



Massachusetts College of Emergency Physicians

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MACEP Behavior Health Patient Boarding in EDs 2012 Data Collection Project Summary

Project Overview:

All Charts of patients who receive a mental health consultation (either internal or external resource) should be abstracted. This includes patients who are either admitted to an inpatient or observation status, transferred to another psych facility, or discharged.

In addition, all ICD9 290.0 through 319 (mental health and substance abuse codes) shall be collected on those patient who meet the above abstraction criteria.

The study period will commence on January 24, 2012 at 12 midnight (ie Tuesday) and end on February 7, 2012 at 11:59PM. Not included are those mental health patients who were boarding in the site's ED at the commencement of the study (ie arrived prior to January 24th 12 Midnight).

It does include patients who remained in the site's ED after the two week study period that initially arrived during the two week time span. For example, a patient that arrives on February and boards in the ED through February 9th should be included in the data abstraction.

Documentation that may be considered:

Reviewers may use any documentation that occurred while the patient was in the ED to include hospital demographic information page, nursing/physician ED medical record, discharge sheet, tracking board information, consults, EMTALA transfer form and / or other documentation tools/instruments by mental health clinicians.

Sites included in Project:

Baystate Medical Center, Cooley-Dickinson Hospital, UMass Medical Center, Milford Regional Hospital, BIDMC, Quincy, Brockton, Sturdy Hospital, Lawrence General, Lowell Hospital.

Data Collection Elements

Section 1: Basic Information

- Age, gender, race/ethnicity
- Mode of arrival (walk-in, EMS, Police, other)
- Insurance Type
- Date/time of triage
- Date/time med clearance completed
- Date/time of arrival of mental health screening
- Date/time of bed request (after mental health consult is completed)
- Date/time of ED departure

Section 2: Medical Assessment and Treatment

- What laboratory tests were completed?
- What other diagnostic tests were completed?
- Is there active alcohol abuse?
- Is there active substance abuse?
- Are there any active medical problems?

Section 3: Psychiatric Diagnostic Impression

- What is the final psychiatric Diagnosis?
- What is the ICD 9 Code?

Section 4: Psychiatric and Behavioral Treatment

- Was close observation required?
- Did patient require physical restraints?

Section 5: Disposition

- Was patient placed into observation status while in the ED?
- Was patient transferred to outside psychiatric facility?
- What was the type of facility? (adult, adolescent, geriatric)
- What was the type of admission (inpatient, observation, CSU, daycare)?
- Was the patient admitted to your hospital's psychiatric adult unit as inpatient or observation?
- Was the patient admitted to your hospital's Geri-psych unit?
- Was the patient admitted to a substance abuse facility?
- Was the patient discharged? What was the patient's discharge disposition?

Section 6: Miscellaneous

- What was the type of primary mental health evaluator? (In-house resident psychiatrist, in-house psychiatric social worker or nurse, in-house attending psychiatrist, ESP, In-house clinical psychologist, outside contracted mental health clinician non state ESP.)
- Was there a secondary mental health evaluator? (if yes, indicate type)

Section 7: Past Medical History

- Indicate the patient's past medical history.
- List the patient's past/current social history?
- Did the patient have a previously arranged bed at a receiving facility?