#### MENTAL HEALTH BOARDER STUDY

# **Data Abstraction Form**

(SITE SPECIFIC)

Reviewer's Initials \_\_\_\_\_

1.	Site: XXX						
2.	Subject number: (XXX)						
3.	Age: (XXXyrs)						
4.	Sex:	O Male		O Female			
5.	Race/Ethnicity:	O White	O Black	O Hispanic	O Asian		
		O Other:	O American Indian	O Not documented			
6.	Mode of arrival:	O Walk in/autom	obile	O Police	O No record		
		O EMS					
7.	<b>Insurance</b> : (all that apply)	O Medicaid	O Medicare	O HMO/Commercial	O None/Self-		
		O Mass Health	O Other, specify:		Pay		
8.	Date/time of triage:	/	_/12:m	ilitary time	O No record		
9.	Date/time med clearance com	pleted:			O No record		
	(i.e. mental health consult placed)://12: military time						
10.	Date/time of arrival mental health:      /12       military time       O No record						
11.	Date/time of bed request:				O No record		
	(mental health consult complete	ed)//	12: mili	tary time			
12.	Date/time of ED departure:	/	_/12:n	nilitary time	O No record		
	1				1		

#### **SECTION 1: BASIC INFORMATION**

#### **SECTION 2: MEDICAL ASSESSMENT AND TREATMENT**

13.	Laboratory tests?	O Yes	O No	
14.	If Yes, check all that apply $\rightarrow$	O CBC O BMP O Toxic screen	O BAC O LFT's O Pregnancy test	O Urinalysis O Cardiac panel O Other:
15.	Other diagnostic tests?	O Yes	O No	
16.	If Yes, check all that apply $\rightarrow$	O X-Ray O CT	OEKG	O Other (specify):
17.	Active Alcohol Abuse?	O Yes	O No	O Not documented
18.	Active Substance Abuse?	O Yes	O No	O Not documented

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19.	Active Medical Problem?	O Yes	O No	O Specify:

#### **SECTION 3: PSYCHIATRIC DIAGNOSTIC IMPRESSION**

20.	<b>Final Psychiatric Diagnosis?</b> <i>Check all that apply:</i>	O Depression O Schizoaffective O Psychoses O Not documented	O Suicidality O Adjustment Disorder O Borderline Personality	O Bipolar/Manic O Agitation/Aggression O Other :
21.	ICD 9 Code	Primary:	Secondary:	

