

COVID19 Planning
Adult Tisch and Kimmel Consultation-Liaison Psychiatry Service
NYU LANGONE HEALTH
Last Revision: March 26, 2020

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Part 1: Executive Summary

Goals: To continue providing NYU Langone Hospital with high level psychiatric consultation while minimizing risk of exposure to Consultation-Liaison Psychiatry service members.

Priorities:

1. Maintain patient safety and deliver excellent clinical care
2. Support our medical and surgical colleagues who are caring for challenging patients
3. Avoid unnecessary exposure to COVID19 to minimize staff illness and preserve personal protective equipment (PPE)

Staffing:

- Minimum of ONE *Onsite CL MD* and ONE *Offsite CL MD* via TELE required each weekday
- Minimum of ONE Behavioral Health RN
- Minimum of ONE TELE CL RN

COVID Strategy for Patient Care:

Effective immediately, ALL Psychiatric consultations will be conducted via Telepsychiatry unless the patient meets one of the exclusions below:

Patients NOT appropriate for TELE CL

1. Acute agitation and/or behavioral emergency response team (BERT) activation that precludes safe use of TeleMedicine
2. Hearing impairment not sufficiently mitigated with headphones or PocketTalker
3. Requires interpreter services

Acceptable Methods of TELE CL

- Cisco JABBER (HIPPA compliant communication software): MyWall (bedside tablet attached to bedside table) in Kimmel Pavilion (KP), CL IPAD
- WebEX Video meeting (HIPPA compliant video conferencing software): CL IPAD, CL iPhones, Patient phone
- Telephone interview: CL iPhones, Patient phone
- Liaison or "Mini" Consultation: chart review, discussion with the primary service, no patient interview provides general guidance based on overall impression.
- Proactive Consultation: chart review cases flagged by medical unit directors to see if full consult or liaison consult is appropriate.

Units Affected by COVID+

All Kimmel Pavilion Inpatient Units: KP 8, 10, 11, 12, 15, 16, 17

All Tisch Inpatient Units

Langone Orthopedi Hospital: General Medicine and non-COVID related admissions

Interventions to Decrease Exposure & Protect CL Staff

- EPIC (NYU electronic medical record) CL List: New isolation column with type / time / date of precautions
- Phone Triage: Ask caller about COVID 19 status
- Team members may wear hospital scrubs, designated hospital footwear

Onsite CL MD Responsibilities:

- Respond to Behavioral Emergency Response Team (BERT) codes
- Supervise CL Fellow cases
- AM and PM signout supervision
- Manage CL List
- CL Phone triage and case assignments
- Proactive Rounding by phone
- Overflow cases or urgent consultation

Remote CL MD Responsibilities:

- TELE CL followups and new evaluations
- Prioritize caseload by acuity, schedule TELE CL evaluations with TELE CL RN
- Clear communication with assigned TELE CL RN
- Clinical documentation of all encounters in EPIC, including type of encounter and involvement of TELE CL RN
- Verbal and written psychiatric recommendations

TELE CL RN Responsibilities

- Facilitate CL MD's TELE consultations
- Liaison and support for bedside RNs
- Sanitizing CL IPAD between patients
- Clear communication with assigned MD(s)

Equipment: 2 (Two) TELE CL IPADS in shatter resistant case with screen protector, 1 (one) rolling IPAD stand.

