Report from the Memorial Sloan Kettering Cancer Center Psychiatry Service

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COVID-19 Adaptation Plan

As the COVID19 pandemic continues to expand throughout New York City and medical systems are pushed beyond capacity, we have rearranged our operational structure in the inpatient and outpatient settings to maintain social distancing, minimize COVID-19 exposure, minimize personal protective equipment (PPE) use, reduce community spread, and promote psychological well-being. This adaptation plan has been in place since March 16th, 2020.

Adult Inpatient Clinical Operations

Our inpatient CL psychiatry team consists of 5 Advanced Practice Providers (APP), 6 CL psychiatry fellows, and 10 CL psychiatry attendings. We have three rounding teams daily, consisting of 1 APP, 5 CL fellows, and 3 CL attendings. One of the APP's works night shifts to cover in-house psychiatric emergencies from 6pm to 6am. A CL psychiatry fellow and attending are available for audiovisual supervision/collaboration at nights and on weekends.

With COVID-19 re-structuring we have reduced the number of inpatient CL team members to one APP, one CL fellow and one rounding attending per day with one back up fellow available to respond if needed. We have received approval from our HICS team for inpatient telemedicine consultations with use of Cisco Jabber, Facetime, WhatsApp Video, and Doximity. Our inpatient billing is completed by medical coders which has been particularly helpful during this pandemic. Our documentation includes the telemedicine modality used, the use of it due to COVID-19, and its potential limitations.

We have continued to provide care for about 10 to 15 follow up patients and 2 to 3 new consults a day. This is a significantly lower number than our pre-COVID consult numbers. Currently the hospital is at around 70% capacity. Thirty percent of all hospitalized patients are COVID-19, and about 30% of those patients with COVID-19 are in Critical Care Units. Most of our consults are for management of patients with delirium. In the last week, we have been seeing an increase in the number of post-extubation delirium consults among COVID-19 patients. We continue to provide in-person consultations if clinically warranted. We have continued to respond in-person to all Behavioral Rapid Response Team calls, typically activated for severe agitation.

Our PPE supply is currently adequate allowing for use of goggles/face shields and N-95 while interacting with PUI and COVID-19 patients. While on hospital grounds, all patients and staff are required to have a surgical or a procedural mask on. All staff working on site, fill out a daily symptom checklist questionnaire before reporting to work. We have found additional office space near the hospital for the rounding fellow and the attending to use for charting/phone calls while maintaining social distancing guidelines. Institutional testing ability has allowed for all staff with any symptoms of concern to be tested for COVID-19. All hospitalized patients are tested at the time of admission and as needed throughout their hospital stay.

We have daily handoff meetings via Zoom with all the CL fellows, the day shift APP, rounding and on call attendings, as well as the training program and clinical leadership to ensure continuity of

care among different team members. These meetings additionally allow for in-depth case discussions for the trainees and APP's.

With the intention to proactively identify patients at high risk for behavioral emergencies, we send out twice daily check in e-mails to all nurse leaders and nursing supervisors, once a shift. This allows us to manage the high-risk patients in a timely manner, preventing Behavioral Rapid Response Team calls.

In collaboration with Nursing Leadership, we have revised the suicide precautions policy, to allow for patient care technicians to remain outside of COVID-19 patient rooms while keeping patients at eyesight at all times. Additionally, COVID-19 patients on suicide precautions are admitted to floors with 24/7 in-room video monitoring capacity. See the attachment for COVID-19 Suicide Practice Alert.

We worked with our Critical Care colleagues to develop Sedation and Delirium guidelines for mechanically ventilated COVID-19 patients accounting for medication shortages and increased number of ICU beds in our hospital. We similarly developed COVID-19 delirium management guidelines for COVID-19 patients outside of critical care settings. We have 5 Critical Care and 8 to 9 medical COVID-19 teams some of which consist of redeployed clinicians. The delirium guidelines were developed with the intention to support clinicians who may not be as familiar with pharmacological management of delirium, short of reaching out to Psychiatry for a formal consultation. We regularly check in with the COVID-19 teams to assess their needs for assessment and management of psychiatric issues among hospitalized COVID-19 patients. See attachments for delirium management guidelines.

Adult Outpatient Clinical Operations

Within the Adult Psychiatry Service, 8 psychologists, 13 CL psychiatrists, 3 APP's, and 6 CL fellows provide outpatient care to MSKCC patients. Since March 16th, 2020 all new visits and follow up visits have been conducted through telemedicine with use of Cisco Jabber, Facetime, WhatsApp Video, and Doximity. For patients who do not have the technology to use video communication, phone consultations are carried out. So far, we have been able to assess/follow all patients through telemedicine without need for in-person visits. Our support staff work remotely from home and provide support for all outpatient telemedicine calls. All electronic clinical documentation templates have been updated to include the telemedicine option from home for clinicians. The use of telemedicine due to COVID-19 pandemic and the potential limitations of that, is included in the documentation.

Training/Continuing Education

- We have been able to continue weekly psychotherapy case conference, outpatient case conference, and Professor's Rounds via Zoom.
- As noted above, the daily handoff meetings offer an additional opportunity for teaching activities.
- We have continued monthly Journal Club with CL clinical and research fellows.
- We have identified two fellow leads, rotating on a monthly basis, to work closely with the Service and Training Program leadership. The fellow leads are tasked with working on the monthly schedules for rounding and back up fellows.
- We created a shared drive folder accessible to all faculty, fellows, and APP's with a variety of COVID-19 resources. The resources from the ACLP have been very helpful to our group.

- A group of us are working on submitting a symposium proposal for the ACLP Annual Meeting.
- The Continuing Education seminars open to public have been cancelled until further notice.
- Grand Rounds have been cancelled until further notice.

Staff Support

- Psychiatry APP's run a twice weekly, night shift virtual staff support group under the supervision of one of our psychologists.
- Social workers run a twice weekly, day shift virtual staff support group.
- Psychiatry APP's check in with inpatient charge nurses every shift to identify staff members/inpatient floors in need of additional support.
- One of our psychiatry fellows guides weekly support groups aimed towards GME house staff of all specialties.
- One to one counseling is offered to all interested staff by our psychiatrists and psychologists.
- Social work has been running groups for COVID patients and caregivers on a weekly basis.

The authors deny any significant conflict of interest related to this report.