

Policy Paper

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Piedmont Geriatric Hospital (PGH) is a psychiatric hospital specifically for individuals sixty-five and older. Their mission is to “provide person-centered Mental Health services to enable the older adult to thrive in the community” (Piedmont Geriatric Hospital, 2022). The hospital's values are centered around the HEART principles which are honesty, excellence, accountability, respect, and teamwork. Each policy of the hospital should exemplify the mission and values that they want to represent. Since the facility is a state hospital majority of the policies are made through the board of directors and legislature. These policies are to protect and empower the patients as well as the employees. At Piedmont Geriatric Hospital there are policies regarding from the range of employee dress code to the authorized representative process. This paper will discuss the COVID-19 quarantine process that PGH implemented at the beginning of 2020.

Framework for Policy Analysis

Mission, Goals, and Objectives

The mission of this policy is to assist the management of patients who have been confirmed positive for COVID-19 or who have been exposed to an individual who has been confirmed positive. It provides the symptoms and warning signs of COVID-19 as well as what to look for specifically within the geriatric population. The goal of this policy is to ensure that patients are being taken care of as safely as possible and the employees are healthy and safe while working during this pandemic. Each patient must be tested for COVID-19 prior to entrance of the hospital and the test must come back negative. Upon admittance into the hospital new patients are sent to the quarantine unit for fourteen days before entering the general admissions unit. The purpose and intended reasoning for this policy aligns with the hospital's values because

it exhibits accountability and teamwork among the patients and staff. In order for PGH's COVID-19 rate to decrease the staff must work together to ensure the hospital is being cleaned and sanitized properly as well as the patients/ staff being tested regularly. COVID has and still does impact many people in so many different aspects of their lives whether it be health, financially, stability, etc. So the policy regarding quarantining impacts people in the same way due to it being the outcome or preventative measure to COVID.

Benefits/ Services

There are many benefits to the COVID-19 quarantine policy such as the health and safety of the patients and staff; also to help decrease the spread of COVID within the hospital as well as the community. The hospital has a department called Infection and Control which has the responsibilities of monitoring the COVID cases, testing patients and staff, presenting new research regarding COVID, and so much more. Tracking the COVID cases is beneficial when reporting back to administration on the current updates about visitation and additional supplies being needed. The services that are offered during quarantine are limited due to decreasing the interaction between one another. However, each patient and employee has access to being tested as well as vaccinations.

Structure/ Strategy

Dr. Lowry was the one who presented the hospital staff with this policy regarding masks mandates and quarantine information. The structure of this policy can be unorganized at times due to the lack of staff and personal opinions. The strategy to carry out this policy is often cheated or cut short which can hinder the process. If a patient is tested positive then that patient must remain in their room along with their roommates if they have any for fourteen days. They are not allowed to participate in group activities, outside activities, day room activities,

visitation, or their treatment team conferences. It can get difficult at times reassuring the patients that their usual schedule will soon resume due to the quarantine date restarting when a new positive case arises.

Financing

Piedmont Geriatric Hospital is a state funded hospital which means the state must approve anything and everything before it happens. The Department of Behavioral Health and Developmental Services (DBHDS) reported in 2021 that Virginia received 996,000.00 from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to continue a program called the VA COPES. VA COPES is a “warm line” that helps individuals experiencing mental health related issues and are unable to receive usual services due to COVID-19 (Virginia Department of Behavioral Health and Developmental Services, 2022). There were several grants that the hospital could have applied to in order to receive extra assistance during the peak of COVID that were specifically for mental health and substance abuse disorders. There is no data showing specifically if PGH received any grant money or any from the state to assist with the COVID outbreaks they have experienced. Supplies such as KN95 masks, N95 masks, gloves, gowns, cleaning materials, testing kits, etc. are such a necessity here at this establishment which has resulted in more of the budget being spent on those items. Funds are limited to assist this hospital especially with it being in a rural area with a smaller population rather than one in Petersburg with a slightly bigger population. Since this is a state facility, they are unable to take any money or donations from outside sources.

