

IMPROVING PATIENT CARE TRANSFERS TO A NEW COVID-19+ BEHAVIORAL HEALTH UNIT DURING THE OMICRON SURGE

A Qualitative Analysis and Framework for Collaboration

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Background

- Inpatient CLP teams spend significant amounts of time facilitating transfers of medically stable, general hospital patients in crisis to inpatient psychiatric beds
- This process had been complicated by the COVID-19 pandemic
 - Some psychiatric hospitals had limited ability to care for patients with asymptomatic COVID-19 infection
 - This required asymptomatic COVID+ patients in behavioral health crisis to isolate on general hospital units
- The increasing number of asymptomatic COVID+ patients led our institution to open a new COVID+ psychiatric unit during the 2022 Omicron surge
 - New eligibility screening and improved handoff communications were needed
 - Ensuring appropriate and timely intrahospital transfers was critical

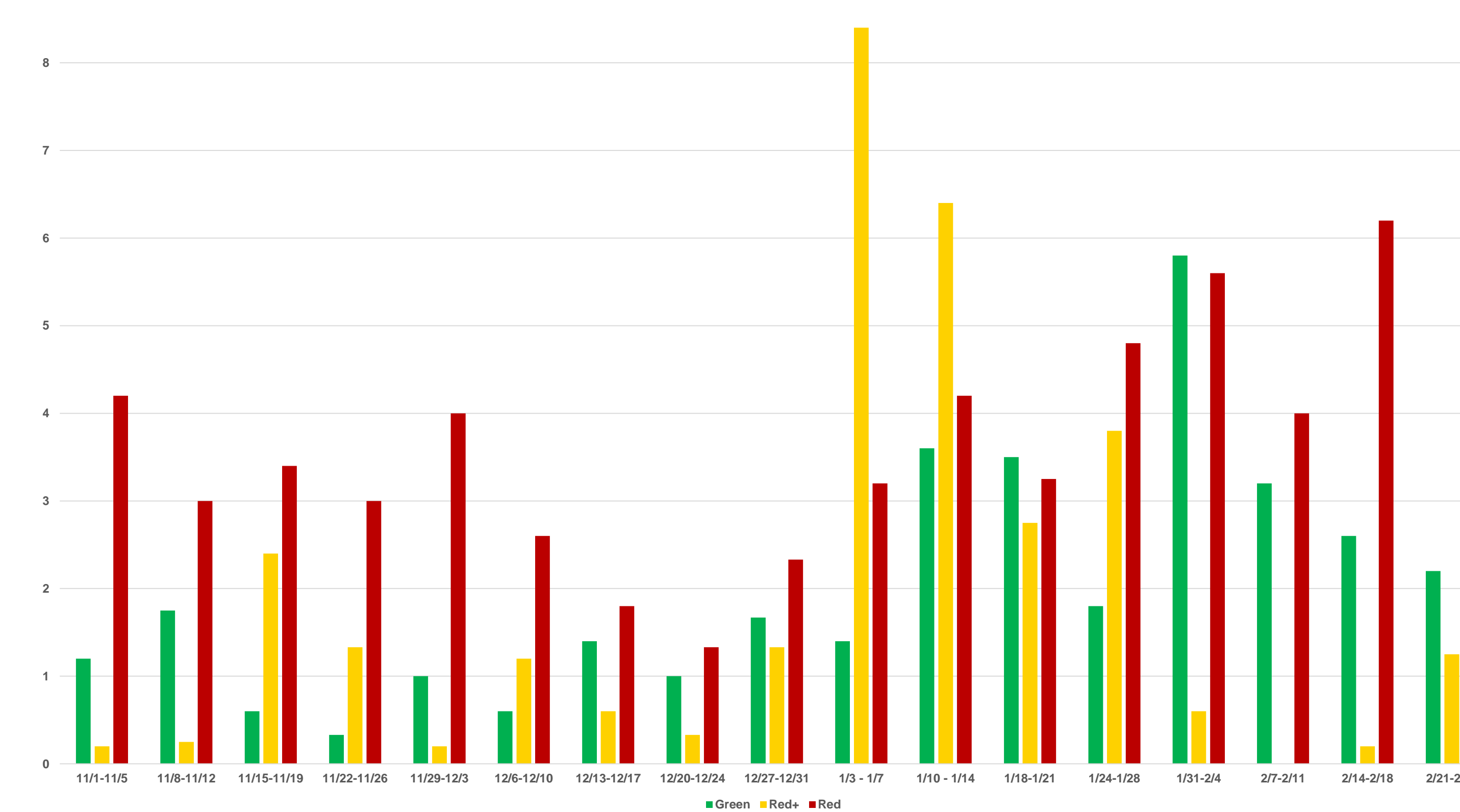
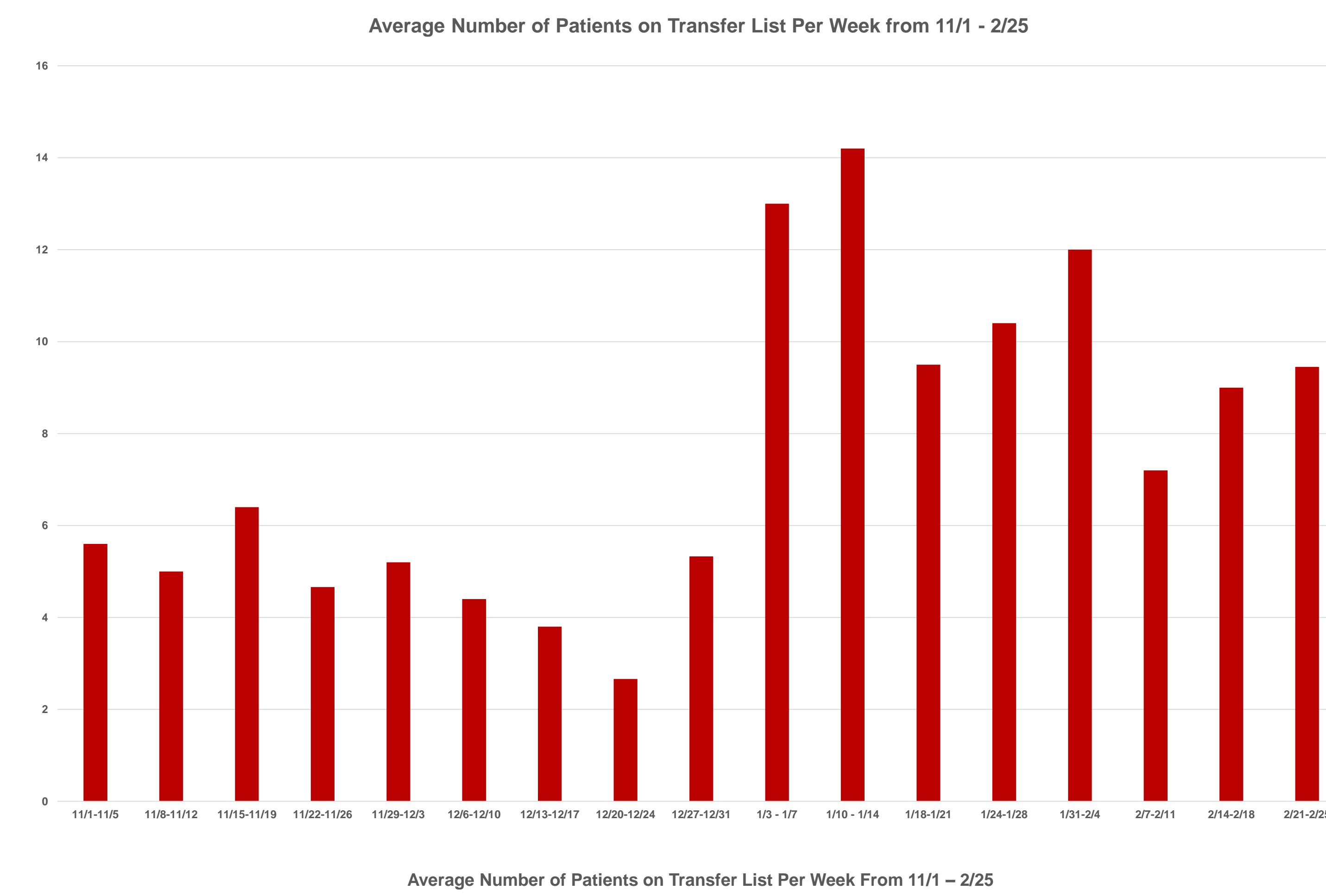
Methods