EPIC Documentation:

- CL templates already updated to indicate whether consultation took place by TELE
- CL MD designate involvement of TELE CL RN
- Brief Notes to describe a liaison or "mini" consultation

Part 2: Proposed WORK-FLOW by Isolation Status

- I. Suspected COVID19 patients or ANY other patient on respiratory isolation:
 - A. All urgent and emergent requests for psychiatric consultation will be prioritized.
 - B. TELE psychiatric consultation will be the default method to limit exposure.
 - C. In person assessments will *only* be made under the following circumstances:
 1. TELE consultation proves insufficient to allow for rapid control of agitation AND
 2. There has been an explicit attending to attending discussion of risks.
 - D. In this rare circumstance, Onsite CL MD will wear full PPE and work closely with the primary service.
 - E. All routine or nonurgent requests for psychiatric consultation will be triaged.
 1. TELE psychiatric consultation will be the default method
 2. If TELE is not available for any reason, CL MD will perform Liaison Consultation which includes chart review, general recommendations, and / or liaison support
- II. Patients NOT on respiratory isolation:
 - A. All urgent and emergent requests for psychiatric consultation will be prioritized.
 - B. TELE psychiatric consultation will be the default method to limit exposure.
 - C. In person assessments will *only* be made under the following circumstances:
 1. TELE consultation proves insufficient for diagnostic assessment and treatment planning AND
 2. There has been an explicit attending to attending discussion of risks.
 - D. In this rare circumstance, Onsite CL MD will wear recommended Personal Protective Equipment (ie: surgical mask and gloves) and work closely with the primary service.
 - E. All routine or nonurgent requests for psychiatric consultation will be triaged.
 1. TELE psychiatric consultation will be the default method
 2. If TELE is not available for any reason, CL MD will perform a Liaison Consultation which includes chart review, general recommendations, and / or liaison support

Part 3: Tisch and Kimmel TELE Consultation Protocol (based on MCIT approved workflow for pilot):

- I. TELE CL RN and Offsite CL MD review patient's chart
- II. TELE CL RN goes to the floor to verify with the bedside RN that the patient is available and ready for TELE consultation.
- III. TELE CL RN inquires about level of cognition, presence of agitation, primary language, hearing or vision impairment.
- IV. TELE CL RN communicates directly with the Offsite CL to discuss that patient is available, appropriate for TELE consultation, and facilitates MD TELE CL evaluation
 - A. NOTES for Isolation / COVID patients:
 1. TELE CL RN will not enter the room
 2. TELE CL RN may teach bedside RN, PCT or patient to activate MyWall device
 3. TELE CL RN may set up WebEx on TELE CL IPAD on rolling base and give to RN or PCT going into the room (full disinfection of equipment required afterwards). TELE CL RN would wait outside room or in RN station for the duration of consultation
 4. TELE CL RN may facilitate CL MD doing WebEx Video conference directly with patient's personal smart device, if appropriate.
 - B. MyWall / CISCO Jabber:
 1. Confirm Kimmel Pavillion room number is accurate for Jabber call.
 2. TELE CL RN logs into Telemedicine virtual room on MyWall bedside device.
 3. Enter patient's date of birth to unlock tablet
 4. Click on Talk & Connect
 5. Click on Telemedicine (Staff Use Only)
 6. Select phone icon to join Telemedicine bridge line. (RN should see phone line for the patient's room displayed. If not, RN can search for the room number by typing in "KP" followed by the room number.)
 7. Tap the phone icon in top right to start the call
 8. Enter pin: 5551# to start the visit. (Tap the blue 9 dot icon at the bottom of the page to bring up the numerical keyboard.)
 - C. WebEx Video Conference
 1. The TELE CL IPAD will be sanitized before and after each patient encounter.
 2. TELE CL RN brings the TELE CL IPAD to the bedside – may use rolling stand.
 3. TELE CL RN sets up their own "Personal Room" for WebEx that CL MD joins
- V. TELE CL RN *may* stay with the patient for the duration of the consultation if the patient is NOT already on 1:1 / constant observation, if necessary, at the discretion of the TELE CL RN and Offsite CL MD.
 - A. If staying in room, the TELE CL RN will assist with communication, redirection, and bedside exam under direct visual supervision of the Offsite CL MD.
 - B. TELE CL RN will maintain a distance from patient of at least 6 feet unless clinically indicated.
 - C. Utilization of PPE will be determined by medical center policies and current conservation measures.

