



A COMPARATIVE REVIEW OF COVID-19'S IMPACT ON INVOLUNTARY PSYCHIATRIC HOSPITALIZATIONS IN KING COUNTY



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INTRODUCTION

The COVID-19 pandemic has undoubtedly changed the way we care for our patients, bringing about both positive innovations and exacerbating long-standing inequities in our most vulnerable patients. While the care of patients on the inpatient psychiatry setting has required difficult adaptations to curb the spread of the pandemic,¹ the pandemic's effect on the wait time to transfer to inpatient psychiatry has not been extensively reported. Here we describe the potential effect of the COVID-19 pandemic on the wait time for involuntary psychiatric hospitalization in King County, Washington.

The first confirmed cases of COVID-19 in the United States were initially reported in King County, Washington.² Like medical facilities across the United States and the world, medical facilities in King County were required to adapt with respect to screening and medical clearance of patient's detained and waiting for inpatient psychiatric placement. The State of Washington imposed some of the earliest, and subjectively broadest restrictions and re-opening criteria related to the COVID-19 pandemic, which included hospitals.

Unlike many states, the State of Washington directs that involuntary psychiatric admissions be facilitated and administered not by a provider, but by a Designated Crisis Responder (DCR), organized by county. Individuals can present as ambulatory, identified by law enforcement in the community, or as already detained in the community and requiring medical clearance. Providers identifying a patient that requires involuntary hospitalization first place a referral to the appropriate local Designated Crisis Responder. If the responder agrees with the referral, the patient is detained and the patient is directed to be transferred to a designated psychiatric Evaluation and Treatment Center (E&T). Additionally, the State of Washington requires that these transfers occur within 24 hours of detention. Such timely transfers are frequently infeasible due to capacity constraints at the designated E&Ts and/or the patient requiring medical treatment that they could not receive at an E&T. Accordingly, Washington's two public psychiatric facilities – Eastern and Western State Hospitals – designate beds at various hospitals as "Single Bed Certification" beds, or SBCs and patients are treated as psychiatric patients on Single Bed Certification.^{3,4} SBC detentions are subject to mandated judicial review within 120 hours of detention, a process which directly impacts caregiver workload. See Figure 1 for graphic depiction of Washington's psychiatric care flow chart. SBC data is provided publicly by King County on a monthly and yearly basis detailing data for individual hospitals providing this care.

Our team decided to review the reported data regarding the number, and length of stay for SBCs in King County for the twelve-month period of 2020 following the declaration of a pandemic and imposition of subsequent restrictions and compare this to data from the previous twelve-month period of 2019 to determine if the COVID-19 pandemic impacted timeliness and access to care for involuntary psychiatric patients in King County, Washington. Figure 2 reflects this review.

DISCUSSION

Many providers engaged with care for patients detained on SBC expressed concern that due to modified inpatient psychiatric unit protocols, unit outbreaks,^{5,6} unit closings^{7,8} and increased police response times⁹ the number of patients requiring SBC certification and their average length of stay would increase uniformly across the system. The data observed did not substantiate those concerns. Though the number insignificant, fewer patients were detained through the SBC system, and the average wait time did not change in 2020 compared to 2019. We do note, however, that the patients that were detained SBC appeared to have distributed differently across the system in 2020 as compared to 2019.

It is possible such an observation is attributed to mere chance that may be observed every year in King County. The protocol of central administration may impact distribution as a patient detained in King County requiring medical evaluation will be seen at a facility in King County regardless of capacity, staffing, or facility capabilities. As such, individual facility SBC numbers may be strongly subject to random variables such as point-in-time capacity and staffing circumstances that are not specifically detailed in SBC reports. In short, the system functions collectively rather than as a set of independent hospitals.

External factors may also have affected the distribution of SBCs across the county. The primary facility established for providing services to undomiciled individuals in King County was closed, and many services were relocated away from the downtown core.¹⁰ Accordingly, should these patients be identified as requiring acute psychiatric care, they would likely be transported to the nearest Emergency Department, which would be at a different facility. Quite controversially, police response was observed to be reduced in 2020⁹ which could have impacted response to individuals in mental health crisis given the central role of the police department in crisis response as is common across the US. This is potential for further exploration as systems of crisis response are re-explored throughout the country to be less criminalized. Finally, one of the informal criticisms of the system is that it only detains to its capacity, and accordingly, detentions will vary little between years.

CONCLUSIONS

- No significant changes were observed in 2020 regarding the number of Single Bed Certifications in 2020
- Patients did not, on average, spend more time waiting for psychiatric beds in 2020
- The number of SBC patients does not necessarily correlate with the total number of patients admitted under and involuntary civil commitment – this data does not comment on or reflect the overall numbers of involuntarily admitted patients in King County

