Study of Behavioral Health Discharge Delays for Emergency Departments & Inpatient Hospital Beds

FREQUENTLY ASKED QUESTIONS

Why are we doing this study?

- As cited in the recent report released by the Minnesota Medical Association (PDF document will open) and cited in the Star Tribune article, emergency department (ED) boarding for behavioral health patients is a significant concern in Minnesota. We recognize that discharge delays cost hospitals and health plans money and are challenging for patients and staff who want to see patients receive care in the best setting for their needs. We also understand the reasons patients experience discharge delays are complex and often result from barriers in systems outside of a hospital's control.
- This study is aimed at developing a better understanding the underlying reasons for discharge delays in both emergency departments and inpatient care. The findings from this study will serve to inform policy and practice within Minnesota's mental health infrastructure – including the evaluation of future expansions in hospital beds.

Can this information be obtained from existing sources?

- Other data sources might provide a partial picture of the overall volume of discharge delays, but do not provide insight into barriers faced by hospital staff and patients experiencing delays.
- While many hospitals track information about discharge delays within their electronic health record (EHR) systems, we are aware that this information varies between hospitals and systems. This makes meaningful aggregation of data difficult. In addition, during our informational webinar held on August 10 for hospital staff, we asked attendees whether they would be able to access the data we are seeking through their EHR systems. Most attendees expressed that there would be greater cost and staff burden in developing a report to capture this data than there would be to implement this time-limited study.

How might hospitals benefit from participating?

- We believe there are several key benefits to hospitals from participating, including:
    1. Better understanding of the challenges staff and patients experience in accessing the optimal level of support in the most appropriate setting
    2. Responding to the increased pressure EDs and inpatient care settings see in patient discharge delays
    3. Ensuring that the experiences of patients are reflected in these statewide findings
    4. Shifting the focus from opportunities only within the hospital systems to opportunities in the overall mental health system
    5. Contributing to information that can be used to inform larger policy and practice changes
    6. Establishing a reliable baseline to better understand the impact of mental health expansion
    7. Estimating necessary capacity in community-based supports to free up space in hospital systems

What is being asked of hospitals in terms of filling out patient data?

- Hospital staff are being asked to complete an online tool for each behavioral health patient experiencing a discharge delay in emergency departments and inpatient units for a minimum of 14 days within a larger 45-day study timeframe.
- This data collection will involve answering a limited number of questions about:
    1. The patient (e.g., demographics, insurance coverage) and the circumstances of their stay (e.g., how and when they arrived in your care)
    2. The start date, end date, reason for the discharge delay, and patient characteristics contributing to the delay
    3. The date and setting for discharge
- The information about the patient and their discharge will only need to be entered once. However, the reasons for their discharge delay may be updated as they change throughout the course of the patient's stay in case multiple reasons for discharge delay related to a specific patient's care emerge.
- To protect confidentiality, names and other identifying information are not collected. Identification numbers will be randomly assigned.
- Hospitals will be asked to provide census information about the behavioral health patients in their care during the study timeframe to serve as the denominator for assessing the proportion of patients and time attributed to a discharge delay.

How much time will it take to enter this information?

- It is estimated to take fewer than five (5) minutes to enter new patient information for the first entry. When updating discharge delay reasons or discharge information, it will take about 1-2 minutes.

How will data collection for 14 days within the 45-day period work?

- The data collection tool will be open for a 45-day period from September 5 through October 20. 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 all hospitals communicate the study timeframe selected prior to starting data collection. We are also asking that each hospital plan to start its data collection on a weekday to ensure there is technical assistance available should any questions arise.

Will the study provide meaningful information if not all providers participate?

- The more hospitals that participate, the richer the data will be. However, even if some hospitals choose not to participate, any information we gather will help to fill important knowledge gaps compared to what is currently available. A strong cross-section of hospitals will allow for high-quality, meaningful information.
- In addition, MDH can furnish individual hospitals with data tables for its specific data, if requested. This information can be used by the specific hospital to inform its planning and advocacy efforts. This will ensure that the information is meaningful at both a local and statewide level.

How does the study overcome potential biases in perceived validity and applicability to the patient population?

- While no study can completely eliminate bias, we are taking measures to minimize bias, including:
    1. Gathering data about **all patients** from participating hospitals experiencing a discharge delay during the study timeframe, rather than a sample of patients, to better understand the population of patients experiencing a delay at a specific point in time.
    2. Minimizing barriers to collecting data to increase the number of hospitals participating and allow staff to better focus on the most essential data needed.
    3. Building data validation into the online data collection tool.
    4. Thorough data cleaning, including applying rigorous and consistent best-practice decisions.
    5. Project staff from Wilder Research providing technical assistance via phone and email throughout the 45-day study period to answer questions about definitions, how to use forms, and submit data.
- Because the data we are collecting will capture key factors about the patients and their care—including their discharge delay—we will be able to explore the data by these characteristics (as sample sizes allow) during analysis. This will allow us to better understand the patient experience in a variety of ways, making this study more relevant to the patient population.

Who is funding this study?

- This study is funded by the Minnesota Department of Health**.**

Who is conducting the research study?

- The Minnesota Department of Health is partnering with Kristin Dillon, PhD, associate director of research, and Miamoua Vang, research associate, at Wilder Research to conduct this study. Kristin has more than 15 years of experience studying mental health systems and has led similar studies in researching reasons for potentially avoidable days (PADs) or discharge delays in inpatient and emergency department behavioral health patients in Minnesota (in 2016 and 2019) and Maryland (in 2019). Miamoua has coordinated several studies assisting providers in a safety-net hospital and clinic systems in the metro area.

How will the findings of the study be shared?

- 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.

For more information about this study, contact Nathan Hierlmaier at the Minnesota Department of Health, Nathan.Hierlmaier@state.mn.us; Kristin Dillon at Wider Research, Kristin.Dillon@wilder.org; or Miamoua Vang, Miamoua.Vang@wilder.org.

Minnesota Department of Health
Health Economics Program
651-201-4520
health.hep@state.mn.us
www.health.state.mn.us/healtheconomics

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