NYU Langone Hospital Perelman ED COVID 19 Planning Psychiatry Protocol

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Goal:

To continue providing NYU Langone Hospital's Perelman ED with high level psychiatric consultation while minimizing risk of exposure to psychiatry service members.

Objectives:

- Avoid unnecessary exposure to COVID19 to minimize staff illness and preserve PPE through the use of telepsychiatry.
- Provide emergency psychiatric consultations to the Perelman ED and OBS unit.
- Decrease ALOS of psychiatric patients presenting to the NYU Perelman Emergency Department.
- Assist with acute management and disposition planning.

Coverage:

Psychiatry consults to the ED are available 24hrs/day, 7 days week.

Patients NOT appropriate for Telepsychiatry

- Acute agitation, intoxication, too somnolent to remain awake for the duration of an interview.
- Hearing impairment not sufficiently mitigated with headphones or PocketTalker.
- Requires interpreter services.

Telepsychiatry Process:

1) NYU Langone Perelman ED Physician Performs Initial Assessment & Determines Need for a psychiatric consult.

- Places Order in Epic – "IP CONSULT TO ADULT PSYCHIATRY"

- Places order for 1:1 – "1:1 Observation (Safety or Suicide precautions) and the patient is changed out of his/her clothes and his/her belongings are secured. All pts being seen by telepsychiatry (psychiatrist is in a remote location) in the ED must be on a 1:1 for the duration of the interview even if not indicated for clinical reasons.

2) NYU Langone ED physician calls the NYU Langone psychiatrist at 212-263-7264 and provides a brief description of the consult request to psychiatry. If the patient is not suitable for a telepsychiatry evaluation for the reasons listed above, the patient will be seen by an in-person psychiatrist in the ED.

3) The remote psychiatrist who will be doing the telepsychiatry evaluation reviews information in Epic prior to interview which includes medical work-up, medications administered, laboratory testing, imaging and collateral obtained to date. This psychiatrist will also speak with the ED attending who is requesting the consult to review pertinent information.

4) The ED psychiatric nurse or PCT brings the telemedicine iPad (with stand) to the patient from the assistant nurse manager's office.

5) Psychiatrist logs into EPIC and locates patient and adds the pt to the psychiatry consultation list.

6) The psychiatrist speaks with the psychiatric RN (x48802) and coordinates with the RN regarding using either NYULH Webex or Jabber via the ED iPad. As of 3/24/20, Webex is the main tele platform for Psych ED consults. When all staff have Jabber fully enabled on their devices, workflows will switch over to Jabber as the main tele platform.

7) The RN brings the iPad to the pt with the psychiatrist visible to the pt. The RN does not need to remain with the pt as long as the pt is with a PCT for the duration of the interview. The psychiatrist conducts the interview. The iPad is returned to the psych RN.

8) The psychiatrist speaks with the EM team regarding recommendations and disposition planning.

9) The iPad is sanitized after each pt use and returned to the assistant nurse manager's office.

COVID protocol:

I.   Suspected COVID19 patients or ANY other patient on respiratory isolation:
   A. TELE psychiatric consultation will be the default method to limit exposure.
   B. 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. [??]

C. In this rare circumstance, onsite psychiatrist will wear full PPE and work closely with the primary service.

II. <u>Patients NOT on respiratory isolation</u>:
   A. TELE psychiatric consultation will be the default method to limit exposure.
   B. In person assessments will *only* be made under the following circumstances:
      1. TELE consultation proves insufficient for diagnostic assessment and treatment planning and/or the pt meets the above exclusion criteria AND
      2. There has been an explicit attending to attending discussion of risks.
   C. In this rare circumstance, Onsite ED MD will wear any recommended PPE (as instructed by the EM team) and work closely with the EM service.

Note: All staff must ensure they have Webex and/or Jabber on their device(s) and have successfully completed a test audio/video connection with a colleague prior to engaging in telepsychiatry with a patient in the ED.

How to use Webex:

1. Download WebEX onto psychiatrist's smartphone
   a. Click "Sign in".
   b. Use NYU email address and password, click "next".
   c. 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).
   d. Give the meeting # to the psych RN in the ED. The psych RN in the ED joins the meeting.
   e. Ensure that you share your video and unmute your audio to proceed.
   f. Verbally confirm whether the other participant can see and hear you.
2. Equipment required: TELE CL IPAD on rolling stand, psychiatrist's smartphone or iPad.
3. IMPORTANT: PCT should *stay* with the patient for the duration of the encounter.

How to use Jabber:

1. Refer to attached MCIT Guide for instructions and links to download Jabber (p. 8). If Jabber isn't active, place ticket with MCIT at 212-263-6868.
2. For evaluation, psychiatrist logs into Jabber remotely. PCT/nurse logs into Jabber in ED on ED iPad. Each enters his/her KID@nyumc.org and password to login. For example: Name: John Sample KID: SampJ01 Login to Jabber: SAmpJ01@nyumc.org

      a.   Ensure that you share your video and unmute your audio to proceed.
      b.   Verbally confirm whether the other participant can see and hear you.
3. Equipment required: TELE CL IPAD on rolling stand, psychiatrist's smartphone or iPad.
4. IMPORTANT: PCT should *stay* with the patient for the duration of the encounter.