



Osservatorio Nazionale

delle Buone Pratiche sulla sicurezza nella Sanità

Scheda per la rappresentazione dell'esperienza

Level: Mental Health Center

Topics:

- Re-organization of clinical care pathways
- Organizational solutions for non-COVID patients management during COVID epidemic

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Reorganizing the mental health center in the context COVID-19 outbreak

Here follow a description of the reorganization of the mental health center because of the COVID-19 pandemic in the territory belonging to the Local Health Authority n.4 – Veneto Orientale.

The Multispecialty department is composed of 2 Mental Health Centers, 1 psychiatric diagnosis and care service with two offices, different residential facilities, one directly managed Protected Rehabilitation Therapeutic community (CTRP) and other facilities managed in collaboration with the cooperative named “Insieme si può”.

Outpatient activity takes place in the two Mental Health Centers, where there are also the day community care center and the day hospital. Community care services are also provided by two semi-residential facilities located in San Donà di Piave and Portogruaro.

The Psychiatric Department has currently 2500 medical records. On February 2, 2020 the Department was taking care (directly and indirectly) of 211 users.

Provisions implemented in the Mental Health Center

Measures were implemented, starting from March 9 2020, to reduce the risk of COVID-19 spread, including the following actions:

- Workers and users were encouraged to apply social distancing behaviors
- Correct and safe management of “less stable” patients
- Reduce improper admission to other services, such as the ER

In particular, the following areas of intervention were identified regarding management of the activities carried out in the territory of the Mental Health Center:

1. Reorganizing access to the Mental Health Center
2. Managing healthcare workers risk
3. Home access management
4. Management of suspected or confirmed COVID-19 cases
5. Reorganizing residential activities



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1. Reorganizing access to the Mental Health Center

Patients accessing the Center receive written guidance - via posters displayed at the entrance - and oral advice about hand hygiene and how to wear masks. Patients enter the center at a proper distance, so as to avoid crowded situations close to the pharmacy and the outpatient offices.

Restrictions were imposed to accessing the center for check-ups (medical and psychiatric visits and interviews, psychological and psychosocial assessment). Only check-ups which cannot be postponed were maintained. A psychiatric answers the helpline made available to General Practitioners to carry out a telephone assessment and agree upon possible referring of patients to the mental health center, when deemed necessary, thus avoiding admission to the ER.

Once the community care centers were closed, the need has arisen to ensure continuity of care and regular administration of the medication. Therefore, medication and therapy distribution has been reorganized throughout the day. The most critical patients were identified, with special regard to the daily users of the mental health center, and at least one phone call per day by healthcare workers (nurses and educators) was scheduled to monitor their state of health.

The day hospital, a semi-residential facility for managing subacute critical cases, is still working in order to avoid, where possible, admission to Psychiatric diagnosis and care service. The facility has a room with 5 armchairs divided by curtains, where patients can stay when they have to do a period of observation and/or to be administered therapies.

Patients are admitted in DH once their physical conditions are checked, wearing a mask and after washing their hands (they can access the restrooms and hand rub is available). Proper distance is ensured.

2. Risk management for healthcare workers

Nurses and healthcare workers were given guidance on how to use PPE when staying at the day hospital and when delivering medication, while during workshift everybody wears face shields. In particular, they have been advised to use shell helmets, surgical masks and gloves when blood sampling or administering infusion therapies, and to use surgical masks and gloves when administering Depot therapies.

Alongside with advise to wash hands, to not touch mouth, nose and eyes with hands, workers were advised to accurately sanitize things which are usually paid less attention: mouse, monitor, keyboard, power buttons, landline phones, smartphones, armrests of chairs and armchairs, drawer handles, doors, switches, tables, desks.

Cleaning is carried out by the working healthcare worker in the morning, and by the cleaning service company in the afternoon. In the pharmacy, table and chair are cleaned every time a patient enters. Cleaning and sanitization of convector filters was also carried out.

All healthcare workers tested negative for COVID-19.

3. Home access management

Home care accesses were increased so as to deliver medication therapies and to monitor critical cases and to reduce access to the mental health center and avoid crowded situations.



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When going to the patient's home, workers avoid entering the house and ask the patient to get out, subject to positive check of the patient's health condition (fever, respiratory symptoms, possible contacts with COVID cases) to avoid risk of contagion.

In case the need arise to transfer the patient, he/she is asked to wash hands and totake the backseat wearing a mask.

Every worker going to patient's homes has surgical masks, gloves and hand rub.

4. Management of suspected or confirmed COVID-19 cases

So far, staff and patients' contacts with suspected or confirmed COVID-19 cases have been treated in accordance with regional procedures and in collaboration with the Public Hygiene Department of the organization.

The measures implemented are consistent with the provisions of the Ministry of Health, the Region and the organization and recommendations from the Italian Society of Psychiatry.

5. Reorganizing residential activities

Since the end of February, restrictions were imposed to family visits and residents' going out.

Daily training courses about preventive measures to prevent spread of the infection were organized. Sanitization is carried out twice a day usign appropriate products and with the active involvement of residents. Daily collection of bath linen, 90° washing and social distancing during meals were arranged.

Workers and patients wear face shields. Training is still underway with daily reminders about the preventive measures. Serologic tests were performed to all residents and rescheduled.

Reorganization of inpatient activities of the psychiatric diagnosis and care service

Starting from March 17th, 2020 the following measures were implemented to:

- Reduce the risk of COVID-19 spread in the two offices of the psychiatric diagnosis and care service (located at the hospital of San Donà di Piave and Portogruaro)
- Encourage workers and users to apply social distancing behaviors
- Properly manage "less stable" cases

In particular, the following areas of intervention were identified regarding management of the activities carried out by the psychiatric diagnosis and care service:

1. Reorganizing access to the service
2. Managing healthcare workers risk
3. Management of suspected or confirmed COVID-19 cases

1. Reorganizing access to the service

Based on the Regional procedure of March 6, 2020 on the new Coronavirus (Sars-Cov-2):

- Admissions were limited to the cases which cannot be postponed to avoid the risk related to lack of social distancing in case of crowded situations
- Patients were provided information about the measures to adopt:
 - Keeping a safe distance in common areas of the department
 - Washing hands
 - Paying attention during meals, so that social distancing is maintained



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- Restrictions on family visits
- Restrictions on days off if not necessary
- Suspension of patients' group activities

2. Risk management for healthcare workers

- In order to reduce risk of infection spread, meetings are reorganized in places where social distancing can be guaranteed and in small groups.
- Rounding was reorganized to avoid crowded situations and keep social distance
- Surgical masks is used during rounding, procedures on patients, interviews and while staying in common spaces
- Patients conditions are monitored and body temperature checked.

3. Management of suspected COVID cases and contacts

A single room with a private bathroom was identified in the two departments of the two hospitals, to be used for patients who are admitted with deficiency/anxiety/intoxication that are hard to identify in their initial phases, for example due to a serious psychic alteration which influence the possibility to obtain an accurate medical history. The patient, wearing a surgical mask, stays in this room for at least 24 hours, until the necessary information is collected. During the patient's stay, his/her condition is monitored (body temperature and oximetry is performed twice per shift) and in case of suspected COVID infection, swab test is performed. During the patient's stay in this room, he/she is assisted by one single nurse who wears appropriate PPE and receive meals in the room.

In case a patient admitted to the psychiatric department tested positive for COVID, he/she must be transferred to the COVID unit.

The psychiatrist will ensure support as needed. When restraint is needed (risk of suicide or psychic agitation), the hospital managements considers the ways the Infectious disease department can follow up the patient, also taking into account possible need of additional nursing care.