- D. The following clinical scenarios may require the TELE CL RN to remain in room during the TELE consultation:
 - 1. Delirious / Confused patients needing redirection, reorientation and reassurance
 - 2. TELE CL RN may be required to perform very focused neurological exam for applicable patients, such as catatonia.
- VI. If leaving the room, TELE CL RN must have the direct contact number for the bedside RN in case the patient experiences a concerning medical event observed during the TELE consultation.
- VII. TELE CL RN may recommend Q15 min checks or video observation from the nursing station, if appropriate.
- VIII. If the patient is already on Constant observation or 1:1 observation with a PCT, the TELE CL RN may leave to assist with the next TELE consultation, if appropriate, and at the discretion of the CL team. In this situation, the PCT or beside RN performing constant observation will be provided with the TELE CL RN contact information in case further assistance is required.

Part 4: CL Service Staffing

MD Rotation Schedule

	MD1	MD2	MD3	MD4
Week 1	onsite	remote	remote	remote (T,W,F)
Week 2	remote	onsite	remote	onsite (T,W,F)
Week 3	remote	remote	onsite	remote (T,W,F)
Week 4	onsite	remote	remote	remote (T,W,F)
Week 5	remote	onsite	remote	onsite (T,W,F)
Week 6	remote	remote	onsite	remote (T,W,F)

Adult Tisch and Kimmel CL Service Team Members:

Dr. Rachel A. Caravella, Interim Director CL Service
Dr. Allison B. Deutch, Interim Associate Director CL Service
Dr. S. Alex Sidelnik, Director of Addiction CL
Dr. Patrick Ying, Director of ECT
Dr. Calvin Cruz
Dr. Michael Yee, CL Fellow
Nathan Jones, Behavioral RN Liaison
Stacey Flatow, CASAC, Senior Social Worker
Celena Chong, CASAC, Social Worker

New TELE CL RN Team Members:

Patricia Whyte, RN
Gary Carlisle, NP
Hunter (Katie) Eastburn, RN
Emily Fries, RN
Amy Tenenhauser, RN

Part 5: Psychiatry Residents

Schedules: All resident and fellows should continue to report to assigned CL rotations, including evening float and weekend call.

Moonlighting:

- 1) CL Weekday Moonlighting (coordinated by Dr. Caravella) is *suspended* for the remainder of month.
- 2) Overnight and weekend moonlighting (coordinated by Dr. Martino) will proceed as scheduled.

Behavioral Emergency Response Team (BERT): Residents will continue to respond to all Behavioral Emergency Response Team codes with the following modifications:

- Residents should not enter any COVID +, r/o COVID, or any respiratory (contact or droplet) precaution patient rooms.
- Instead, residents should respond to the nursing station on the patient floor and provide liaison support to the primary service, inclusive of emergency medication recommendations required for rapid control of *current* behavioral symptoms.
- Priority should be rapid de-escalation of any symptoms threatening the safety of patients or staff, or interfering with necessary medical treatment.
- Resident will maintain a low threshold for emergency medications, if needed, given public health risk of COVID exposure due to agitation
- Adult patients are now being admitted to Kimmel Pavillion floors 8 & 9 (formally pediatrics) to keep up with the demand for adult inpatient beds. These patients are managed by ADULT providers and will be served by the ADULT BERT team if needed.
- As usual, contact in the form of a Behavioral Emergency Response Team code is not a replacement for psychiatric consultation and ongoing medication recommendations should not be given in the absence of formal psychiatric consultation. (See Consultation Guidelines below)

Approach to Consultation Requests:

- CL Psychiatry is here to support the efforts of our medical and surgical colleagues on the front lines in the Emergency Department, Intensive Care Units, and General Medicine Floors
- Definition of consultation is now EXPANDED to include a range of interventions from the usual comprehensive psychiatric consultation, to Liaison “mini” Consultation (no pt interview, just chart review and general guidance)

Consultations:

- Consultations can be performed in person or virtually using a TELE CL method. Residents should follow hospital guidelines regarding recommended Personal Protective Equipment (PPE), observe posted isolation signs, and exercise Universal Precautions with fastidious hand hygiene.
- Phone Triage: trainees should inquire specifically about the level of precautions for each patient.

