

“Whose Patient is it Anyway?” Challenges in Managing COVID-positive Patients Admitted to Medical Floors for Psychiatric Care

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Introduction

- The best way to manage COVID-19-positive patients requiring inpatient psychiatric care¹ is an important issue raised during the pandemic.
- To avoid infection outbreak on inpatient psychiatric units¹, hospital systems have developed various protocols for these patients' disposition³:
 1. **COVID-19-positive psychiatric units (PCUs)**
 2. **“Surge units”** to be used in times of high incidence
 3. **Medical floors** with C-L serviced consulted
- At our institution, we adopted the third protocol.

Case

- **Patient:** 29 yo M with h/o of MDD
- **Chief Complaint:** suicide attempt by low potential lethality overdose
- **Disposition:** admission to inpatient psychiatry planned but patient tested positive for COVID-19 on the pre-admission order set. Subsequently admitted to the medical floor and C-L service consulted.
- **Confusing roles:** C-L team was initially asked by the medical team to take **full/primary responsibility** of the patient which our service is not set up for. Subsequently, medical team **did not follow our recommendations** due to disagreements in management, specifically regarding **discontinuing 1:1 and discharge**.
- **Outcome:** In this patient with significant borderline and antisocial personality traits, we recommend discharge after significant improvement with three days of stabilization on an anti-depressant, thorough safety planning, and establishment of intensive outpatient follow-up. However, the **medical team objected**, citing alleged animal and spouse abuse 2 years prior and ultimately opted to continue hospitalization for another day.

Discussion

- Our hospital system, along with many others³, require COVID-19 testing once it is determined that a patient requires inpatient psychiatric hospitalization, but there are no standardized guidelines on the best management of those patients who test positive.
- Below we review various protocols.

COVID-Positive Units (PCUs)/Surge Units

- Common in larger institutions with chronically elevated COVID-19 rates³
- Generally considered the **gold standard** for treating this population of patients, as they allow interdisciplinary teams to address acute psychiatric conditions while also addressing the concern of spreading infection to healthy staff and patients¹
- However, the creation of PCUs requires **extensive planning and resources**² which are not always available

Admission to Medical Floors with C-L Co-Management

- Common in areas where COVID-19 rates are lower³
- Can be a **reasonable alternative to PCUs**, however can also involve significant challenges:

1. Sitter policies

- Requiring sitters to be physically present in the rooms of COVID-19 positive patients is an important ethical question raised by our case and others.⁴
- We discontinued the sitter as soon as acute safety risks were mitigated, but soon after, the medical team decided to resume the 1:1 care.

2. Primary responsibility of patient

- Unclear roles of the C-L team vs the medical team can lead to disputes.
- C-L services usually cannot provide full-time coverage to nursing needs or legal/ethical issues that may arise.
- Medical teams including nursing staff may not have a level of comfort and understanding of complex psychiatric issues.

3. Burnout of medical team

- Admitting and caring for an otherwise medically healthy patient in an already overloaded and weary medical team may lead to frustration.



Ryan, C. (2015). *Burned out physician*. Chicago Tribune. <https://www.chicagotribune.com/lifestyles/health/sc-doctor-burnout-health-1202-20151202-story.html>.

Recommendations/Conclusions

- Greater focus on **burnout prevention**.
- **Increased education** for medical teams in the management of complex psychiatric patients.
- **Enhanced communication** between teams and with hospital leadership.
- Establishment of **consistent, agreed-upon roles**.
- Research into the development of **standardized guidelines** for co-management.

References

1. Augenstein, T.M., et al. (2020). Creating a Novel Inpatient Psychiatric Unit with Integrated Medical Support for Patients with Covid-19. NEJM Catalyst 2020.
2. Cheung, E. H., Strouse, T. B., & Li, L. (2020, May 15). Planning for a psychiatric Covid-19–positive unit. The Hospitalist. <https://www.the-hospitalist.org/hospitalist/article/222331/coronavirus-updates/planning-psychiatric-covid-19-positive-unit?channel=41022>.
3. . Reports and Protocols. (2020, December 01). Retrieved August 17, 2021, from <https://www.clpsychiatry.org/covid-19/member-submitted-resources/>
4. Ritchie, C. (R. E. C. (2020, June 17). Human sitters in the COVID era. MDedge Psychiatry.