



# Transfer and Discharge Delays for Behavioral Health Patients at Minnesota Hospitals

Presentation to the Acute Care Transitions Advisory Council on July 15, 2024

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# Presentation overview

- Introduction, background, and purpose of study
- Data collection, limitations, and key findings
- Questions

- Behavioral health patients must wait in hospital emergency departments or inpatient units for days, weeks, or even longer
- This causes stress for patients, family members, and hospital staff
- Solving these stubborn issues will only happen when we understand **where breakdowns in the system occur**— particularly when multiple settings are involved in crisis, stabilization, and treatment

- MHA/Wilder Report – 2016 Data Collection Pilot
- Wilder Study in Maryland in 2017 as well as MHA/Wilder conversations in 2019
- Five MDH hospital public interest reviews related to inpatient mental health expansions in five years (2017-2022)

# Legislative charge

- Legislation in 2022 temporarily lifted the state moratorium on hospital beds for expansions in inpatient mental health services
- MDH was tasked with monitoring the new Acadia Healthcare/Fairview Health Services mental health hospital and any other new expansions
- MDH must also develop a legislative report on access and quality of inpatient mental health services to be delivered to the 2027 Legislature

# Data Collection and Limitations

# Study participation

- MDH directly invited 128 MN hospitals to participate in this voluntary study
- 34 hospitals agreed to devote staff time in the fall of 2023 to collect data
- The study sample covered all geographic regions, but some more than others (Northeast MN & Twin Cities Metro)

Geographic Region of Minnesota	Participating hospital percent of behavioral health ED discharges from that region	Participating hospital percent of behavioral health IP discharges from that region*
Central	21.0%	28.5%
<b>Metro (Twin Cities)</b>	<b>82.2%</b>	<b>58.1%</b>
Northeast	60.4%	58.7%
Northwest	34.6%	8.5%
South Central	2.2%	18.4%
Southeast	2.0%	10.9%
Southwest	29.8%	38.8%
West Central	10.9%	7.0%

Source: Minnesota Department of Health analysis of hospital discharge data from 2022.

\*These figures exclude PrairieCare and are therefore likely higher, particularly in the Twin Cities.

# Study sample

- Data collected for a 14-day period between September 5, 2023, through October 20, 2023, selected by each hospital
- Information was collected on *delayed* patients only
  - ED – four-hour delay after decision is made where they should receive care (Standard LD.04.03.11; The Joint Commission, 2013)
  - Inpatient stabilized and ready to be discharged