- CL patient list: now has the new “Isolation Order” column which shows time, date and type of isolation ordered for each patient. Add the new patient to the list and confirm their level of isolation.
- COVID Isolation Rooms: Residents should NOT enter any COVID +, r/o COVID, or any respiratory (contact or droplet) precaution patient room for consultations for any reason. If a consultation is requested for a patient on these kind of isolation AND TeleCL via video conferencing is not feasible, then a phone consultation is acceptable. Phones that connect directly to patient rooms are located in the RN stations in Kimmel. Please document method of consultation in the Psychiatry Consult Initial Note in EPIC. All urgent and emergent requests for psychiatric consultation for these patients should be prioritized.
- TeleCL methods:
 - o WebEX Video conferencing: HIPAA compliant software. (See attached guide Addendum III)
 - Requires use of TELE CL Ipad on wheels; NOTE: Requires that the patient be on CO or 1:1 or with a member of the primary team.
 - Alternatively, can WebEx Video conference to a member of the primary service if that member is able to stay with the patient throughout the consultation
 - Alternatively, can WebEx Video conference a patient directly IF the patient has a smartphone with an email AND the patient is cognitively / behaviorally appropriate.
 - o Cisco Jabber: HIPAA compliant software to connect directly to Kimmel MyWall bedside devices. NOTE: resident must *already* have Jabber privileges with MCIT and have CISCO JABBER application on smart phone. (See attached guide Addendum II)
 - Bedside RN or primary team member (or patient) can be instructed on how to turn on the bedside MyWall device to facilitate the TeleCL consultation.

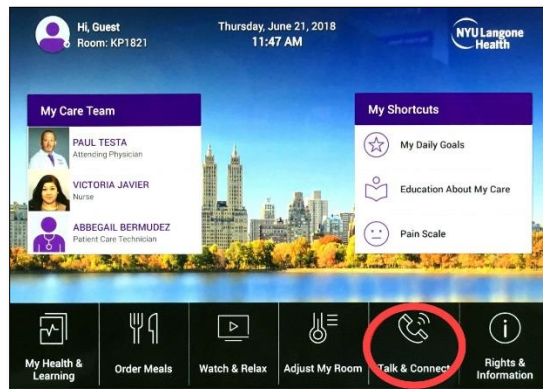
EPIC Documentation: CL templates already updated to indicate options for whether consultation took place virtually. Please document the same elements for TELE consultation as for in person consultation. Recommendations should always be communicated verbally as well as conveyed in EPIC.

Patients NOT appropriate for TELE CL

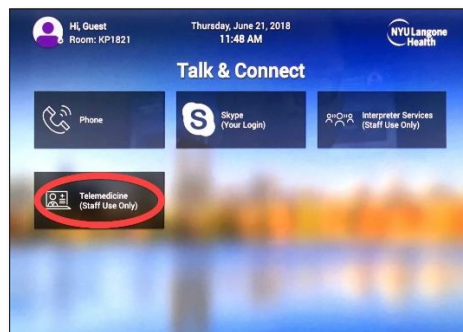
- Acute agitation, restlessness or BERT that precludes safe use of MyWall device or portable TeleMedicine device such as TELE CL Ipad or mobile phone.
- Hearing impairment not sufficiently mitigated with headphones or PocketTalker
- Requires interpreter services

