

Report from Elmhurst Hospital Center Consultation-Liaison Psychiatry

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Goal: To continue providing Psychiatric consultation care to patients on the Medical units while mitigating COVID-19 exposure risk to the C-L team members.

Staffing: We have 1 FTE Attending on site, 1 Part-time Attending on site and 1 FTE Attending working from home. We have two PGY4 residents and sometimes one PGY2 resident available on-site.

Applied Workflow: With the goal of reducing unnecessary exposure, every consult is first discussed with the primary team to evaluate the urgency of the consult. A chart review is done to gather further information about the patient and the consult question.

- If it is deemed that the consult can be done as a **curbside** (in cases like outpatient disposition issues, appointments for stable patients, delirium management-in patients without behavioral dysregulation, medication reconciliation in a patient with hx of psychiatric illness with stable symptoms, etc.), **phone recommendations are given to the team** to help guide them after collecting all the data about the patient from the Primary team, Collateral family info and/or outpatient providers.
- If a Face to Face eval is warranted, the ideal approach is to do it via **Telepsych** - using **Zoom or WebEx or Facetime phone app**. We have acquired a Smartphone for our C-L service through our hospital IT Department and use a secured hospital WiFi network for our patients (given that many patients don't have phones with them when they come to the unit). This phone is disinfected after each use and is solely for the purpose of giving to the patients for face-to-face eval. We usually set up the call and start the face-to-face app, before handing it to the patients to avoid technical confusions for the patient.
- If a face-to-face eval is limited or not possible (in case of needing a Language interpreter or confusion as to how to use the smartphone, etc.), then a **Phone Eval** is done using the hospital phonenumber and patient's bedside phone.
- If it is deemed that the **consult is non-urgent and the patient is unable to participate in Virtual consultation eval**, and the **COVID status is unclear** then we decide the treatment plan after a chart review and thorough discussion with the primary team and await the COVID results to do a complete eval.
- If all these alternatives fail and a **face- to-face eval** is unavoidable (agitation, acute psychosis, suicidality concerns)- then we don the PPE provided on the units and stand behind the glass doors and evaluate patients and if entering the room ALWAYS maintain a 6 feet distance. All staff members must wear a surgical mask on site AT ALL TIMES (N- 95 only given if staff needs to enter a COVID CONFIRMED patient's room)

Types of Consults: We have been seeing an increase in Delirium Consults, some consults for behavioral issues where patients are refusing to stay in the Isolation Room, agitation management. Most of the patients with an underlying psychiatric issue, some presenting with increased anxiety, mood issues, psychosis (my analysis seems to suggest that this exacerbation maybe due to the current stress that we are all going through v/s missing appointments as most clinics are now Telehealth), older patients with Dementia with superimposed Delirium with COVID symptoms.

Supplies: We have to wear surgical masks throughout the day. We are not getting N95 for PUI cases and only 1 N95 per day to see COVID+ patient. The way we “save” our N95 is that we have been putting a surgical mask over the N95 and discard the surgical mask once out of the Isolation Room.

On our medical units, some of the rooms which don’t have a glass window in the Isolation Rooms, have been fitted with Room Cameras and the monitor is set at the Nursing Station. This is to eliminate the staff (mostly nurses) going into the room every time the patient presses the buzzer and they can communicate and see the patient through the camera and vice-versa, and sometimes this technology is also used by other team members which has been a great help!

Patients warranting Psychiatric Admission: We have converted 2 psychiatric units to COVID+ and PUI units. Patients who need psychiatric admission and are triaged and medically stable (vitals ok, oxygen saturation good on room air, labs good) are transferred to either the COVID+ unit or the PUI unit depending on their results.

If the patient is COVID+ and asymptomatic, and has been admitted for 10-14 days, we repeat the COVID test and disposition plan is made accordingly.

Personal Recommendation: If your community has not seen a major uptick in COVID patients till now, it’s only a matter of time before it happens so start putting together a workflow & plan for possible contingencies for your team to help prepare for when the peak comes.