# What was tracked in the study?

Admission  
characteristics

Patient  
demographic  
characteristics

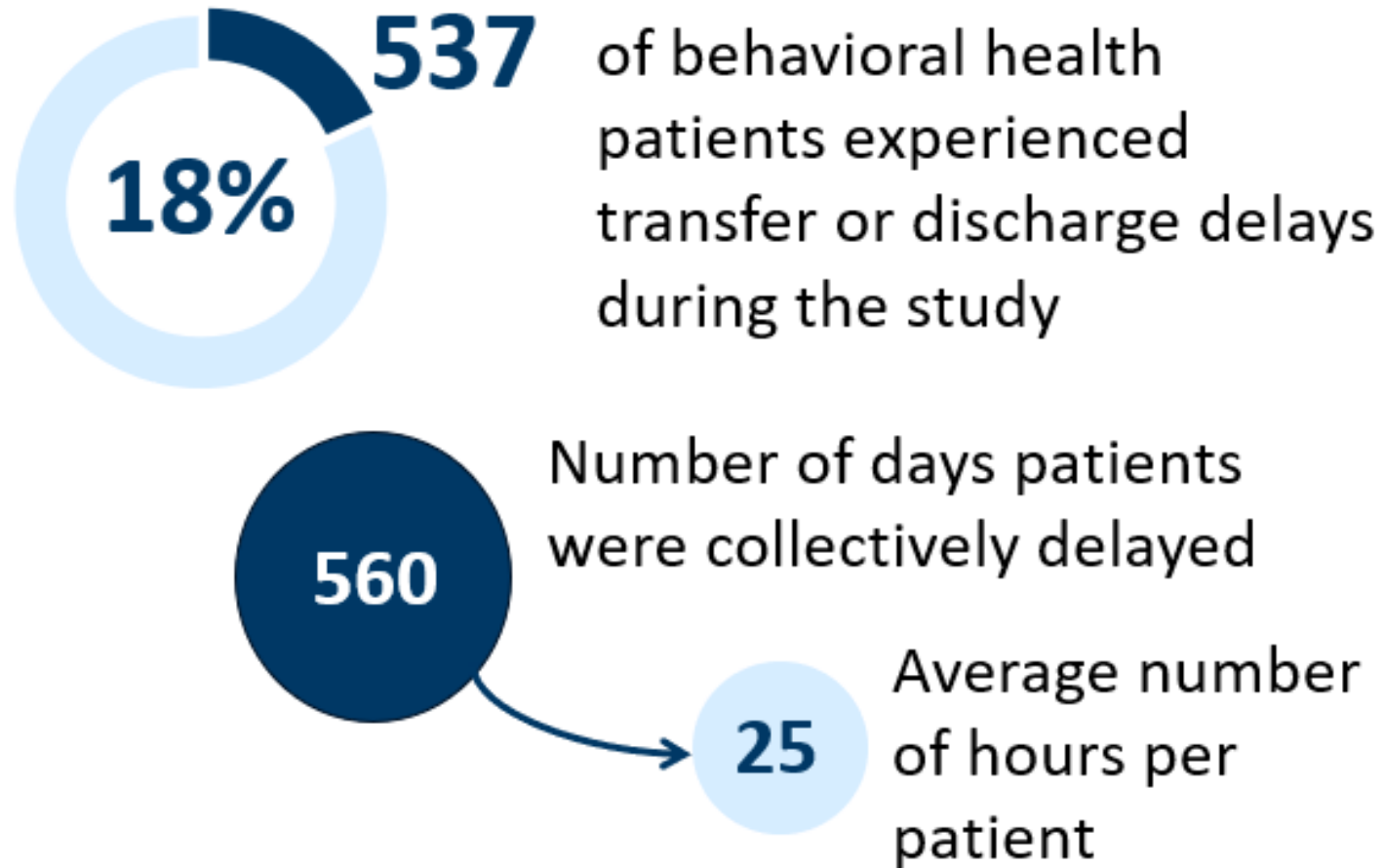
