

## MOUNT SINAI BETH ISRAEL COVID-19 GUIDELINES FOR C-L PSYCHIATRY SERVICE

### **Authors:**

Seema Quraishi MD, Director, Division of Consultation-Liaison Psychiatry

Carmen Casanovas MD, Assistant Director, Division of Consultation-Liaison Psychiatry

### **OBJECTIVE:**

The MSBI Division of C-L Psychiatry will continue to adhere to a high standard of psychiatric consultation to the medical/surgical/intensive care units and ED during COVID-19 pandemic

### **PURPOSE:**

- Rapid, high quality, and efficient provision of consultation services
- Provide liaison and support to medicine, surgery, critical care and ED services
- Implementation of tele-psychiatry to minimize unnecessary exposure of C-L providers to COVID-19 and to conserve valuable personal protective equipment (PPE)

### **RESOURCES:**

- Updated COVID-19 C-L Resources folder on shared drive for attendings and residents
- See Appendix A for residents on C-L rotation, and Appendix B for B- resident on call
- Residents: update List Runner C-L Psychiatry with new isolation/status column with type of precautions
- Attendings/Fellows :
  - Daily list now with new isolation/status column and type of consult (tele-psych, telephone, or curbside)
  - Detailed COVID-19 attending list on shared drive for tracking/future research

### **EQUIPMENT AND UNIFORM:**

- Smart phone
- Earphones, if needed
- Appropriate PPE specific to that unit (at minimum gloves and surgical mask for all in person consults, even COVID negative)
- Consult service has 2 tablets on wheels available for video consults equipped with Zoom, Vsee and InTouch. Please see Appendix for details instructions
  - One Ipad will be housed in 6L02
  - One Ipad will be housed in 6L01
  - Please return iPads their respective homes
  - **\*\*Following completion of each consultation, regardless of isolation status, please sanitize iPad/rolling stand using hydrogen peroxide-based sanitizing wipe (available on units) in preparation for next use**
- Consider scrubs, please change in and out of scrubs at the hospital
- Consider shoes to be used only at hospital

## C-L PSYCHIATRY STAFFING AND ASSIGNMENTS:

Three teams based on attending:

- Team A: 1 fellow or resident
- Team C : 1 resident and 1 work from home (WFH) fellow
- Team Q: 1 fellow or resident

Each team will have ONE designee for the week who will:

- Don/doff PPE to take tablet to the patient's room (ONLY if primary team unable)
- Don/doff PPE on behavioral codes
- Designees will alternate each week between attending and trainee

Onsite Fellow and Resident Responsibilities:

- Respond to behavioral codes
- Curbside consults
- Provide in-person consultation, ONLY if necessary
- Proactive rounding by phone
- Urgent consultations
- Update ListRunner

WFH Fellow Responsibilities:

- Curbside consults
- Triage consults and assign via Cureatr
- Lead morning rounds via Zoom
- Update daily list and email to attendings/fellows and administrative assistant
- Update ListRunner

## SCHEDULES:

### MD WFH Rotation Schedule

	Casasnovas	Ashley	Quraishi	Fellow 1	Fellow 2
Week 1	<b>onsite</b>	<b>OPD</b>	<b>onsite</b>	WFH	<b>onsite</b>
Week 2	<b>onsite</b>	<b>OPD</b>	<b>onsite</b>	WFH	<b>onsite</b>
Week 3	<b>onsite</b>	<b>onsite</b>	<b>onsite</b>	<b>onsite</b>	WFH
Week 4	<b>onsite</b>	<b>onsite</b>	<b>onsite</b>	<b>onsite</b>	WFH

Week 5	onsite	onsite	onsite	WFH	onsite
Week 6	onsite	onsite	onsite	WFH	onsite

**COVID Wheel Rotation:**

		Team C	Team A	Team Q
<b>Date</b>		Casasnovas	Ashley	Quraishi
<b>3/23-3/27</b>	<b>Trainees</b>	Fellow 1(WFH)/ Resident 1	OPD	Fellow 2/Resident 2
<b>3/30- 4/3</b>	<b>Trainees</b>	Fellow 1 (WFH)/ Resident 1	Fellow 2	Resident 2
	<b>Behavioral code team *</b>	X (Resident 1)		
	<b>PPE Designee</b>	Casasnovas	Fellow 2	Resident 2
<b>4/6- 4/10</b>	<b>Trainees</b>	Fellow 2 (WFH)/ Resident 1	Fellow 1	Resident 2
	<b>Behavioral code team *</b>		X	
	<b>PPE Designee</b>	Resident 1	Ashley	Quraishi
<b>4/14-4/17</b>	<b>Trainees</b>	Fellow 2 (WFH)/ Resident 1	Fellow 1	Resident 2
	<b>Behavioral code team*</b>			X
	<b>PPE Designee</b>	Casasnovas	Fellow 1	Resident 2
<b>4/20-4/24</b>	<b>Trainees</b>	Fellow 2 (WFH)/ /Resident 1	Fellow 1	Resident 2
	<b>Behavioral code team*</b>	X (Resident 1)		
	<b>PPE Designee</b>	Resident 1	Ashley	Quraishi
<b>4/27-5/1</b>	<b>Trainee</b>	Fellow 2 (WFH)/ Resident 1	Fellow 1	Resident 2

