

## CHA Discharge Delays Survey Instruction:

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### 1. What is the aim of this survey?

The aim of this survey is to collect information about delays in patient care transitions and discharges and their impact on your hospital. These aggregate data will support and inform CHA's advocacy on this longstanding issue.

### 2. How is this survey structured?

The survey is broken into three sections:

- Emergency Departments (EDs)
- General Acute Care Hospitals (excluding psychiatric units)
- Acute Psychiatric Hospitals/Acute Psychiatric Units

Each section has its own set of questions. Each hospital will complete one, two, or all three sections, depending on your hospital's mix of services. Once you complete the survey, it will return you to the beginning so you can select another section to complete, if applicable to your hospital.

### 3. Who should complete the survey?

Because the survey addresses three distinct areas (acute care, ED, psychiatric unit), completing it may require the input of more than one person, including the director of case management, ED director, and/or the director of the psychiatric unit. CHA

recommends that you consult your director of case management to determine who would have access to the requested information.

### 4. How do you define discharge delays?

Patients with discharge delays are those who are ready for discharge from their current setting of care but are delayed because of a non-medical reason such as lack of access to the necessary next level of care, lack of payer authorization, etc.

### 5. Which patients should I report?

The criteria for reportable delays will vary based on care setting:

- Emergency Department: **Greater than four "boarding hours."** Boarding hours are the hours the patient remains in the ED awaiting inpatient admission or discharge to another level of care.
- General Acute Care Hospitals (excluding psychiatric units): **Greater than three "avoidable" days after the preferred date of discharge.** Avoidable days are the days a patient spends in your hospital after they no longer require acute hospital care and are awaiting transfer to a skilled-nursing facility, community setting, or other non-hospital setting.
- Acute Psychiatric Hospitals and Acute Psychiatric Units: **Greater than one extra day after preferred date of discharge.**

**6. What day do I use to collect the data when the question says, “as of today”?**

If today’s data is not available, please pick any day from the past week.

**7. What period do I use to collect the data when the question says, “during the prior month”?**

If June’s data is not available, please use May’s data.

**8. Do I need to respond to every section?**

No. Only complete the section(s) relevant to your hospital. For example, if you are a general acute care hospital with an ED and no psychiatric unit, you will only complete two of the three sections.

**9. When is the survey due?**

CHA is requesting one point-in-time data response from each hospital, due July 21.

**10. Will there be another round of data collection?**

Currently, we do not have plans to repeat this survey. This is your opportunity to share your data on discharge delays.

**11. Will my hospital or health system name be shared?**

No. We will not be sharing hospital-specific identification information in our advocacy efforts. Additionally, we will not be collecting protected patient information.

**12. Are you including patients who are uninsured?**

Yes

**13. Who can I contact if I have questions or need clarification?**

Alenie Reth at areth@calhospital.org