Reason for delays

Patient  
characteristics  
contributing to  
delays

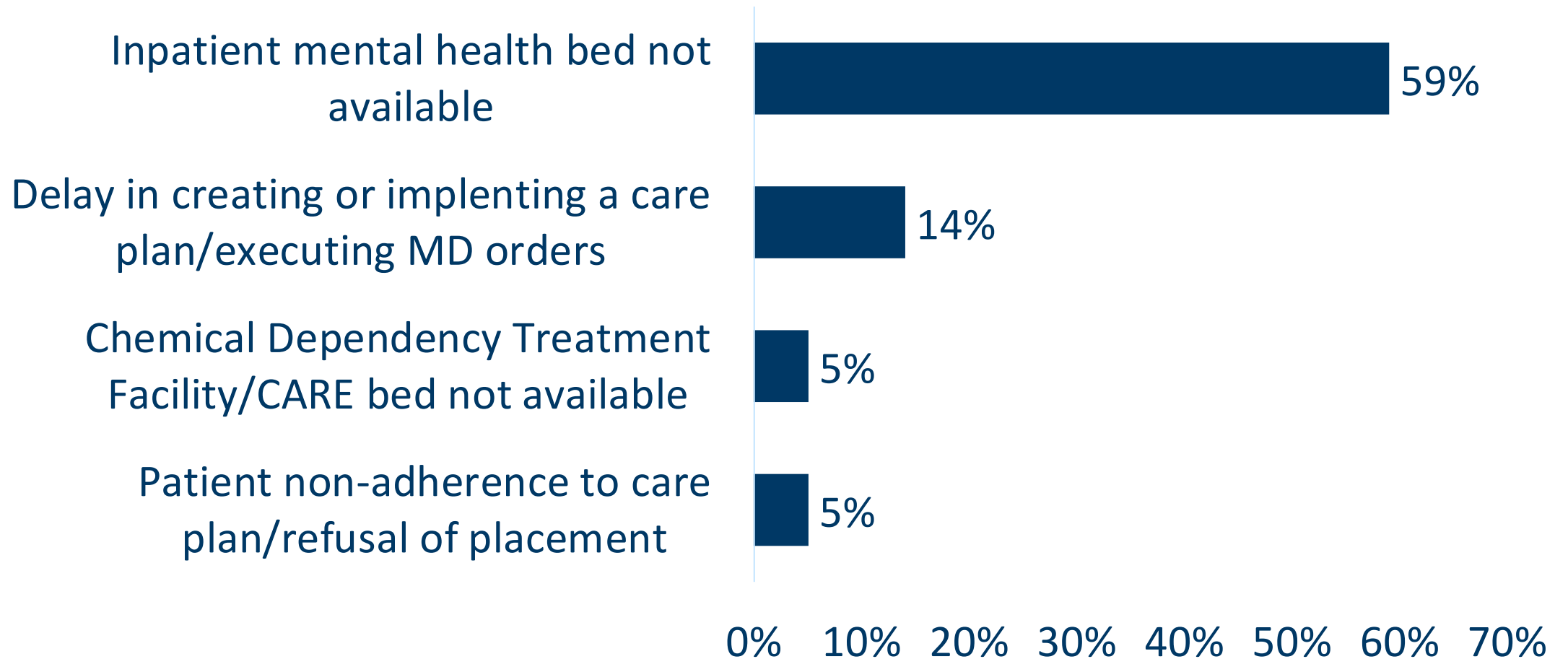
Discharge  
information  
(destination)