Part Six: TELE CL via MyWall for Cisco Jabber Users

1. Request that primary service inform the patient that psychiatric consultation will be virtual and confirm patient room number in Kimmel
2. Patient with primary team or bedside RN assistance logs into telemedicine virtual room on MyWall device.
3. IMPORTANT: RN, primary team or PCT should *stay in the room* with the patient for the duration of the encounter if pt confused, suicidal, agitated, medically unstable. If no team member is available to stay in the room, you MUST have a direct number for bedside RN and primary team.
4. Enter patient's date of birth to unlock tablet.
 - a. Click on **Talk & Connect**



- b. Click on **Telemedicine (Staff Use Only)**

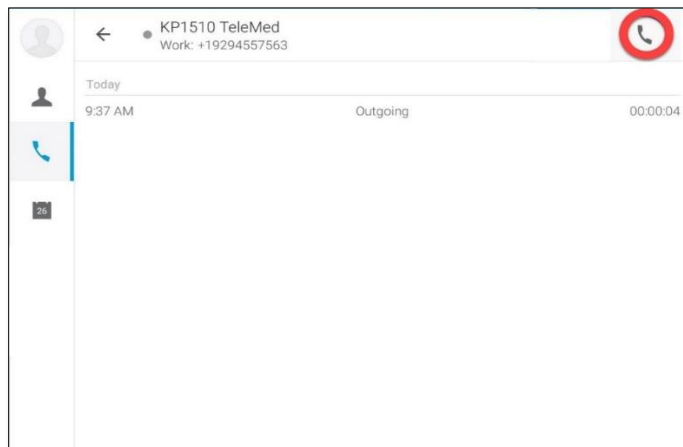


- c. Select phone icon to join telemedicine bridge line. You should see phone line for the

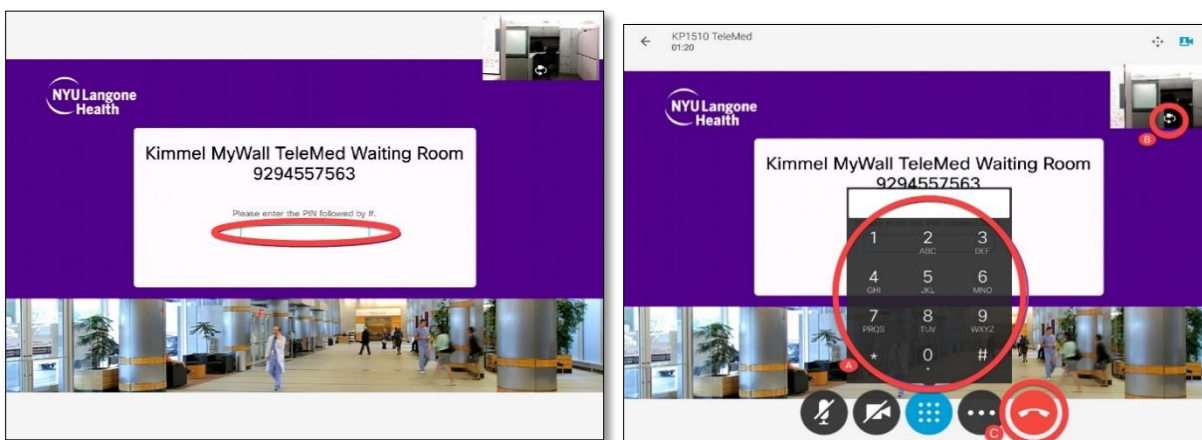


room you are in displayed. If not, you can search for the room number by typing in KP and room number: KP1510 Telemed. Select the bridge line (room)

