

Report from Atrium Health, Charlotte, NC

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With upwards of 248,000 confirmed cases of COVID-19 in North Carolina alone, implementation of a simultaneously safe and effective manner of providing psychiatric services has been critically important at Atrium Health as it is one of the largest hospital systems in the Southeast region of the United States. Specifically, the Consultation-Liaison Psychiatry service line has extended its provision of services, both in terms of geographical distance and service delivery method.

As of 10/27/20, COVID-19 has numerically affected North Carolina and Atrium Health in the following ways:

- O North Carolina – 248,750 confirmed cases, 1,203 currently hospitalized, 3,992 total deaths
- O Atrium Health – 178 currently admitted in acute care settings, 476 total deaths, 15,000 staff members tested

Delivering compassionate and effective psychiatric care for patients on the CL Psychiatry service remains our priority regardless of whether a patient is under investigation or has tested positive for COVID-19.

The CL Psychiatry service at Atrium Health's flagship, Charlotte Medical Center (900+ beds), consists of two Attending Psychiatrists, two Advanced Practice Providers, one LCSW Coordinator, and one to two Psychiatry Residents. Conventionally, all assessments are completed in-person with attendings and residents rounding together.

We have made the changes below to the service line to ensure the safety of colleagues and patients while still delivering evidence-based compassionate care.

1. Implementation of "Virtual Carts" that employ VIDYO software for clinical encounters, involving arrangement of workflow to conduct virtual CL consults to all units within the hospital.
2. Establishment of E-Consults, where impressions and recommendations are provided based on chart review, speaking with the primary team, and often gathering additional information from family.
3. Utilization of telephonic consults using designated "COVID phones" for patients that are able to engage in conversation.
4. Execution of quality resident teaching and rounding completed with the Virtual Rooms feature via VIDYO software. Notably, multiple team members can observe one provider's interview and partake in the assessment with this capability.
5. Transition of legal involuntary commitment paperwork temporarily to online

formatting without the requirement of a notary.

Collectively, these adaptations have maintained psychiatry resident education and involvement on the CL Psychiatry service, allowed for timely quality patient care regardless of COVID-19 status, and prioritized provider health to allow for practice without fear of COVID-19 infection.

Not only have these adjustments allowed for continued care in the midst of the COVID-19 pandemic, they have actually led to optimization and even expansion of psychiatric care that will shape our practice beyond this public health crisis.

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