

Online supplements to:

Poole R, Pearsall A, Ryan T. Delayed discharges in an urban in-patient mental health service in England. *Psychiatric Bulletin* doi: 10.1192/pb.bp.113.043083

Online supplement 1 - **Delayed Discharge Project Data Collection Proforma**

Online supplement 2 - **Care coordinator questionnaire: Delayed Discharge Project**



8 = less than once per 3 month  
9 = no contact

**Type of contact by Care Coordinator**

- 1 = Solely or mainly face to face
- 2 = Solely or mainly phone
- 3 = Roughly equal

**How many consultant changes during the admission**

**How many CPA care coordinator changes during the admission**

**How many ward changes during the admission**

**Risk behaviours**

1 = yes, 2 = no, 3 = not known

	Past risk	Current risk
Self-harm	<input type="checkbox"/>	<input type="checkbox"/>
Self-neglect	<input type="checkbox"/>	<input type="checkbox"/>
Exploitation	<input type="checkbox"/>	<input type="checkbox"/>
Harm to others	<input type="checkbox"/>	<input type="checkbox"/>
Victim of any abuse	<input type="checkbox"/>	<input type="checkbox"/>
Threats to others	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>
Other risk (specify)	<input type="checkbox"/>	<input type="checkbox"/>

**Is it appropriate for the person to be on the ward at time of review?**

- 1 = Yes
- 2 = No
- 3 = Don't know (Give reason)

**If "no", where should they be supported?**

- 1 = Ward in the community
- 2 = Care home with nursing
- 3 = Care Home

- 4 = On site supported accommodation
- 5 = Floating support
- 6 = At own tenancy / home with domiciliary care
- 7 = At own tenancy / home with routine CMHT / AOT / EIT support
- 8 = PICU
- 9 = Acute inpatient adult ward
- 10 = Older adult in-patient wards
- 11 = Low secure unit
- 12 = Medium secure unit
- 13 = In a non-mental health bed (specify)
- .....
- 13 = Other

**Is there a clear date where the person was no longer suitably placed on the ward?**

- 1 = Yes
- 2 = No
- 3 = Don't know

**If, so what was the date?**

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**If no clear day identified indicate approximately how long**

**Other professionals involved during the admission (list and describe involvement)**

**Reason for delayed discharge**

- 1 = No suitable placement identified
- 2 = Placement identified but no bed available
- 3 = Care package not in place (e.g. if in own accommodation)
- 4 = Other (specify)

**Type of placement required upon discharge (as identified by reviewers)**

**Has the type of placement been agreed by the MDT?**

- 1 = Yes
- 2 = No
- 3 = Don't know (Give reason)

**Details of placement identified by MDT**

**Current medication (1 = yes, 2 = No)**

Clozapine	<input type="checkbox"/>
Other oral anti-psychotics	<input type="checkbox"/>
Depot anti-psychotics	<input type="checkbox"/>
Lithium carbonate	<input type="checkbox"/>
Other mood stabilisers	<input type="checkbox"/>
Anti-depressants	<input type="checkbox"/>
Anxiolytics	<input type="checkbox"/>
Anti-cholinesterase inhibitors	<input type="checkbox"/>

Other psychotropic medicines

Other psychiatric medications (specify)

Non-psychiatric medications

**Evidence of a strategic treatment plan**

- 1 = Yes
- 2 = No
- 3 = Don't know

**Evidence of a discharge plan**

- 1 = Yes
- 2 = No
- 3 = Don't know

**Describe what is being done to move the person on from the service**

**Does the person experience rapid relapse in mental health?**

- 1 = Yes
- 2 = No
- 3 = Don't know

**Describe any intractable symptoms**

**Other factors inhibiting discharge / transfer**

**What is the person's understanding of the situation? (Do they know the staff believe they should not be on the Ward / Unit?)**

**Any other comments / observations?**

.....  
.....  
.....  
.....

# Care coordinator questionnaire

## Delayed Discharge Project

The Trust has commissioned an independent review of delayed discharges in its acute in-patient wards and PICUs. As part of the review the views of care coordinators are being gathered to provide a fuller picture of the issues preventing users being discharged.

No user or staff member will be identified in the report provided to the Trust and its commissioners. Please return a completed proforma for each user you are care coordinator for who has been identified as falling into the 'review group'. Once completed the proformas should be returned to XXXX at: XXXX by the **5th February at the latest**. Your name will then be removed prior to sending the proforma to the Review Team.

The census day for the review was the **8<sup>th</sup> January 2010** therefore your responses will need to reflect the situation on that day (i.e. if they have now been discharged, answer anyway). Please complete each of the questions as fully as you can. Place a number in the box that most accurately reflects your response and write more detailed responses where indicated. The form should take about 10 minutes to complete.

User ID

### Area of Trust the team serves

- 1 = A
- 2 = B
- 3 = C
- 4 = Other (specify):

### In-patient unit the users is placed

- 1 = North
- 2 = Central
- 3 = South
- 4 = Other (specify):

### Length of time known to the user as CPA Care Coordinator

- 1 = Less than 4 weeks
- 2 = 1 – 3 months
- 3 = 4 – 6 months
- 4 = 7 – 12 months
- 5 = between 1 and 2 years
- 6 = more than 2 years

**Working clinical diagnosis as far as you are concerned:**

### Your average frequency of face to face contact with user during their stay

- 1 = Daily
- 2 = three times a week or more but less than daily
- 3 = twice a week
- 4 = weekly
- 5 = fortnightly
- 6 = monthly
- 7 = less than monthly
- 8 = never

**How many reviews have been held with yourself and the in-patient MDT whilst the user has been in hospital?**

### How much longer do you anticipate it will be before the user is discharged?

- 1 = within a week
- 2 = within two weeks
- 3 = within one month
- 4 = within two months
- 5 = within three months
- 6 = cannot say as it is impossible to estimate

### What factors have contributed to the 'delayed discharge' – please rank from the list below **only** those that apply (i.e. 1 = most important fact, 2 = second most important factor, etc)?

- Lack of appropriate move on accommodation .....
- Lack of effective MDT working by my team .....
- Move on identified but awaiting funding decision .....
- Treatment resistant disorder that cannot be expected to improve .....
- Use of drugs/alcohol .....
- Risk behaviours are such that the user is effectively impossible to place .....
- Lack of continuity of care .....
- Other factor (specify):
- Other factor (specify):

**Please details any factors that in general prevent patients getting discharged to appropriate settings?**

**Please describe up to three measures that would hasten users getting the services they need**

(1)

(2)

(3)

**Are there any different features you are aware of between people who have been identified as a 'delayed discharge' and those who are not been identified as such but have long periods of admission on the acute in-patient wards (e.g. 80 days or more)?**

**Please place X in the box below which most accurately reflects your view of the following statement:**

*“XX has modern services that effectively meet the needs of its service users who have long term and complex needs”*

Agree Very	Agree	Disagree	Disagree Very
Strongly	Strongly	Strongly	Strongly
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Finally, please provide an overview of the case from your perspective and why you feel the user remains in an in-patient ward?**

**Many thanks for your help with the review**

**The Trust will share details of the outcomes with its staff**