

Report from Montefiore Medical Center, Bronx, NY

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I had never wanted remote access to our EMR, believing that my workday would morph to 24 hours...and it has. Two weeks ago, when I was the last one standing, with my three attending physicians and several of our residents out sick, we had a telephone chat and decided to try to switch to televisits. Consult volume has been low and the hospital had rolled out "e-consults", essentially a curbside consultation, attending to attending, aimed at giving some recommendations based on chart review, the type of discussions we have always had with colleagues in corridors. It had been in the works for our ambulatory sites, but it was brought to the hospital and has been very helpful for those questions about medications, should they be stopped, changed, monitored, increased, etc. Regular consults have been addressed entirely by phone and televisits. Many patients have cell phones that allow e-visits, we have used staff members phones, and have also used bedside phones.

Our residents are being pulled to work in makeshift ICUs in former meeting and clinic spaces, so we are on our own. I do try to pull together a weekly case conference via ZOOM. I talk with my colleagues daily and text frequently. Our CEO has a daily update call and our chairman had a phone call in check in for everyone 3 times a week. There has been a departmental insistence that there be someone on site, which we tried to fight as we were doing all the consults remotely and most of us were a short drive away, but the department insisted (I guess the optics looked bad). So, one person goes in and sits in his office, doing what the rest of us do from home. We are trying to start weekly Zoom Grand Rounds for the whole department, so life goes on!

Our department also set up an e-clinic for worried staff members, with patients evaluated within 24 hours, so we volunteered for that and are doing phone/tele evaluations and follow-ups. So, I'd say, things have been going well for 2 weeks with no patients that have been unable to be cared for by these methods. My concerns are more for the future. This crisis has dragged us screaming and kicking into a new world, but will we be able to justify going back to the old ways, to our group rounds which have been a wonderful way to teach, but also represent 19th century care and pedagogy?