- d. Tap the phone icon in top right to start the call

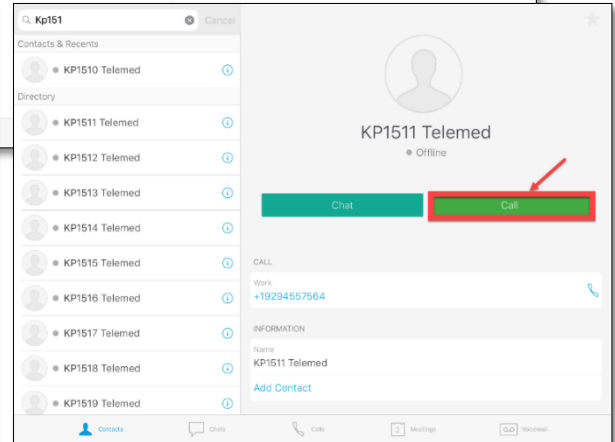
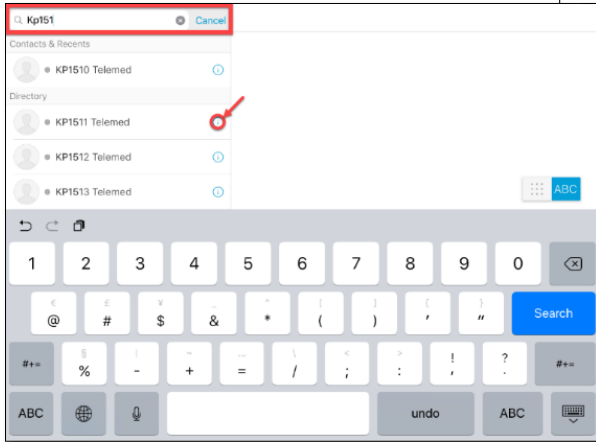
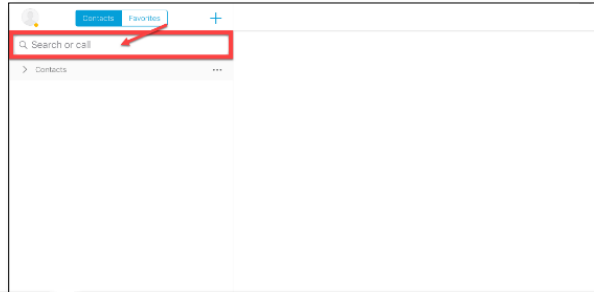


- e. **Enter pin: 5551# to start the visit.** You can tap the blue 9 dot icon at the bottom of the page to bring up the numerical keyboard. Then enter pin with #.

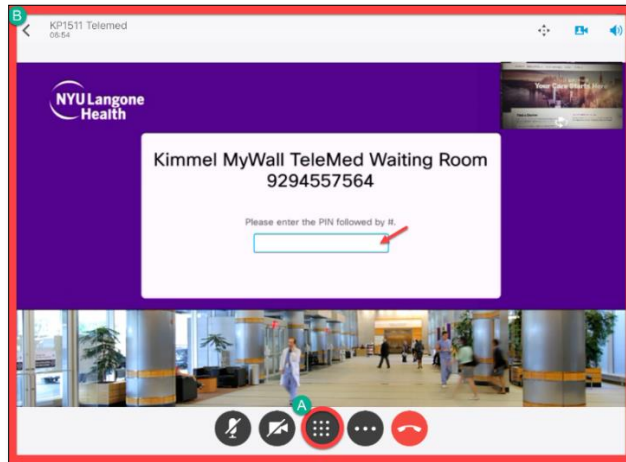


- 5. CL MD remotely logs into Jabber via tablet or smartphone (preferably tablet).
 - a. Select Contacts from bottom left of screen

- b. Locate “Search or Call” field at the top of the screen
- c. Type is room number into the field – this is the “bridge line” (ex: KP1501)



- d. Click “Call”
- e. Enter Pin: **5551#**



- 6. Ensure that microphone is unmuted and that video is enabled for the consultation (bottom of screen).
- 7. MCIT TELEMED rapid response team (IT team) for use for technical issues related to TELE only: XXX-XXX-XXXX

Part Seven: TELE CL via WebEX

1. Download WebEX onto smartphone – see attached Guide “WebEx for TeleCL.”
 - a. NYU Airwatch Application has WebEx application
 - b. Install WebEx
 - c. Click “Sign in”
 - d. Use NYU email address and password, click “next”
 - e. Click “Start a Meeting” to create your personal conference room (OR join a “Recent Personal Room” if working with a TELE CL RN more than once)
 - f. Click “Participants” icon on bottom and “invite” from lower left hand corner icon
 - g. Enter TELE CL RN, primary team MD, or patient’s email address
 - h. Other video participant needs to accept the invitation
 - i. Ensure that you share your video and unmute your audio to proceed.
 - j. Verbally confirm whether the other participant can see and hear you.
2. Equipment required: TELE CL IPAD on rolling stand (expected 3/23/20), resident’s smartphone.
3. IMPORTANT: RN, primary team or PCT should *stay in the room* with the patient for the duration of the encounter.
4. Alternatively, resident can WebEx Video conference a member of the primary service if that team member is able to stay with the patient throughout the consultation
5. Alternatively, resident can WebEx Video conference a patient directly IF the patient has a smartphone with an email AND the patient is cognitively / behaviorally appropriate. In this situation, resident should be on the same floor as the patient in case consultation needs to be converted to in-person.

Part Eight: CL Service Morning Signout

Section 1: Creating a morning rounds meeting

1. Onsite CL Attending will open up video call for rounds via webex using white cisco tablet in CL suite at 8:45am
2. Go to "Contacts" --> "Favorites" --> "Morning Rounds" --> "Call"
3. Enter Host Key 110618#

Section 2: Dialing into rounds from ED, HCC-10, Remote location

1. Open webex on your phone/computer/tablet
2. Hit "Join The Meeting"
3. Enter meeting number 730 865 331

Part Nine: Behavioral Emergencies (BERTs)

All adult units in Kimmel Pavillion and Tisch, inclusive of Kimmel Pavillion 8th Floor (rooms 801-816, formerly pediatrics) may activate a Behavioral Health Emergency Response Team code. Note: pediatric patients on the 8th floor of Kimmel Pavillion will be covered by the Pediatric Behavioral Emergency Response Team (pBERT).

Behavioral Health Emergency Response Team WORKFLOW: One Behavioral Health RN and one CL Psychiatrist will respond to each Behavioral Emergency Response Team call.

- I. Proposal: To prepare responders, telecommunications will alert providers to isolation status of patient (via Zipit page) after Behavioral Emergency Response Team code is activated
- II. The default method of psychiatric assessment will be via TELE using MyWall device.
- III. For COVID+ or COVID r/o Patients: Only Behavioral Health RN, Bedside RN, and 2 security officers should wear PPE
- IV. PPE should be available for the remaining participants (alert RN, CL MD, remaining 2 security officers Primary team MD/NP/PA, others); however, PPE should be donned only if necessary
- V. Rapid behavioral control, patient and staff safety, as well as avoiding breaches in isolation will be top priority
- VI. CL psychiatrist will maintain a low threshold for emergency medications, if needed, given public health risk of COVID exposure due to agitation OR elopement.

Part 10: Langone Orthopedic Hospital

Part 1: Executive Summary

Goals: To continue providing patients at NYU Langone Orthopedic Hospital with high level psychiatric consultation while minimizing risk of exposure to CL Psychiatry service members.

Priorities:

4. Maintain patient safety and deliver excellent clinical care
5. Support our medical and surgical colleagues who are caring for challenging patients
6. Avoid unnecessary exposure to COVID19 to minimize staff illness and preserve PPE

Staffing:

- One "Virtual" CL MD
- One Behavioral Health RN/Tele CL RN

COVID Strategy for Patient Care:

ALL Psychiatric consultations will be conducted via Telepsychiatry unless the patient meets one of the exclusions below:

Patients NOT appropriate for TELE CL

1. Acute agitation and/or Behavioral Emergency Response Team activation that precludes safe use of TeleMedicine
2. Hearing impairment not sufficiently mitigated with headphones or PocketTalker
3. Requires interpreter services

Acceptable Methods of TELE CL

- WebEX Video meeting: CL IPAD, CL phones, Patient phone
- Telephone interview: CL phones, Patient phone
- Liaison or "Mini" Consultation: chart review, discussion with the primary service, no patient interview provides general guidance based on overall impression.
- Proactive Consultation: chart review cases flagged by medical unit directors to see if full consult or liaison consult is appropriate.

