# REVISED COVID-19 ACUTE ADMISSION CRITERIA

## Review date: 6th July 2020

C Hosker April 2020

## Working age (WA) acute wards

In line with current practice, admission to an acute psychiatric inpatient area should only be used as a last resort, when alternative options have been considered and fully exhausted.

During the pandemic, acute inpatient services will continue to be provided for both informal admissions and formal detentions under the Mental Health Act however, it is anticipated that the former will become even rarer, as patients opt instead for the lower infection risk offered by home based treatment options.

Patients will remain appropriate for admission to the acute working age inpatient wards, regardless of their Covid-19 status if they are:

* 18 years of age and over, irrespective of gender, ethnicity, sexuality, culture or physical disabilities

***and are***

* considered to be experiencing a psychiatric disorder that requires care, treatment or further assessment,

***or are***

* requiring a period of assessment to establish the presence or nature of a psychiatric disorder,

***and***

* the risks posed and the level of support required are such that the service user requires 24hour care that cannot be provided in the home environment via home treatment

***and***

* admission is the safest and least restrictive option available

***and additionally,***

* the reduction in risk, or improvement in health, deemed achievable through admission is not outweighed by the increased risk associated with Covid-19 infection that is more readily contracted in inpatient areas.

### Steps implemented to bolster the revised WA admission criteria:

All proposed admission (formal or informal) from the ALPS team should be discussed with the Senior Back Up Section 12 Medic during working hours and the working age consultant psychiatrist out of hours

Proposed admissions should also be discussed with a senior CRISS clinician prior to admission or detention under the Mental Health Act. This will ensure that the decision maker is fully aware of options other than admission that could be made available to manage the presenting risk

## Older People’s (OP) acute wards

An admission to hospital may have social and psychological underpinnings, but is primarily a medical decision and must be sanctioned by medic to medic discussion.

It is important that physical illness, which can mimic mental health problems, is considered and excluded before admission.

It is recognised that the elderly are a Covid-19 vulnerable group and there is a desire to organise resources at the Mount to minimise the risk of infection between patients and staff in the Unit. As such the make-up of the wards has been altered to reduce these risks and rather than 2 single sex dementia wards and 2 functional wards there will now be a male dementia ward, a female mixed functional and dementia ward, a mixed mental health ward, an isolation ward (for those with proven/suspected Covid 19) and an admission ward.

Consideration should be given to the general appropriateness of any placement within the unit; for example

* Patients with early dementia presenting with mental health symptoms may be managed better on a Mental Health ward than a dementia ward.
* Male patients with sexual disinhibition may be better managed on an under 65 ward or dementia ward depending on the clinical features.

A significant proportion of admissions to the mental health wards, and almost all to the dementia wards, are under the provisions of the MHA and therefore, must be accompanied by recommendations from two suitably qualified registered medical practitioners.

Once Covid-19 becomes prevalent in mental health units, it may be that the risks of admission, outweighs the risks outside of hospital.

With the above in mind therefore, patients will be appropriate for admission to the acute older people’s inpatient wards, regardless of their Covid-19 status if they are:

* Experiencing significant, escalating psychopathology combined with a risk to health, safety or other persons.

***and***

* Alternatives to admission have been considered to be inadequate to manage the mental health and associated risks.

***and***

* the reduction in risk, or improvement in health, deemed achievable through admission is not outweighed by the increased risk associated with Covid-19 infection that is more readily contracted in inpatient areas.

### Steps designed to bolster the revised OP admission criteria:

The staff member responsible for the care of any patient deemed to be requiring admission should discuss the proposed admission (SBARD recommended) with the consultant psychiatrist who has responsibility for the area within which the patient resides at that time i.e. sector consultant or liaison psychiatrist.

The psychiatrist may then elect to make further enquiries and/or examine the patient to confirm the appropriateness of admission

Out of hours, the higher trainee must discuss any plan to admit a patient with the on call old age consultant psychiatrist.

## Discharge for both age groups

Discharge **will** take place when:

* The persons need for acute services has resolved and treatment and care objectives have been met

***and***

* when the risk that the admission was designed to control, no longer outweighs the increased risks associated with contracting Covid-19 while remaining an inpatient confers.