## Key Findings – ED Boarding

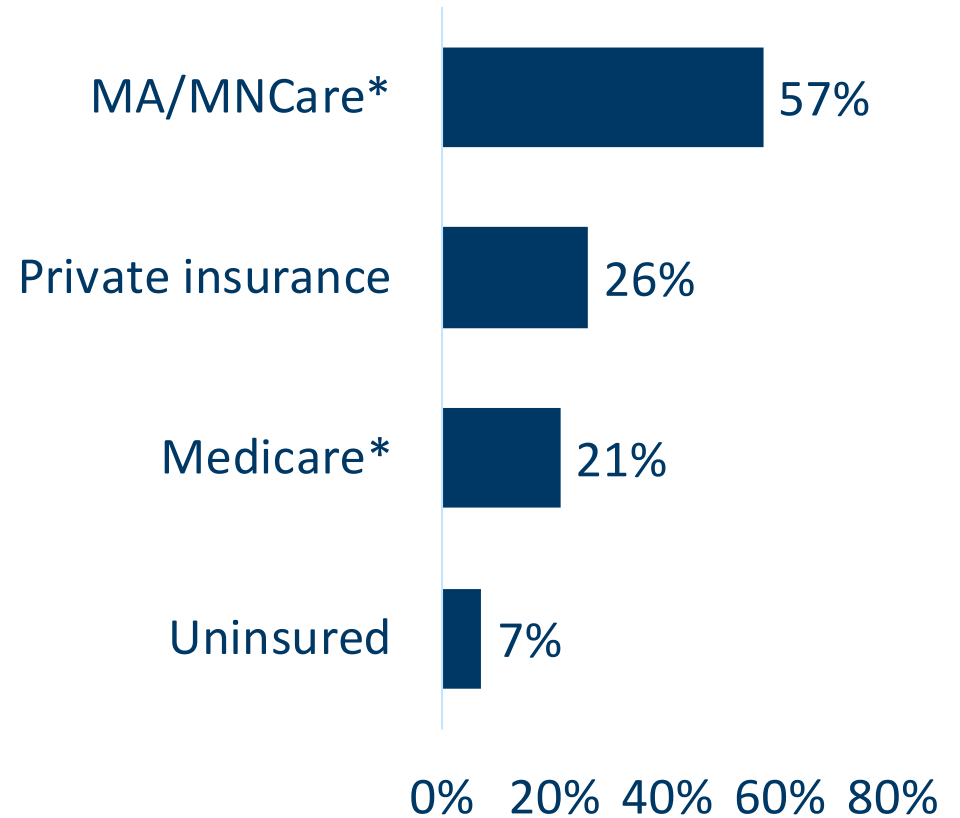
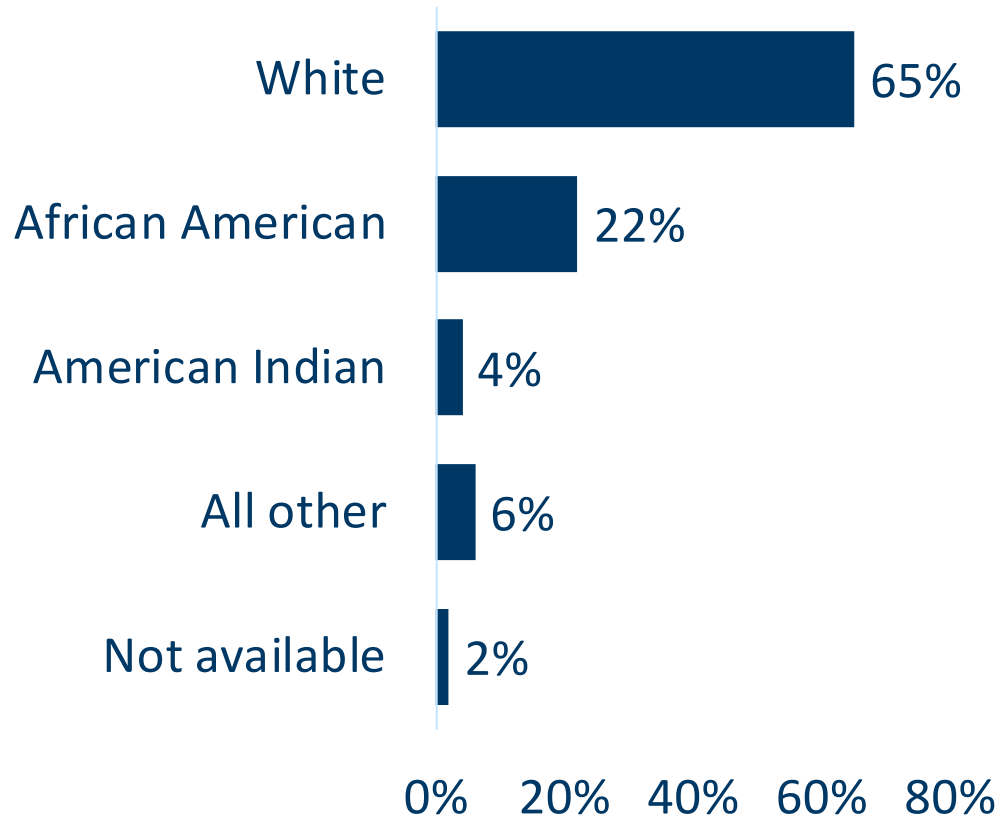
# Emergency department boarding rate results



