

Safety and Disposition of Behavioral Health Patients during the COVID-19 Pandemic

Elizabeth Poole, PharmD, BCPS; Kierra Hayes, DO; Laura Ruekert, PharmD, BCPP, BCGP

Aim

The purpose of this report is to describe the logistics and barriers related to maintaining safety of all behavioral health patients and coordinating discharge for those who are COVID positive in an inpatient setting.

Background

Quality continuity of care between healthcare settings is essential for safe and successful transitions of care, particularly in behavioral health. The COVID-19 global pandemic further complicated care with rapidly changing local and federal recommendations. Potentially compromising safety concerns became increasingly apparent such as patient non-adherence to personal protective equipment (PPE) policy, the communal structure of the behavioral health milieu, and participation in therapeutic groups.

Barriers Identified for Disposition Planning

- Location
 - Many residential facilities not accepting COVID positive patients or those with comorbid medical conditions
 - Potential for high transmission at homeless shelters
 - Request for negative COVID test prior to placement
- Transportation
 - Increased exposure through public transportation
- Medications
 - Obtaining medications prescribed upon discharge and refills due to increased time to follow up appointments
- Outpatient follow up
 - Many ambulatory clinics closed for in-person visits
 - Timely administration of long-acting injectables
 - Patient access to technology for telemedicine

Safety Procedures

Changes implemented in the behavioral health inpatient setting:

- Negative rapid COVID test prior to admission
- Separate COVID unit for positive COVID tests
- Regular screening questionnaire on units
- Restrictions on outside clothes and non-formulary medications
- No visitors
- PPE (surgical mask or N95, face shields or eye protection in patient care areas)
- Reduced unit capacity
- Tightened admission criteria
- Utilization of telemedicine when possible

Disposition Planning for COVID-19 Positive Patients

Location

- Private residence preferred when safe
- Reserved hotels

Transportation

- Private vehicle preferred
- Facilitate secure ambulance transport if available

Medications

- Increased prescription day supply and refills upon discharge
- Utilize drive through pharmacies

Follow Up

- Utilize virtual visits

Conclusion

Behavioral health patients are often at higher risk of experiencing negative impacts on their mental health and wellbeing due to COVID-19. These patients face unique discharge challenges due to the nature of their illness¹. Discharge planning, which is already an often stressful and difficult time, was made even more so with a global pandemic.

Within our behavioral health setting, those involved in organization of admission and discharge had to adapt and find creative solutions to identified barriers. A collaborative team approach with ample communication throughout an acute inpatient stay and discharge planning process is essential to ensuring optimal outcomes and the safety of patients and the public.

Disclosure

Authors of this report have nothing to disclose regarding possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject of this presentation.

References

1. Geller JL, Abi Zeid Daou M. Special report: patients with SMI in the age of COVID-19—what psychiatrists need to know. *Psychiatric News*. April 7, 2020. <https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2020.4b39>. Accessed January 19, 2021.