**Hospital CEO Letter of Commitment to Participate in the Behavioral Health Capacity Study**

Terms of Participation:

Hospitals commit to completing a survey for each behavioral health patient, in the study unit or units, who experiences a discharge delay. Hospitals will then submit these surveys to Wilder Research on a weekly basis for the duration of the 90-day study period.

At least one hospital team member should attend and participate in at least one webinar to train discharge planners on the data collection tool. The webinars will be recorded and made available for other team members who cannot participate. The webinars will take place on August 6 and August 7. A link to register will be sent to the team members that you designate. There is also the opportunity to participate in the training in person, on those dates, at the Maryland Hospital Association.

The hospital will identify the project sponsor. The project sponsor will be responsible for overseeing each unit to ensure timely data collection and survey submission. This person will also be responsible for ensuring the data are collected uniformly by all units, if the hospital has multiple units participating.

The hospital should also identify a leader for each unit participating in the study. The unit leader will be responsible for ensuring each staff member who will be part of data collection is trained and understands the requirements of participation.

Project Timeline:

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| --- | --- |
| August 6 - November 4 | Launch* Data collection training webinars Monday August 6 & Tuesday August 7
* Data collection tentatively begins August 8
* Data collection complete early November
 |
| November- December | Data cleaning and data analysis |
| December 31 | Report delivered to MHA |
| Early Session | MHA presents findings to Maryland General Assembly |

**PLEASE RETURN by August 3, 2018 to the Maryland Hospital Association’s Patricia Ross at** pross@mhaonline.org

We will participate in this study to quantify the factors contributing to discharge delays from inpatient hospital settings for behavioral health patients.

Hospital Name

Type or print name of authorizing hospital executive

Signature of authorizing hospital executive

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| --- |
| **Hospital name:** |
| ***BH Capacity Study*  project sponsor name:**  | ***BH Capacity Study*  project sponsor title:** |
| ***BH Capacity Study*  project sponsor e-mail address:** | ***BH Capacity Study*  project sponsor phone:** |
| **Unit name:** |
| **Unit leader name:** | **Unit leader title:**  |
| **Unit leader e-mail address:** | **Unit leader phone:** |

**Additional units (if desired)**

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| --- |
| **Unit 2 name:** |
| **Unit leader name:** | **Unit leader title:**  |
| **Unit leader e-mail address:** | **Unit leader phone:** |
| **Unit 3 name:** |
| **Unit leader name:** | **Unit leader title:**  |
| **Unit leader e-mail address:** | **Unit leader phone:** |