# Top reasons for emergency department boarding



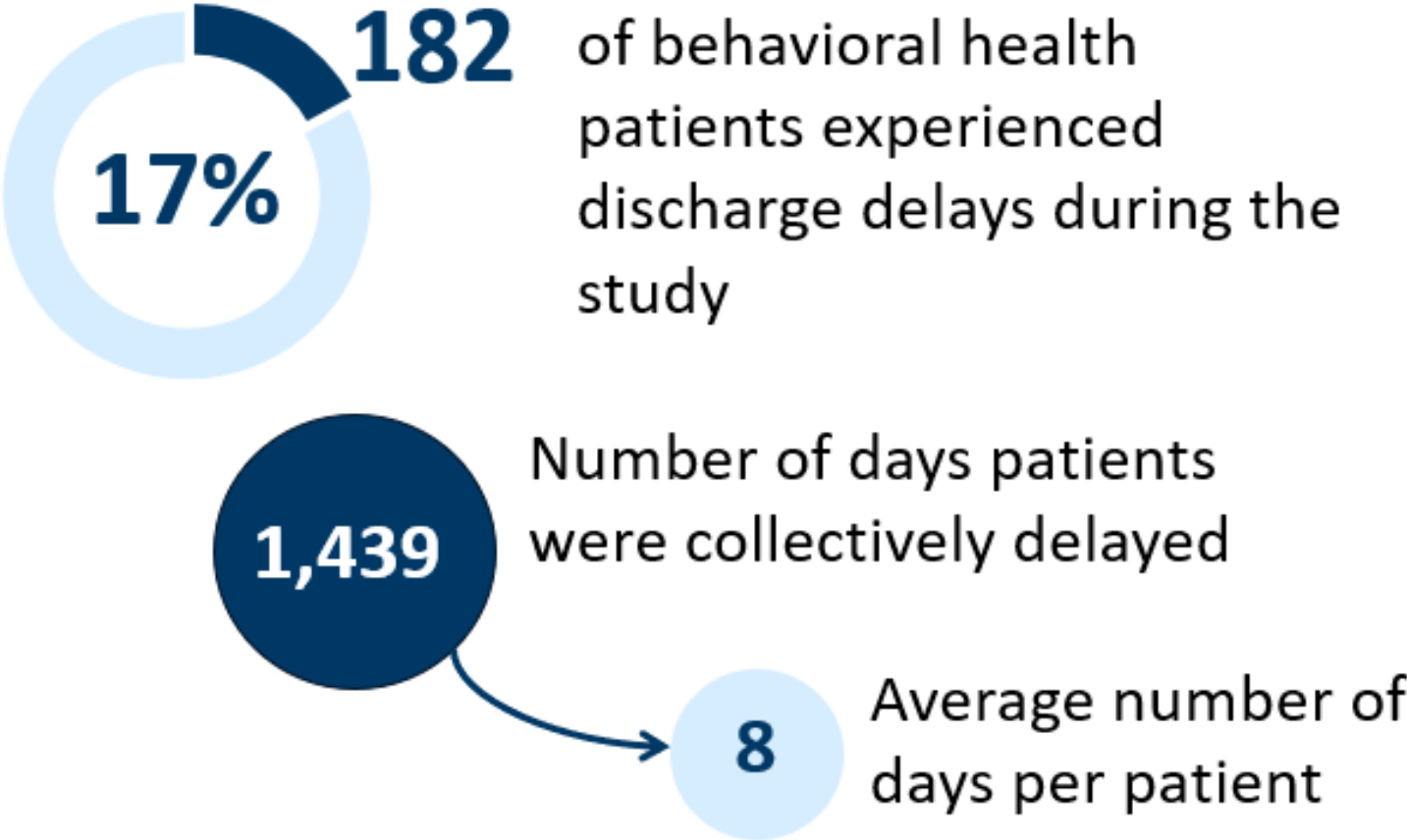
