

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

Hospital Name: \_\_\_\_\_

## Minnesota Department of Health Mental and Behavioral Health Data Collection: Inpatient

1. Where was this patient admitted from?
  - Emergency department of this hospital
  - Medical unit of this hospital
  - Emergency department or medical unit of outside hospital
  - Transfer from a hospital bed from an outside hospital
  - Temporary shelter program/homeless shelter
  - Nursing home
  - Court/law enforcement
  - Clinic or physician's office
  - Other: \_\_\_\_\_
2. Is this patient a Minnesota resident?  Yes  No
3. Patient zip code: \_\_\_\_\_  Patient has no permanent address
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. Was this patient admitted:  Voluntarily  Involuntarily  72-hour hold
10. Has this patient been admitted to inpatient care at this hospital in the past 6 months?  Yes  No
11. When was this patient admitted for inpatient care on this unit? Date: \_\_\_\_\_
12. What is the start date for this discharge delay reason? Date: \_\_\_\_\_

13. Reason a delay in discharge - **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 bed
- 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**

- State psychiatric hospital bed unavailable at AMRTC
- State psychiatric hospital bed unavailable at Minnesota Security Hospital
- State psychiatric hospital bed unavailable at a CBHH
- ABHS Willmar bed not available
- Child/Adolescent Psychiatric Residential Treatment Center (PRTF) bed not available
- Hospital bed not available/delay in transfer to medical bed (awaiting accepting MD decision)
- 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

14. 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

15. End date for this **reason** that the patient could not be discharged: Date: \_\_\_\_\_

16. End date for inpatient care: Date: \_\_\_\_\_

17. Where was this patient transferred or discharged to?\*

- AMRTC [Go to Q18]
- Minnesota Security Hospital [Go to Q18]
- CBHH [Go to Q18]
- Inpatient unit at another hospital [Go to Q17a]
- PRTF [Go to Q17a]
- CABHS Willmar [Go to Q18]
- Locked IRTS facility [Go to Q17a]
- Unlocked IRTS facility [Go to Q17a]
- Nursing home [Go to Q18]
- Chemical dependency treatment [Go to Q18]
- Child or adult foster care [Go to Q18]
- Group home [Go to Q18]
- Crisis home/crisis bed [Go to Q18]
- Other residential or group facility [Go to Q18]
- Home with support services [Go to Q18]
- Other (please specify): \_\_\_\_\_

17a. If the patient is being discharged to another inpatient psychiatric unit, PRTF, or IRTS: How many total locations of this type of facility did you have to contact to locate this bed? \_\_\_\_\_

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

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