### SECTION 4: PSYCHIATRIC AND BEHAVIORAL TREATMENT

22.	Was close observation required?	O Yes	O Not specified
22a	Did Patient require physical restraints?	O Yes	O No

#### **SECTION 5: DISPOSITION**

						1
Was patient placed into		O Yes		O No		
observation status while	in the					
<b>Emergency Dept?</b>						
Was patient transferred	to outside	O Yes		O No		
psychiatric facility?						
If yes, name of psych facil	$ity \rightarrow$					
Location of psych facility	<b>→</b>					
Type of facility?		O Adult	O Adolescent	O Geriatri	ic	
Type of admission?		O Inpatient O Observation O CSU O Day care				
Type of admission:		· ·				
Admitted to your hospital's		O Yes			O No	
or observation?						
(a) If yes, type of admission:		O Inpatient	O Observation	1		
Admitted to your hospital's geri-		O Yes			O No	
<b>psych unit?</b> (a) If yes, type of admission:						
		O Inpatient O Observation				
	buse	O Yes			O No	
Discharged?	O Yes		O No			
	observation status while Emergency Dept? Was patient transferred psychiatric facility? If yes, name of psych facil Location of psych facility Type of facility? Type of facility? Type of admission? Admitted to your hospit psychiatric adult unit as or observation? (a) If yes, type of admissi Admitted to your hospit psych unit? (a) If yes, type of admissi Admitted to substance a facility?	observation status while in the Emergency Dept?Was patient transferred to outside psychiatric facility?If yes, name of psych facility →Location of psych facility →Location of psych facility →Type of facility?Type of facility?Type of admission?Admitted to your hospital's psychiatric adult unit as inpatient or observation?(a) If yes, type of admission:Admitted to your hospital's geripsych unit? (a) If yes, type of admission:Admitted to substance abuse facility?	observation status while in the Emergency Dept?OWas patient transferred to outside psychiatric facility?O YesIf yes, name of psych facility →OLocation of psych facility →OType of facility?O AdultType of facility?O Inpatient O OtherAdmitted to your hospital's psychiatric adult unit as inpatient or observation?O Yes(a) If yes, type of admission:O YesAdmitted to your hospital's geri- psych unit?O Yes(a) If yes, type of admission:O InpatientAdmitted to substance abuse facility?O Yes	observation status while in the Emergency Dept?OWas patient transferred to outside psychiatric facility?O YesIf yes, name of psych facility $\rightarrow$ OLocation of psych facility $\rightarrow$ OAdultO AdultO AdolescentType of facility?O AdultO AdolescentType of admission?O Inpatient O OtherO ObservationAdmitted to your hospital's psychiatric adult unit as inpatient or observation?O Yes(a) If yes, type of admission:O Yes(a) If yes, type of admission:O Inpatient O InpatientO Observation(a) If yes, type of admission:O Yes(b) If yes, type of admission:O Yes(c) Inpatient O ObservationO Observation(c) Inpatient Psych unit?O Yes(c) If yes, type of admission:O Yes(c) Inpatient O ObservationO Observation(c) Inpatient Psych unit?O Yes(c) Inpatient O Observation:O Observation(c) Inpatient Psych unit?O Yes(c) Inpatient 	observation status while in the Emergency Dept?       0 Yes         Was patient transferred to outside psychiatric facility?       0 Yes         If yes, name of psych facility →       0 Adult         Location of psych facility →       0 Adult         Type of facility?       0 Adult         Type of facility?       0 Adult         O Deservation O CSU       0 Deservation O CSU         Admitted to your hospital's psychiatric adult unit as inpatient or observation?       0 Inpatient         (a) If yes, type of admission:       0 Yes         Admitted to substance abuse facility?       0 Yes	observation status while in the Emergency Dept?       O         Was patient transferred to outside psychiatric facility?       O Yes       O No         If yes, name of psych facility →       O       Adult       O Adult       O Adolescent       O Geriatric         Type of facility?       O       Adult       O Adult       O Adolescent       O Geriatric         Type of admission?       O Inpatient       O Observation       O CSU       O Day care         Admitted to your hospital's psychiatric adult unit as inpatient or observation?       O Yes       O No         (a) If yes, type of admission:       O Yes       O No         Admitted to substance abuse facility?       O Yes       O No         Admitted to substance abuse facility?       O Yes       O No

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32.	Discharge disposition?	O Home O Nursing home/assisted living	O Residential setting O Safe house	O Other (specify):
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# **SECTION 6: MISCELLANEOUS**

33.	Primary mental health evaluator?	O In-house resident psychiatrist O In-house psychiatric social worker or nurse.	O In-house attending psychiatrist O State mobile screening team (ESP)	O In-house clinical psychologist O Outside contracted mental health clinician (non state ESP) O Other:
34.	Secondary mental health evaluator if applicable?	O Yes	O No/No record	
35.	If Yes, check all that apply $\rightarrow$	O Resident psychiatrist O Psychiatric social worker/Nurse	O Attending psychiatrist O State's Mobile Screening team (ESP)	O Clinical psychologist O Outside contracted mental health clinician (non state ESP) O Other:

# **SECTION 7: PAST MEDICAL HISTORY**

36.	Past medical history?	O COPD	O HTN	O Diabetes
		O Currently Pregnant	O Cardiac	O Other (specify):
		O HIV/AIDS	O None	
37.	Past /current social	O Aggression/Violence	O Incarceration	O Sexual offender
	history?	O Recent psych	O Homeless	
	-	admission (within	O Developmentally	
		one month) or	Disabled	
		three/year	O Insurmountable	
			language barrier	
38.	Did patient have a	O Yes	O No	
	previously arranged bed at			
	a receiving facility?			

XXX