# Demographics of ED boarding patients



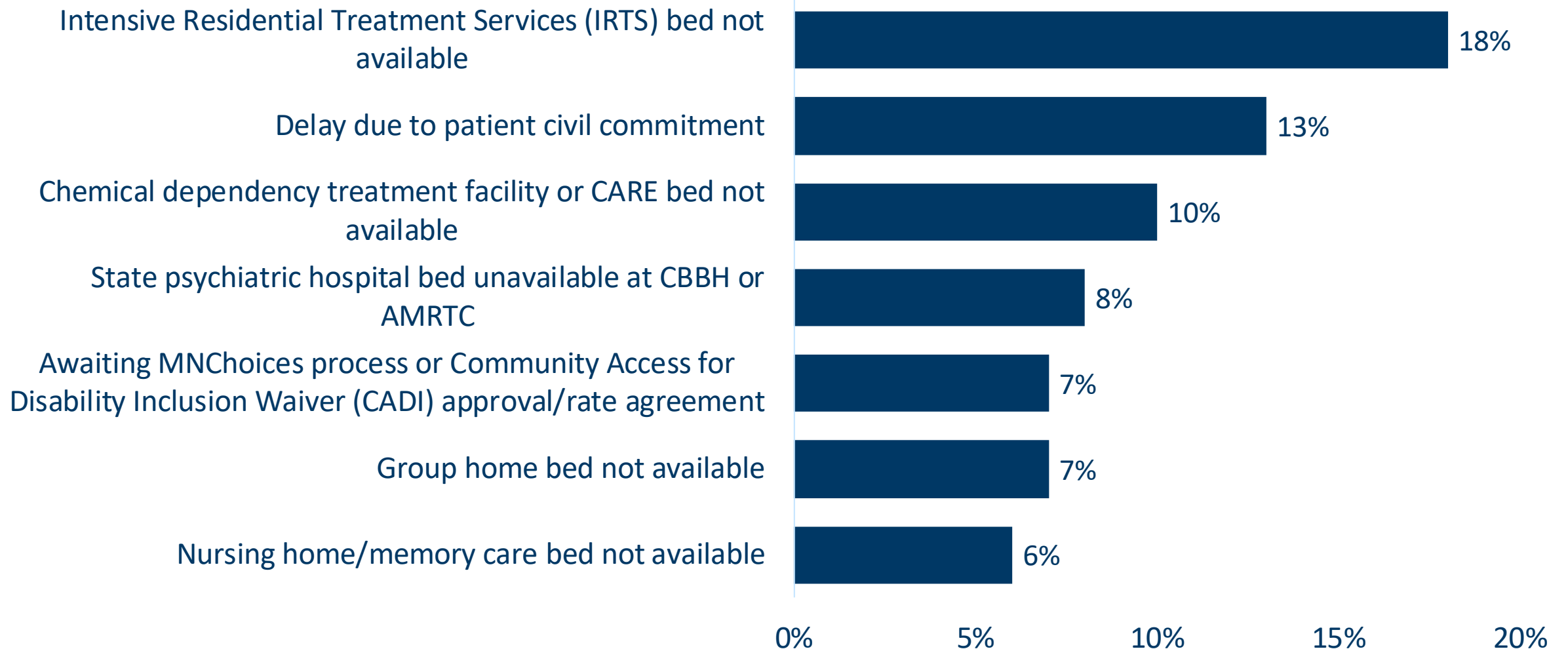
\*Includes pending.

