

Voluntary Admissions to PGH from Region II

Piedmont Geriatric Hospital (PGH) has recently given substantial attention to its capacity to consider patients on voluntary status for admission. Extensive discussion has taken place between PGH administration, physicians, and other clinicians. This document is a summary of what has been resolved pertaining to this issue.

In general, PGH strongly recommends that Community Services Boards requesting voluntary admission advise patients and their legal guardians that PGH has a locked admission unit which receives patients on court orders and as transfers from other institutions. All admissions arrive and are initially treated on this unit—regardless of presenting problem. In most cases requiring voluntary admission, a less restrictive facility may better match the patient's needs.

General Position: Piedmont Geriatric Hospital will not refuse admissions solely on the basis of whether they are on voluntary or involuntary status. The following caveats apply:

1. PGH continues to strongly encourage that patients who have the capacity to admit themselves voluntarily to an inpatient hospital be served locally. This is due to the reasonable anticipation that these hospitalizations are brief and that the need for a local support network (family members, etc.) is especially high in these situations.
2. PGH expects that any CSB requesting voluntary admission will have first exhausted local inpatient options (i.e., all other local private beds are full).
3. If a lack of local bed space availability is at the core of a voluntary admission request from Region II, PGH remains very open to negotiating the transfer of an already hospitalized individual in need of longer-term treatment in order to help free up a bed for the voluntary admission locally.
4. Given the above-mentioned guidelines, in combination with the pattern of historical requests for voluntary admission requests to PGH from Region II, the anticipated number of voluntary admissions is expected to remain low.
5. Voluntary admissions initiated by an incapacitated individual's legal guardian are limited to 10 calendar days per Virginia Code §37.2-805.1. In addition, the Code requires that "the guardian has formulated a plan for providing ongoing treatment of the person's illness in the least restrictive setting suitable for the person's condition." (§37.2-1009). These individuals may be admitted only after submission to PGH of such a plan (as part of the admissions packet) for discharge from PGH and into another level of care. Patients in this category cannot be admitted to PGH without such a plan in place.

6. Depending on their clinical needs, voluntary admissions to PGH may require and be subject to inpatient commitment proceedings. This will typically occur in situations where the individual is considered to be harm to himself or others rather than being unable to care for himself. This is not expected to occur often due to the nature of a voluntary population.
7. As discussed in detail in other forums, PGH remains unable to accommodate Temporary Detention Order admissions from Region II due to distance factors.
8. Due to the high demand for involuntary admissions Piedmont Geriatric Hospital may be subject to a monthly or annual capitation on voluntary admissions. Patients and their legal guardians should confirm that the facility is not operating under a capped restriction before requesting voluntary admission.