Time: _____
10. When was the ED decision for the patient's disposition determined? Date: _____ Time: _____
(Note: For this study a delay is defined as starting 4 hours after the disposition determination)
11. Start date and time **for this reason** that the patient could not be discharged, admitted, or transferred:
Date: _____ Time: _____
(i.e., patient's disposition decision was made 4 hours ago, but patient is unable to be discharged, admitted, or transferred)

12. Reason for the avoidable hours (i.e., why the patient cannot be discharged, admitted, or transferred) **SELECT ONLY ONE RESPONSE FROM SECTIONS A-C. IF THERE ARE MULTIPLE REASONS, PLEASE ASSIGN EACH REASON UNIQUE DATES.**

a. Internal staff delays

- Delay in creating or implementing care plan/execution of MD discharge orders
- Delay of social work plan/referral paperwork and/or other staff correspondence to implement plan

b. External social service or government agency delays

- Waiting for a social service or government agency to identify an IRTS placement
- Waiting for a social service or government agency to identify a child or adult foster care (AFC/CFC) placement
- Waiting for a social service or government agency to identify chemical dependency treatment programming
- Waiting for a social service or government agency to identify a nursing home referral
- Awaiting MNChoices process or CADI approval/rate agreement
- Awaiting MA benefit activation
- Awaiting insurance authorization for discharge setting
- Awaiting guardianship approval
- Delay due to patient civil commitment
- Transportation delay
- Other social service or government agency delay, such as an authorization delay

c. Lack of space or wait list in safe setting

- Inpatient psychiatric bed not available
- Hospital bed not available/delay in transfer to medical bed (awaiting accepting MD decision)
- Child/Adolescent Psychiatric Residential Treatment Center (PRTF) bed not available
- IRTS bed not available
- Nursing home/memory care bed not available
- Chemical dependency treatment/CARE facility bed not available
- Child or adult foster care bed not available
- Group home bed not available
- Crisis home / crisis bed not available
- Other group facility not available
- Lack of housing
- Lack of access to outpatient services

d. Patient or family delays

- Patient non-adherence to plan of care/refusal of placement
- Lack of consent/cooperation by decision-maker (e.g., parent or legal guardian)
- Delay due to patient criminal legal involvement

13. Did any of the following patient characteristics contribute to this delay? **SELECT ALL THAT APPLY**

- Developmental disability or autism
- Traumatic brain injury
- Dementia or specific cognitive impairment
- Physical disability
- History of 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)
- Homelessness or housing insecurity
- Other (please specify): _____
- None of these characteristics are contributing to this delay

14. End date **for this reason** that the patient could not be discharged, admitted, or transferred:

Date: _____ Time: _____

15. When was the patient transferred or discharged? Date: _____ Time: _____

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

- Inpatient medical unit at this hospital [Go to Q17]
- Inpatient medical unit at another hospital [Go to Q17]
- Inpatient psychiatric unit at this hospital [Go to Q17]
- Inpatient psychiatric unit at another hospital [Go to Q16a]
- PRTF facility [Go to Q16a]
- Locked IRTS facility [Go to Q16a]
- Unlocked IRTS facility [Go to Q16a]
- Nursing home [Go to Q17]
- Chemical dependency treatment [Go to Q17]
- Child or adult foster care [Go to Q17]
- Group home [Go to Q17]
- Crisis home/crisis bed [Go to Q17]
- Other residential or group facility [Go to Q17]
- Home with support services [Go to Q17]
- Left against medical advice [Go to Q17]
- Other (please specify): _____

16a. If the patient is being discharged to an inpatient psychiatric unit, PRTF, or IRTS: How many total locations of this type of facility did you have to contact to locate this bed? _____

17. Please provide any additional context you think would be helpful in understanding this patient's experience:
