

## **Report from the Memorial Sloan Kettering Cancer Center Psychiatry Service, Update of May 26, 2020**

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As the COVID-19 pandemic plateaus throughout New York City and medical systems are moving towards a new normal, we have started moving toward a pre-COVID outpatient volume via telemedicine and mostly in-person inpatient work except for patients with known COVID-19. We continue to prioritize patient and staff safety and well-being, by maintaining social distancing, minimizing COVID-19 exposure, minimizing personal protective equipment (PPE) use, and promoting psychological well-being. This updated adaptation plan has been in place and continues to evolve since May 11, 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 had 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 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.

Since early May, our inpatient numbers started increasing, to around 40 to 45 follow up patients and about 5 to 6 new consults a day. This is much closer to our pre-COVID numbers. With increase in the consult numbers and acuity, we have increased our inpatient teams to two attendings, 3 fellows and 1 APP, still not at our pre-COVID team census. We intend to return to our 3 attending teams in June. This is on hold till we find additional space close to the hospital that will allow for social distancing among fellows, APP's, and attendings.

Currently about 5% of all hospitalized patients are COVID-19, about half of those patients are in critical care units. This is a significant decline in the total number of COVID-19 cases from the time of our previous ACLP report around mid-April. We have assigned a C-L fellow to each one of our 5 critical care teams to collaboratively manage patients with COVID-19 delirium. All critical care fellows are supervised by one of our C-L attendings for continuity of care. Each fellow contacts their team daily to discuss delirium cases, or patients who are about to be extubated or being weaned. This level of collaboration has made a significant impact in the care and recovery of the critically ill COVID-19 patients. Psychiatry team receives a daily report of psychotropic medications, fentanyl, Propofol, dexmedetomidine, and ketamine of all COVID-19 critical care patients. This has allowed the C-L team to identify patients on complex or high dose medication combinations, another indication for inpatient psychiatry consults. We revised the Sedation and Delirium guidelines for mechanically ventilated COVID-19 patients in close collaboration with our critical care colleagues. The initial guidelines were developed accounting for medication shortages and increased number of ICU beds in our hospital. We have since revised those

guidelines as detailed in the attached document. The COVID-19 delirium management guidelines for COVID-19 patients outside of critical care settings continues to be utilized by the medical teams and have been helpful in supporting clinicians who may not be familiar with pharmacological management of delirium especially in the setting of COVID-19. We continue to regularly check in with the COVID-19 teams to assess their needs for assessment and management of psychiatric issues among hospitalized COVID-19 patients.

We provide in-person consultation to all non-COVID patients. Despite continuing telemedicine for COVID-19 patients, we regularly examine these patients in person, and at least once a week and more often 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. All clinical staff have access to COVID-19 testing on a regular basis. All clinical staff have recently been granted access to antibody testing. All hospitalized patients are tested at the time of admission and regularly throughout their hospital stay.

We continue to 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 continue to 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.

As noted in the previous ACLP report, 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.

### **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 16, 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 our documentation. The plan is to continue telemedicine for the time being unless there is need for an in-person visit.

### **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 C-L 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 have submitted a symposium proposal for the ACLP Annual Meeting.
- The Continuing Education seminars open to public have been cancelled until 2021.
- Grand Rounds have been cancelled until September 2020.
- We are getting ready for the next group of fellows. All 6 fellows are planned to start on July 1, 2020.

### **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 on COVID-19 inpatient floors in need of additional support.
- 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.