- We iteratively improved the process and handoff tool by which we collate and communicate the list of patients seeking inpatient psychiatric care
- We collaborated with our social work, nursing, and physician leadership teams, disseminating information supporting the need for creating a COVID+ unit in our medical center's psychiatric hospital
- Consultation interventions, screening procedures, and electronic handoffs were modified to emphasize details about COVID infection and quarantine status, medical risk profile, and transfer eligibility to match the new unit eligibility requirements

| CLP Service Modified Daily Handoff Tool | |
|---------------------------------------------------------|--------------------------------------------------------------------|
| Today's Date (updated daily M-F) | |
| Green: Stable for inpatient psychiatric bed today | |
| Patient Name + | 1. Anticipated Floor/Unit (identified by diagnosis/clinical needs) |
| Referring CLP | 2. Pertinent clinical details |
| Attending | |
| Red + COVID: To be considered for COVID+ inpatient unit | |
| Patient Name + | 1. COVID+ date |
| Referring CLP | 2. Quarantine completion date |
| Attending | 3. clinical status updates/inclusion or exclusion criteria |
| Red: Not medically stable for transfer | |
| Patient Name + | 1. Anticipated Floor/Unit |
| Referring CLP | 2. Pertinent clinical details |
| Attending | 3. Anticipated transfer barriers/integrated care needs |

Results

- Improved patient tracking and transfer communication workflows allowed COVID+ patients meeting specific medical stability criteria to transfer to the psychiatric COVID+ unit prior to completion of the typical full isolation period
- The number of patients boarding in the general hospital while awaiting psychiatric inpatient care fluctuated during our study period
- This number increased significantly, commensurate with the timeframe of the COVID-19 Omicron surge
 - This increase was largely driven by patients with asymptomatic COVID-19 infection
- Barriers included uncertainty about epidemiological procedures, and necessity of tracking and reporting a frequently changing set of data

