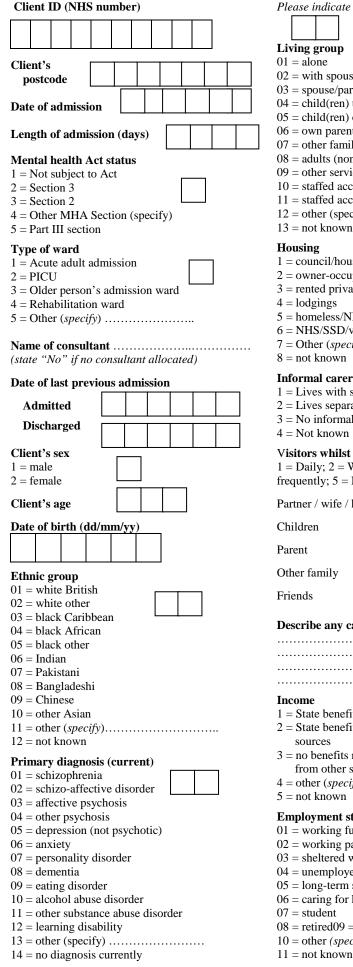
Online supplements to:

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

Delayed Discharge Project Data Collection Proforma



Secondary diagnoses (current)

Please indicate any secondary diagnoses											
Living group											
01 = alone 02 = with spouse/partner											
03 = spouse/partner and child(ren) under 18											
04 = child(ren) under 18 only											
05 = child(ren) over 18 06 = own parents											
07 = other family											
08 = adults (non-family) 09 = other service users (non-family)											
10 = staffed accommodation (full-time)											
11 = staffed accommodation (part-time)12 = other (specify)											
13 = not known											
Housing											
1 = council/housing association 2 = owner-occupied											
3 = rented privately											
4 = lodgings 5 = homeless/NFA											
6 = NHS/SSD/voluntary/Indep provider											
7 = Other (<i>specify</i>) 8 = not known											
Informal carer											
1 = Lives with service user											
2 = Lives separately 3 = No informal carer											
4 = Not known											
Visitors whilst in hospital											
1 = Daily; 2 = Weekly; 3 = Monthly; 4 = Less frequently; 5 = Never; 6 = Don't know											
Partner / wife / husband											
Children											
Parent											
Other family											
Friends											
Describe any carer involvement in the MDT											
1 = State benefits only											
2 = State benefits & income from other											
sources $3 = $ no benefits received, all income											
from other sources											
$4 = \text{other } (specify) \dots$ 5 = not known											
Employment status											
01 = working full-time											
02 = working part-time 03 = sheltered work											
04 = unemployed 05 = long term sick											
05 = long-term sick 06 = caring for home/family											
07 = student											
08 = retired09 = working permitted hours 10 = other (<i>specify</i>)											

CPA level at current time

1 = On CPA 2 = Not on CPA 3 = Under assessment / awaiting allocation
Does the person have a learning disability that makes placement difficult? 1 = Yes 2 = No 3 = Don't know Does the person have a Personality Disorder that makes placement difficult? 1 = Yes 2 = No 3 = Don't know
Does the person have a co-existing substance misuse problem with: l = yes, 2 = no, 3 = not known 1 = Cannabis
2 = Cocaine
3 = Amphetamines
4 = Alcohol
5 = Other substances (specify)
Are any specialist tools used to assess and / o manage? (1 = Yes 2 = No 3 = Don't know)
Learning disability
Personality disorder
Alcohol misuse
Substance misuse
Is the person subject to S.117: 1 = Yes 2 = No 3 = Don't know Is the person subject to S.25? 1 = Yes 2 = No
3 = Don't know
Is the person subject to a CTO? 1 = Yes
2 = No 3 = Don't know
Length of time known to mental health services 1 = Less than 4 weeks 2 = 1 - 3 months 3 = 4 - 6 months
4 = 7 - 12 months 5 = between 1 and 5 years 6 = more than 5 years 7 = not known
Frequency of contact with the CPA Care Coordinator during admission (<i>indicate nearest average</i>) 1 = more than once per day 2 = daily
3 = less than daily, at least 3 times per week 4 = once per week 5 = once per fortnight 6 = once per month

7 =less than once per month

8 = less that	in once per	3 month
9 = no con	act	

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 cha	anges du	ring the admission										
Risk behaviours 1 = yes, 2 = no, 3 = r	Past	n Current risk										
Self-harm	risk											
Self-neglect												
Exploitation												
Harm to others												
Victim of any abuse												
Threats to others												
Arson												
Other risk (specify)												
T. 14	4											

Anxiolytics Anti-cholinesterase inhibitors

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

w	aı	u	a
1	=	Y	es

2	_	No
4	_	TNO

3 = Don't know (Give reason)

.....

If "no", where should they be supported?

1	=	W	ard	in	the	co	mn	nunity

- 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

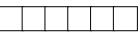
13 = In a non-mental health bed (specify)

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?



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 $4 = O$ ther (specify)
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
Other oral anti-psychotics
Depot anti-psychotics
Lithium carbonate
Other mood stabilisers
Anti-depressants

Other psychotropic medicines abiotria nadiaati

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Other psychiatric medications (specify)		
Non-psychiatric medications Evidence of a strategic treatme 1 = Yes 2 = No 3 = Don't know	ent pl	an
Evidence of a discharge plan		
1 = Yes		
2 = No		
3 = Don't know		
Describe what is being dome to person on from the service) mov	ve the
Does the person experience rap mental health? 1 = Yes 2 = No 3 = Don't know	pid re	alapse in
Describe any intractable symp		
		•••
Other factors inhibiting discha	-	

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

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Any other comments / observations?

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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 8th 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	How much longer do you anticipate it will be before the user is discharged?	
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):	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 <u>only</u> those that apply (i.e. 1 = most important fact, 2 = second most important factor, etc)?	
4 = Other (specify): Length of time known to the user as CPA Care Coordinator	Lack of appropriate move on accommodation	
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 yearsWorking clinical diagnosis as far as you are concerned:	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	
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?	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?	
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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 accu "XX has modern services that effectively meet the na complex needs"	rately reflects your view of the following statement: eeds of its service users who have long term and				
Agree Very Agree Strongly Strongly Agree	Disagree Disagree Very Disagree Strongly				
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