## Key Findings – Inpatient Discharge Delays

# Inpatient discharge delay rates

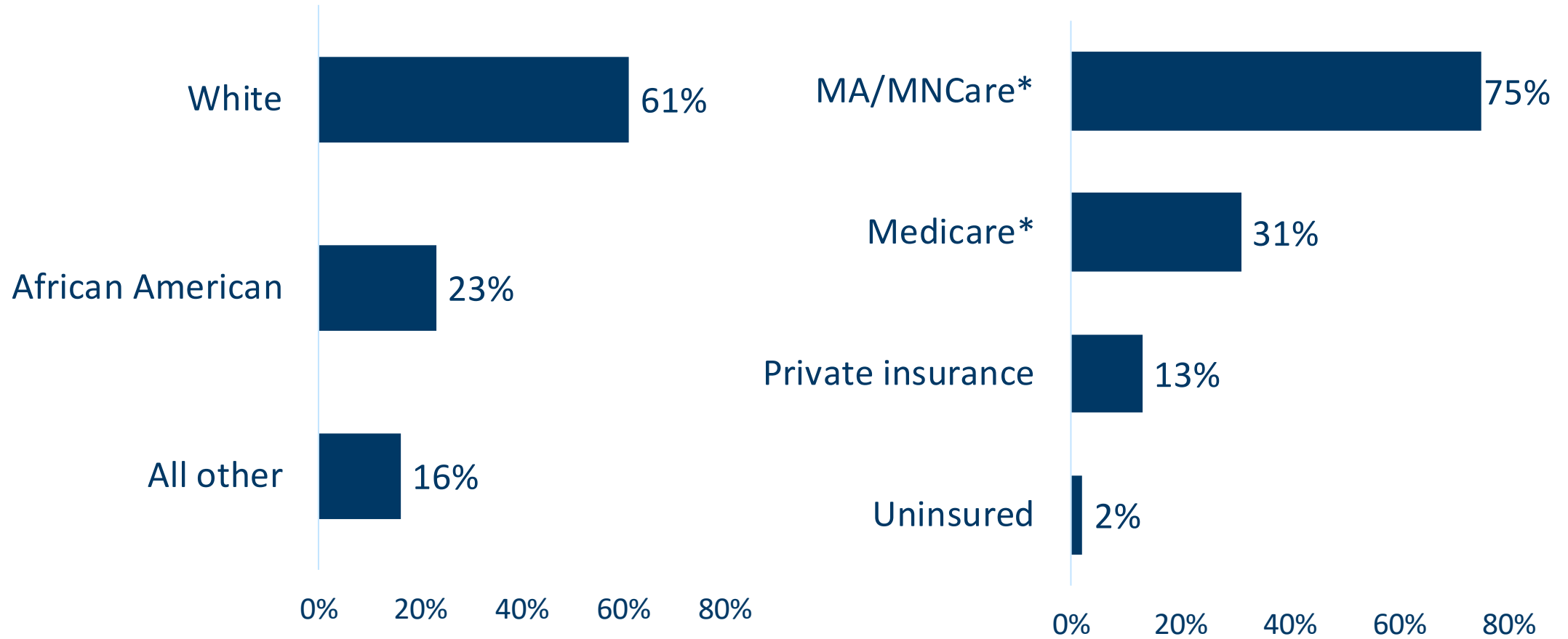


# Top reasons for inpatient discharge delay





# Demographics of inpatient discharge delay patients



\*Includes pending.

# Implications

# Delays impacted hundreds of patients in just two weeks from a subset of Minnesota hospitals

- Many of the same top reasons are consistent with findings from a similar study in 2017
- There was some variation:
  - lack of nursing home or memory care beds were more frequent, and
  - lack of CBHH beds was less common
- Administrative delays are largely similar and offer areas to focus streamlining for improvements

# The most common reasons were lack of safe settings

- The lack of beds at inpatient mental health units were a major issue for ED boarding
- Likewise, the lack of residential treatment (IRTS/PRTF/CD & CARE) beds were the main reasons for IP discharge delays
- In just 14 days, 311 fewer unneeded ED boarding days and 404 fewer unneeded IP days that could have been avoided with adequate beds in both inpatient and community-based care

# Certain patients had characteristics potentially causing delays in both settings

- Younger patients with a longer duration of delay had a history of behavioral issues or dysregulation
- Adults with longer duration of delays had substance use disorders
- Some patients with complex health needs (e.g., dementia, TBI, and physical disabilities) were also less frequent but had much longer duration of delays

# Specific groups are experiencing delays more than others

- African American or African-born patients were disproportionately represented relative to the share of population
- Most patients experiencing delays were covered by Medical Assistance and MinnesotaCare
- The recent DHS rate report offers ideas for potential improvements for community-based care payment changes

# Next steps

- Report release on July 15, 2024
- Discuss need, and plan for, additional data collection
- Continue preparation of 2027 report on access and quality

Questions?



**Thank you.**

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