Interactions Among Elements

The elements above all have interactions with one another whether it be directly or indirectly. The missions and goals of PGH dictate the benefits, services, structure, and strategy

that each patient is provided with as well as financing impacting each of those elements as well. Financing controls who is interested in having a job position here which seems to be a struggle since COVID. Each element is like a building block for one another and without them it results in patients not receiving the treatment and services they desperately need.

Evaluation of the Policy

Social Problem/ Equity

This policy relates to the social problem of COVID and how it has affected individuals within the community and still continues to. COVID has affected people financially, mentally, physically, stability, and so many other aspects of their lives. The quarantining process here impacts not only the patients but as well as family members, friends, and staff. Since the policy is the same for everyone it exemplifies equality but technically it does not represent equity. Each patient is impacted differently from this policy but they still get the same treatment and services. Some patients thrive with being isolated but others start to decline when isolated. This policy is beneficial to the spread of COVID to a certain extent but detrimental to the health of the patients.

Policies Within the Agency

Agency policies mainly come from and are mandated by the state's legislature decisions. This specific policy is mandated by the Centers for Disease Control and Prevention (CDC) and the Infection and Control department. Each policy is reviewed differently so there were some that were seen not to be reviewed even every ten years and others reviewed every year. This policy is reviewed quite often due to the severity and recent research that is provided concerning COVID. The process for policy change or implementation would start with researching the effectiveness of the policy within the hospital and speaking with administration. Administration can present the concern to the board members which can present it to the proper officials such as

the senate if it is needed to go that far. Smaller policies depending on what it is can be just presented to the Central Office and decided there. The outcomes tied to policies here vary depending on how often they are being implemented and monitored. Staff tends to find the shortcut way of doing things which may be breaking policies.

Policy Change

There are many policies here that need updating and changing but this is a policy that directly affects the patient's progress which is causing more harm than good. This policy has increased patients' behaviors and decreased their progress towards discharge. Since patients are isolated in their room with no TV, radio, activities, interaction, etc. they begin to act out and decompensate. Instead of isolating the patients as strictly as they do, one could suggest that the nursing and doctor staff should be assigned to specific floors to decrease the chance of spreading it to the different units. The Social Work department has assigned units and floors for each person which decreases the chance of cross-contamination. The patients should also be allowed outside like usual for their outside activities since they all have COVID. Being isolated outside would not increase the chance of spreading it as well as staff would not have to clean anything extra like they would for the day room. It is unfair to keep patients strictly in their rooms for fourteen days and restart the date if another patient is tested positive. A policy like this can make people question whether it is violating the patients' human rights. Visitation is also another aspect of this policy that is affected. Visitation is canceled when a unit is under quarantine which makes sense to ensure visitors, staff, and patients are being safe and healthy . However, they offer virtual visitation via zoom which is very limited. One must think whether a family even has access to a computer or internet in order to participate in the video visit. Also, the hospital is short staffed so the availability for someone to assist with the call and bring the laptop is limited.

Conclusion

This policy has the potential to be beneficial in every aspect with a few modifications. COVID has impacted many individuals but especially the age range of this population is more at risk. However, looking at the behavior reports, re-admittance rates, and overall health of the patients it is clear that this policy has caused detrimental effects. This population is so vulnerable and to take another right like this away from them just discourages them even more. These patients are already taken from their families, friends, and houses/ facilities where they are comfortable and feel safe, it is unfair to take their outside privilege too. One could suggest that the virtual visitations be done once or twice a week during specific time frames such as 9:30-4:30 and the family can go online to reserve their timeslot. By doing this it ensures that the families that have internet access have the opportunity to visit with their loved ones. A staff member such as recreational therapy could assist with the video visits since they are unable to do groups due to COVID.

References

Piedmont Geriatric Hospital. 2022. Retrieved from <https://pgh.dbhds.virginia.gov/>

Virginia Department of Behavioral Health and Developmental Services. (2022). Retrieved from <https://dbhds.virginia.gov/assets/doc/EI/20200819-vacopesadditionalfundingpressrelease.pdf>