	Behavioral code team *		X	
	PPE Designee	Casasnovas	Fellow 1	Resident 2

\*Pager must be picked up by 9AM from CPEP by CL team. Coordinate with On Call B resident, who should pick up pager by 5PM. Pager 10938. On Tuesdays only, pager must be picked up at 8AM

**WORKFLOW:**

- Consultation Requests: Please be supportive of teams requesting consults. Approach the question from a perspective of being most helpful. Now more than ever, we need to promote strong liaisons with our colleagues on the frontline. REMEMBER WE ARE ALL IN THIS TOGETHER!!
- Triage: Inquire specifically about COVID/PUI status
- Start with curbside: if appropriate, answer question with discussion with primary team, chart review, and collateral
- If consult required:
  - use VSee, InTouch, or Zoom platforms for tele-psych. See appendix for details regarding tele-psych
  - If VSee/Zoom/ InTouch not available: consider telephone consult
  - **Of note on VSee, multiple providers can log on simultaneously from different locations**
- If tele-psych/telephone/curbside evaluation cannot be conducted:
  - behavioral code, agitation, severe psychosis, mania, disorganization, nonverbal, hearing impairment, or patient unable to engage in interview for other reason
  - BOTH C-L and primary team attending MUST agree that in-person consult indicated for patient and staff safety, then proceed with in-person consult with current PPE recs for unit

**PRISM/EMSTAT Documentation:**

- Update CL template to indicate whether consultation took place by curbside, tele-psych, or telephone
- Document patient consented to video or telephone visit
- For curbside consults, please document:
 

“ To conserve PPE in light of COVID-19 outbreak, consultation provided based on discussion with the primary team, chart review, and collateral. Full consult can be provided in the future if deemed necessary.”

### CONSULT ISSUES:

- PPE: please check with specific unit/MICU/ED as to PPE specific to that unit, as this is evolving daily
- Agitation: lower threshold for rapid behavioral control with appropriate medication
- Capacity: COVID+ or PUI cannot sign out AMA unless the primary team determines quarantine at home is an option. Patient also needs to have a place to live.. Consider rapid behavioral control with appropriate medication if indicated
- Patients on psychiatric 1:1 observation must be placed in a room with a window. PCA can observe patient from outside the room, going in with proper PPE for emergencies or when the patient requires toileting
- Pharmacology pearls:
  - Medicine teams are avoiding all QTc prolonging psychotropics if patients are on medications to treat COVID that prolong QTc
  - hydroxychloroquine/ azithromycin- can cause QTc prolongation, hepatotoxicity
  - lopinavir/ ritonavir- induction or inhibition of certain meds depending on CYP
  - Do drug interaction checks if using psychotropics
  - **On COVID+ patients on QTc prolonging medications, consider Depakote or Ativan for agitation if appropriate**

### BEHAVIORAL CODES (formerly known as STAR Code):

- Behavioral code will be responded to by **only** one trainee and their respective attending
- The team designee for the week will don appropriate PPE if need to enter patient room
- Other team members should wait outside and provide support as needed
- lower threshold for rapid behavioral control with appropriate medications

### FUTURE DIRECTIONS:

- Incorporation of translator services on VSee or Zoom simultaneously during provider interview
- Data collection for tracking consults and looking for trends
- Development of proactive consultation model:
  - Each C-L team to be assigned to med/surg units or ICU
  - Communicate via Cureatr text with med/surg attending for daily quick check in
  - Chart review of assigned unit patients for consult finding to assist with potential psychiatric or behavioral issues that could impede medical care

## UNITS AFFECTED BY COVID-19:

**April 2, 2020**

### ***Currently Active:***

#### **Surge Spaces**

- Inpatient floors:
  - 3 Dazian: Mixed Use Telemetry
  - 5 Dazian: COVID+ Telemetry Unit
  - 7 Dazian: COVID+ ICU
  - 9 Dazian Pod D: COVID+ Inpatient Dialysis Unit
  - 10 Dazian Pod C & D: COVID+ ICU
  - **10 Dazian Pod B: COVID+ ICU**
  - 7 Silver: COVID+ and PUI (Patient Under Investigation) Medical Unit
  - **8 Silver: COVID+ and PUI Telemetry Unit**
  - **9 Silver: Mixed Use Medical Unit**
  - 10 Silver: COVID+ Medical Unit
  - 5 Karpas: COVID+ Medical Unit
  - 1 Linsky PACU: Non-COVID ICU
- 9 Linsky pass through access temporarily closed for renovations
- **Rapid Assessment Tent activated outside the Emergency Department**
- **Employee accommodations activated in Fierman Hall**

### ***In Progress:***

#### **Potential Surge Spaces**

Given the influx of patients, we are beginning to convert vacant areas in some buildings on our Petrie campus into patient care units. We are working tirelessly with multiple organizations to get the equipment, supplies, and staffing needed to open these areas. We will continue to update you as we get ready to open these areas.

