

COVID-19 Preparedness Plan for VASDHS Consultation-Liaison Psychiatry Service

Updated 3/17/2020

With the current situation with COVID-19, we are recommending the following modifications to psychiatry patient services on the Psychiatry Consultation-Liaison Service (to protect patients and staff). Special issues in the context of a pandemic (with a focus on continuing to provide compassionate care, access and maintain staffing) include reducing direct patient contact, using indirect patient contact, adhering to recommendations to reduce frequency of non-urgent face-to-face visits, protecting providers.

1. For any “patient under investigation” (i.e. symptomatic patient, PUI), whenever clinically feasible, the psychiatrist should not enter the patient’s room. This is to minimize exposure risk, as well as reduce the use of Personal Protective Equipment (PPE), so that we can continue to maintain an adequate supply at the hospital
 - a) PUI or active COVID-19 patients will be assessed and treated by Psychiatry Attendings (not pharmacy or psychology trainees)
 - b) Instead of entering the patient’s room, the staff can provide the patient with a phone, and the evaluation can be conducted over the phone. If tele is available, that can also be utilized.
 - c) Chart review may also be a reasonable method of evaluation when clinically indicated, if communication by phone is not available.
 - d) A CL Chart Review template will be developed (Lauhan)
 - e) The team will enquire about I-Pad availability on the CL service (Beizai)

2. For general consults, the service will adjust practice patterns to minimize risk to patients and staff/trainees by taking the following measures
 - a) Rounding will not occur in large groups
 - b) Consultation requests will be triaged through discussion with referring team, chart review, and consideration of educational impact for trainee. Cases will then be triaged to chart review or in person assessment based on factors including: urgency of consultation request, complexity of the consultation, feasibility of answering consultation question without in-person evaluation, patient/staff safety, and educational value. For cases with educational impact, the goal will be for the trainee and attending to see the patient together, and then discuss with the team in the CL Office. Attention to case presentation format will be of educational value.
 - c) if follow up is recommended, it will be determined if this can be done via chart review, in person, or tele visits.

3. Although admission to any inpatient hospital always involves a risk/benefit assessment, we should all be aware that currently, we need to factor in the risk of exposure to and/or complications from COVID-19. This is of particular relevance with patients with higher

vulnerabilities including older patients (increased risk over age 60, and especially over age 80), as well as those with chronic medical conditions.

4. Staff and trainees will refer to the most updated instructions as to hand hygiene and proper use of PPE. Recommend that team members identify work stations in the shared office space and label them.
5. This plan will be adjusted as needs emerge. Consideration will be given to a rotation system of CL Psychiatrists (roles rotating between home tele to PCMHI and on-site CL)
6. New issues may arise and the team will need to remain flexible and pro-active in their approach

Submitted by Kristin Beizai, MD, VA San Diego Healthcare System.

I have no conflicts of interest to report.