

Review of: "Inpatient psychiatry unit devoted to COVID-19 patients"

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Potential competing interests: The author(s) declared that no potential competing interests exist.

As I work in an inpatient hospital setting I quickly grasped what authors were talking about. however, if the audience is intended to be those who do not work in inpatient setting I think the content needs to be more descriptive as to what was changed from "business as usual" vs post-COVID.

Is Gracie Hospital voluntary or involuntary?

Article mentions use of emergency medications for those who do not comply- I presume the patient would have to be active danger to self and others to force medicate? How often did this occur? PO or IM?

How many seclusion and or restraint episodes occurred due to refusal and dangerousness?

How did hospital handle patients who could not or would not wear masks or social distance?

Were all these changes only made for the COVID + unit or did they make changes to entire hospital?

How did the hospital handle staff assignments and movement to decrease spread?

How did hospital monitor staff for infection?

What were the outcomes for the patients' psychiatric care with COVID- length of stay impacted? discharges impacted? Impact on psychiatric symptoms?

You mentioned the number of patients served- in what time frame?

What changes worked or didn't work and how did these evolve over time with new information?

Suggested edits:

Introduction paragraph 2: NYC hardest hit..epicenter--> add in during the early stages of the pandemic as this has not been true for quite some time now

and

1000 were killed--> 1000 people died from COVID-19 in what time frame?

Introduction paragraph 3: impact severe--- how so?

and

increasing numbers--> the increase in numbers

and

critical care needs- referring to critical medical needs from COVID infection or psychiatric needs?

and

sentence that begins "On the other hand"- needs to be more clear- very confusing to understand

Bed capacity: the should be The in first paragraph

3.3: severity of what symptoms? COVID or psychiatric symptoms?

and

all patients must --> all patients were required to

and

when you say emergency medications- what are you referring to po prns, IMs' and under what parameters can these be given? If opt refuses these then what is response?

3.4 are assessments live or via video platform

3.7 (e.-g.) edit e.g. (also in 3.16)

3.8 did you change to non-alcoholic hand sanitizer since you mentions that patients drank the hand sanitizer?

3.10 if ECT was needed and agreed to how was this done with COVID

3.14 so only 2 patients became agitated the entire time studied or there was capacity for 2 patients at a time to be secluded?

3.16 Doubled the number of cleaning--> cleanings

3.17 h -->hour

Were there shortages of tests initially? How was this handled. What tests were used?

Discussion:

You list the various types of tests and sensitivity bur how is this related to what was being used/done in the facility?

For patients that became positive while inpatient on regular units- how was this handled? Was unit quarantined?