**New Since Friday 3/27/20**

## **APPENDIX A (For Attendings and Trainees on C-L Service):**

There are 2 patient facing iPads on stands with wheels available for use on the C-L service.

- iPad # 237
  - Intouch name: ###
  - Can be used with VSee
  - Password if device blocks:

- VSee login:
- Username: ###
- Password: ###
  
- iPad # 186
  - *Intouch name: ###*
  - Can be used with VSee or InTouch
  - Password if device blocks: ###
  - VSee login:
  - Username: ###
  - Password: ###
  
- Zoom Accounts:
  - ###
  
- Zoom Passwords:
  - ###

**InTouch interview:**

- On provider side, you can use your personal iPhone/iPad
  - Download InTouch Health app (only compatible with Apple devices). If provider has Android can use MSBI Inpatient Consult iPad 1 (#237) or use VSee option
  - Log into with your MSH email address without the domain (###).
    - Can practice with demo on app, available demos are green. Turn off the microphone when practicing
- For patient facing tablet:
  - If floor has their own tablet:
    - Once ready, call physician or nurse for “ patient facing” unit to be placed inpatient’s room and ask for machine number.
    - Find corresponding location and number (in green) preceded by MSBI under “My Care Locations”
    - Perform video consult from your phone
- If floor does not have patient facing tablet:
  - CL team designee brings table 186 or 237 to patient’s unit
  - CL team designee will log in and coordinate with CL resident/fellow and attending.
  - Ask unit staff if they can bring bring tablet to the patient bedside.
- Cleaning protocols for device: **please sanitize iPad/rolling stand using hydrogen peroxide-based sanitizing wipe (available on units) in preparation for next use**

**\*\*\* NOTE: ED and ICU have their own devices and do not need patient unit brought to them**

## VSee Interview:

- Provider facing:
  - download VSee messenger app on iPhone/Android.
  - Sign up using your MSH email
  - VSee will send a link to your email to set a password
  - Add the patient's email to your contacts on VSee
- Patient facing:
  - Invite the patient to visual chat by email if the individual has a smartphone.
  - If pt does not have a smartphone,
    - bring tablet 186 or 237 to the patient's unit
    - On provider VSee add ### or ### (depending on which table you use) and send invite
- To begin consult:
  - Accept request on pt facing tablet
  - Ask unit staff if they can bring bring tablet to the patient bedside.
  - Consent patient to using video chat
  - Call pt facing VSee using provider device
  - Perform video consult

## APPENDIX B (for B residents on call):

There is 1 patient facing iPad available for use on call when doing **floor consults only** in 6L02. **Do NOT take CL iPad to CPEP or ED. Always ask the floor if they have their own tablet before using C-L tablet to avoid cross-contamination.**

- iPad # 186
  - *Intouch name: ###*
  - can be used with VSee or InTouch
  - Password if device blocks: ###
  - VSee login:
  - Username: ###
  - Password: ###

## InTouch interview:

- On provider side, you can use iPhone or tablet:
  - Download InTouch Health app (only compatible with Apple devices).
  - Log into with your MSH email address without the domain (###)
    - Can practice with demo on app, available demos are green. Turn off the microphone when practicing
- For patient facing tablet:
  - If floor has their own tablet:



- Once ready, call physician or nurse for “ patient facing” unit to be placed inpatient’s room and ask for machine number.
- Find corresponding location and number (in green) preceded by MSBI under “My Care Locations”
- Perform video consult from your phone
- If floor does not have patient facing tablet:
  - CL team designee brings table 186 to patient’s unit
  - CL team designee will log in and coordinate with CL resident/fellow and attending.
  - Ask unit staff if they can bring bring tablet to the patient bedside
  - Cleaning protocols for devices as recommended by infection control

**\*\*\* NOTE: ED and ICU have their own devices and do not need patient unit brought to them.**

**VSee Interview:**

- Provider facing:
  - download VSee messenger app on iPhone/Android.
  - Sign up using your MSH email.
  - VSee will send a link to your email to set a password.
  - Add the patient’s email to your contacts on VSee
- Patient facing:
  - Invite the patient to visual chat by email if the individual has a smartphone.
  - If pt does not have a smartphone,
    - bring tablet 186 to the patient’s unit
    - On provider VSee add ### and send invite
- To begin consult:
  - Accept request on pt facing tablet
  - Ask unit staff if they can bring tablet to the patient bedside.
  - Consent patient to using video chat.
  - Call pt facing vsee using provider device.
  - Perform video consult.

The authors deny any relevant conflict of interest.