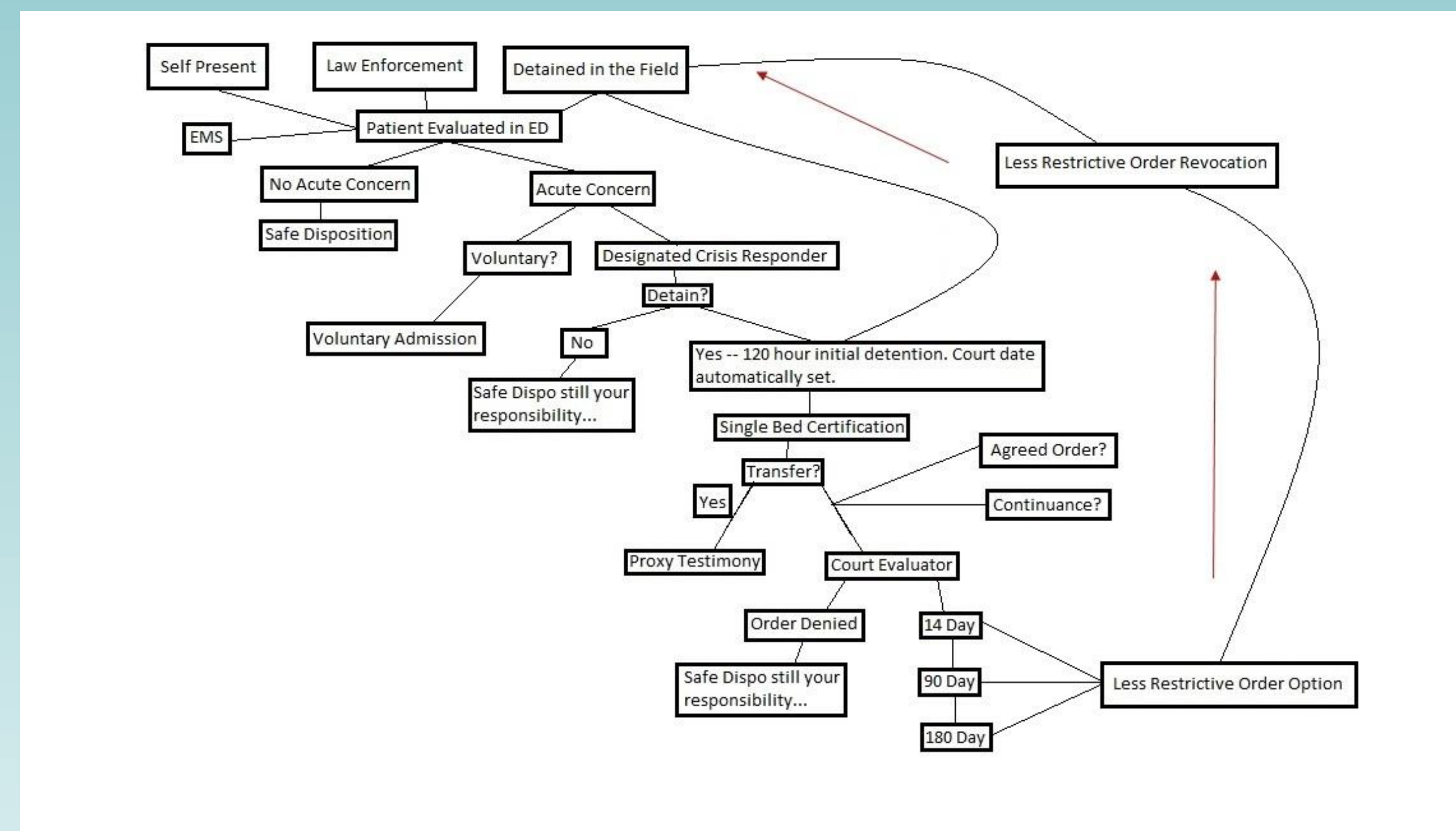


Figure 1: Involuntary Care in Washington State

RESULTS

Hospital	2019	Days	2020	Days	Δ19-20	ΔDays
A	1	1	0	0	-1	-1
B	222	2.71	251	2.88	29	0.17
C	8	0.5	8	0.75	0	0.25
D	1	0	0	0	-1	0
E	316	3.55	344	3.74	28	0.19
E	1003	0.99	777	0.98	-226	-0.01
F	432	2.74	469	2.89	37	0.15
G	229	3.81	254	2.6	25	-1.21
H	24	2.33	22	1.27	-2	-1.06
I	270	3.36	327	4.43	57	1.07
J	372	3.66	367	2.26	-5	-1.4
K	29	22.83	17	41.24	-12	18.41
L	23	17.83	29	15.1	6	-2.73
M	14	0.57	9	0.33	-5	-0.24
N	22	0.59	21	3.81	-1	3.22
O	188	4.18	201	3.51	13	-0.67
P	145	1.25	96	5.07	-49	3.82
Q	304	2.57	296	2.35	-8	-0.22
R	199	2.73	161	2.14	-38	-0.59
S	1	0	1	1	0	1
T	192	1.08	259	1.43	67	0.35
U	179	3.5	221	2.14	42	-1.36
V	398	3.49	435	2.8	37	-0.69
W	179	3.83	181	3.85	2	0.02
Totals	4751	2.82	4746	2.8	-5	-0.02

Figure 2: 2019 to 2020 comparison of numbers of SBC patients and average lengths of stay

1. Psychiatry Research 2020; 289: 1130-99.
 2. JAMA Internal Medicine 2020; 180, 8: 1101
 3. Revised Code of Washington 71.05
 4. Washington Administrative Code 388-865

5. J Am Psych Nurs Assoc 2020; 1: 77
 6. <https://www.opb.org/article/2020/12/17/washington-western-state-hospital-covid-19-psychiatric-hospital/>
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 8. https://www.dailynw.com/news/article_nw54926-5497-1.1e5-3
 9. <https://www.seattletimes.com/seattle-news/seattle-911-response-times-surged-in-2020-now-police-and-activists-debate-what-lessons-to-draw/>
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