Interventions to Decrease Exposure & Protect CL Staff

- EPIC List: New isolation column with type / time / date of precautions
- Phone Triage: Ask caller about COVID19 status
- Team members may wear hospital scrubs, designated hospital footwear

CL MD Responsibilities:

- Receive and triage consultation requests
- Provide Telepsych Consultation to admitted inpatients (and emergent consultation as needed)

- Respond to Behavioral Emergency Response Team codes

TELE CL RN Responsibilities

- Facilitate CL MD's TELE consultations
- Liaison and support for bedside RNs
- Sanitizing CL IPAD between patients
- Clear communication with MD

Equipment: 1 (one) TELE CL iPad in shatter resistant case with screen protector, 1 (one) rolling iPad stand

EPIC Documentation:

- CL templates already updated to indicate whether consultation took place by TELE
- CL MD designates involvement of TELE CL RN
- Brief Notes to describe a liaison or "mini" consultation

Part 2: TELE Consultation Protocol (based on MCIT approved workflow for pilot):

I. LOH Workflow

- A. TELE CL RN and CL MD review patient's chart
- B. TELE CL RN goes to the floor to verify with the bedside RN that the patient is available and ready for TELE consultation.
- C. TELE CL RN inquires about level of cognition, presence of agitation, primary language, hearing or vision impairment.
- D. TELE CL RN communicates directly with the CL MD to discuss that patient is available, appropriate for TELE consultation, and facilitates MD TELE CL evaluation
 1. WebEx Video Conference
 - a) TELE CL RN sets up WebEx on TELE CL IPAD or facilitate WebEx Video conference directly with patient's personal smart device, if appropriate.
 - b) TELE CL RN brings the TELE CL IPAD to the bedside with rolling stand.
 - c) TELE CL RN remains with patient or at nursing station for duration of consultation
 - d) TELE CL RN may be required to perform very focused neurological exam for applicable patients, such as catatonia.
- E. FOR PATIENTS ON STANDARD PRECAUTIONS:
 1. The following clinical scenarios may require the TELE CL RN to remain in room during the TELE consultation: delirium, confusion, agitation requiring redirection
 2. If staying in room, the TELE CL RN will assist with communication, redirection, and bedside exam under direct visual supervision of the CL MD.
 - a) TELE CL RN will maintain a distance from patient of at least 6 feet unless clinically indicated.
 - b) Utilization of PPE as follows: surgical mask and gloves

3. If leaving the room, TELE CL RN must have the direct contact number for the bedside RN in case the patient experiences a concerning medical event during the TELE consultation.
 4. *For patient's already on CO or 1:1*, the TELE CL RN may leave to assist with the next TELE consultation and will provide bedside RN/PCT with their direct contact information in case further assistance is required.
- F. FOR ISOLATION/COVID+ PATIENTS:
1. TELE CL RN will not enter the room & will instead coordinate a time for Telepsychiatry Consultation with bedside RN (should coincide with med administration, vitals, etc).
 2. Bedside RN will assist with Telepsychiatry consultation by bringing iPad to bedside.
 3. If CL MD and TELE CL RN suspect that patient will require CO or 1:1 for the duration of Telepsychiatry encounter, necessity/urgency of consultation will be discussed attending to attending
- G. Following completion of each consultation, regardless of isolation status, TELE CL RN will sanitize iPad/rolling stand using alcohol-based sanitizing wipe in preparation for next use.