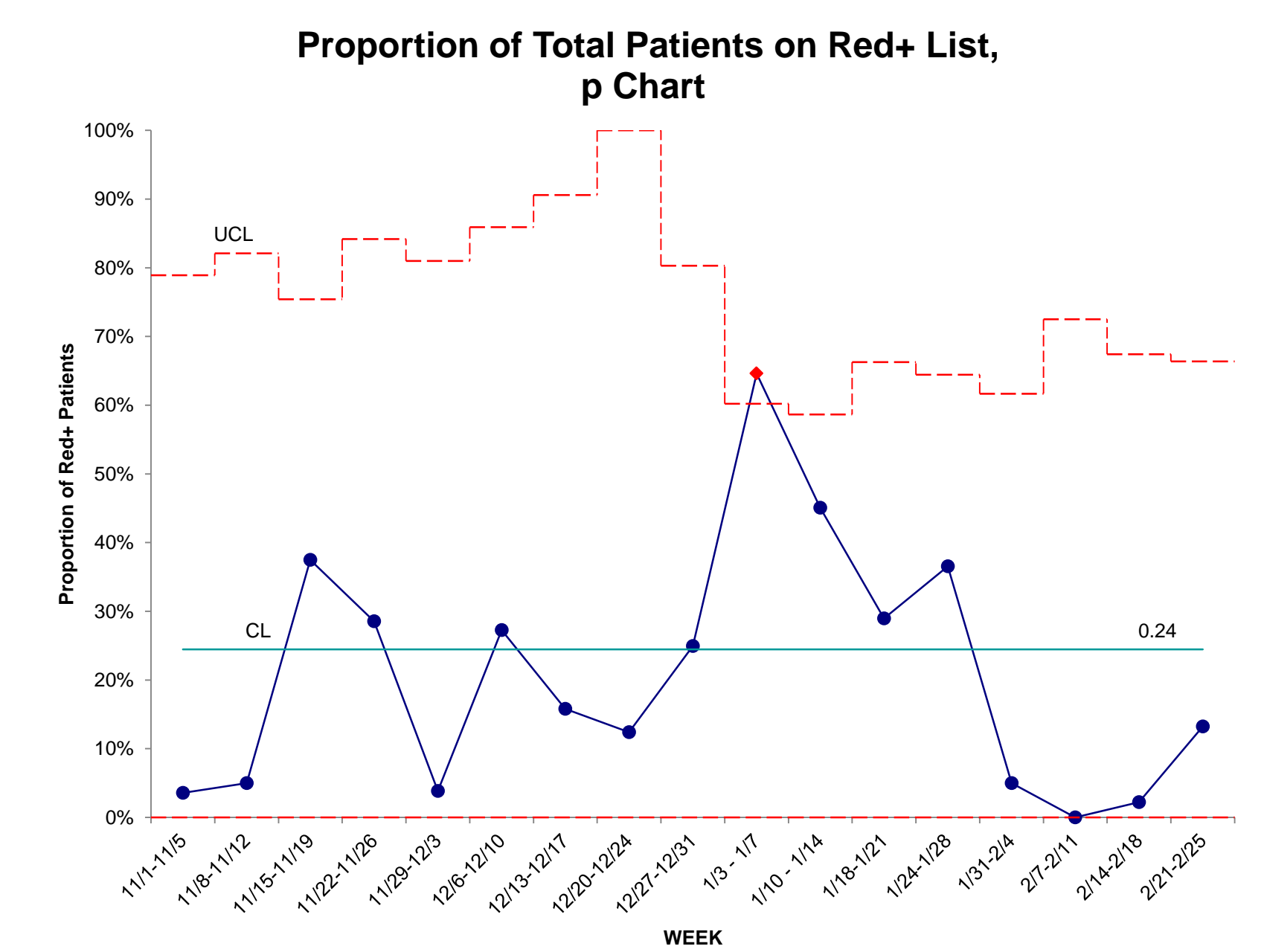
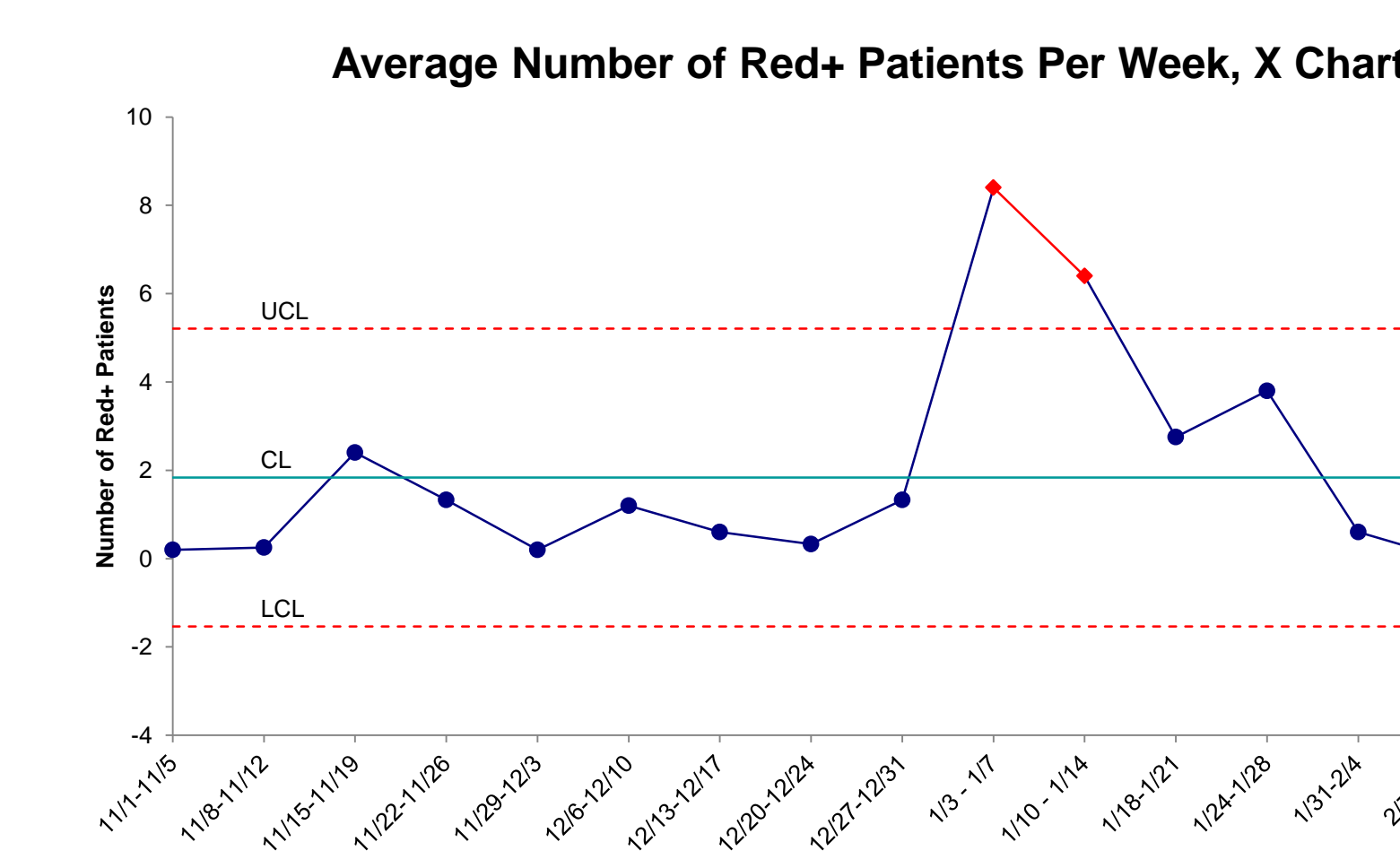


Discussion

- Specific criteria for admission to a new COVID+ unit were created and disseminated, with updated transfer data being distributed daily
- This formed the basis for ongoing updated training for rotating team members providing bedside care
 - This process continues to adapt to current needs
- QI methodology and statistical process control measures can be applied to consultation workflows in a manner that can signal the need to reorganize hospital units to better serve specific circumstances that arise

Conclusions

- Our model demonstrated operational thresholds seen in patient flow data to support optimal timing for opening a COVID-19 isolation capable unit
- This process can support administrative decisions about unit epidemiologic modifications during future community infection surges
- Standardized flow tracking and communication models can be adapted to rapidly changing infection control requirements, then operationalized by clinical teams with rotating trainees with minimal additional training



References

- Bojdani E, et al. COVID-19 Pandemic: Impact on psychiatric care in the United States. Psychiatry Res. 2020 Jul;289:113069.
- Scott AM, et al. Understanding facilitators and barriers to care transitions: Insights from Project ACHIEVE site visits. The Joint Commission Journal on Quality and Patient Safety, 2017;43(9)433-447.