

Consultation-Liaison Psychiatry in a Time of Pandemic: Preliminary Reports from the Field

Dear colleagues

The ACLP Education Committee considered this week how to best serve our members as the number of COVID-19-positive individuals rises exponentially. Members of the Committee reported on the issues arising at their institutions. An overriding concern is that hospitals must have sufficient healthcare providers to meet the oncoming demand. Psychiatric consultation services are typically small and close knit. If one provider is exposed or sickened, how will the service operate? Part of our discussion centered on how to protect and maximize the consultant role. Our talk then extended to the special issues the pandemic will raise.

Reducing direct patient contact. Services reported screening consultations more thoroughly. Some consultations might be deferred. Others might be handled by interaction with the medical team requesting the consultation. Some consultations might be addressed by chart review and discussion of management options. Consultation services often are configured as teams including various levels of trainees and various disciplines of professionals. In normal times, all of these might be involved in direct patient contact, but in the present crisis each patient interaction should be justified. The participation of trainees should prompt a consideration of risk and yield: a beginning medical student should not be exposed to multiple patients with minimal educational benefit, but an advanced student might be functioning as a productive team member. Follow up visits which are not required might be avoided, substituting data from nursing notes.

Using indirect patient contact. Some are considering using iPad poles or similar for consultation. This technology is already used by some consultation services, as well as by some emergency departments that do not have on site psychiatrists. Even the medical teams are exploring having a remote device that could communicate with infected patients while the team is in the hallway outside the patient's room. It is worth recalling that every patient in the hospital has a telephone at bedside.

Protecting providers. When providers become exposed or infected, they may be lost to the healthcare system. We need to preserve our staffing to respond the upcoming crisis. Services are exploring ways of reducing staffing and putting some members on reserve. For example, we are experimenting with a rotation system with 3 providers: one will see patients, one will review charts, write notes, and communicate with teams, and one will be on reserved assisting as possible offsite from home. Roles will rotate by week. Even on the job, we can consider options like separating office space, not sharing terminals, and so forth. At many hospitals most meetings have been shifted to digital means. It remains unclear whether wearing masks while seeing patients or wearing separate clothing on clinical units will help prevent infection of providers. In the outpatient setting, many hospitals are shifting rapidly to online or telephone appointments.

Finally, providers have a special duty to protect themselves. Social distancing will reduce viral spread and better enable the health care system to work, but physicians should be particularly careful to avoid unnecessary contact and preserve their availability.

Novel issues. Our field will be challenged by issues that are unique to this pandemic. For example, when a virally-infected patient seeks to leave the hospital and that patient has capacity, what will be our response? Some estimates are that insufficient ventilators will be available and hospitals will have to triage life-sustaining care: we may face new ethical questions of terrifying immediacy. We will encounter

patients presenting with extreme anxiety, just as society is beginning to respond with hysteria, and we will be called upon to manage these reactions. Healthcare providers are on the front lines, and we will be asked how to aid our colleagues. Already, there have been increased requests for house staff referrals for mental health care in some institutions.

Physicians have long felt a calling to place the welfare of the patient above their own welfare. We may be entering a time when this commitment will be tested.

The ACLP plans to post information and resources on the website on a continuing basis.

Be well,

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