

# VA Inpatient Psychiatry Consults in the time of COVID

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# Disclosures

- Neither I nor my family have any related financial considerations to disclose.
- Unless otherwise specified, the content of this presentation reflects my opinions rather than those of the Palo Alto VAHCS.

# Agenda

- Background
- Current state of the PAVAHCS Psychiatry Consult Service
- Q&A/Discussion

# Palo Alto VAHCS

- Large VA Health Care System
  - Palo Alto: Psychiatry hospital, Addiction Treatment Service, Medical Hospital\*, Hospice Ward\*, PM&R Wards\*, Small CLC\*, Emergency Department\*, Outpatient Medical/Surgical Clinics
  - Menlo Park: Outpatient Mental Health Clinics, Domicilliary, Residential Treatment Programs in PTSD and Addictions, Large CLC\*
- ~200 miles between CBOCs



# Consult Service

- Med/Surg/Rehab
  - Attending Psychiatrist + RN
  - ~6-10 active consults at a time
  - ~2 new consults per day
- Sophisticated Medicine/ICU partners
- Covered by Stanford resident on nights/weekends
- Emergency Department
  - Attending Psychiatrist + 2 RNs
  - Bed control for Inpatient MH
  - ~2-4 walk-ins per day
  - ~2-4 referrals per day
    - Other VA's
    - Non-VA referrals
    - CBOCs
- Covered by MH LCSW and Stanford residents on nights/weekends

# Telemedicine

- Medicine done when the patient is not right in front of you
  - E-consults
  - Telephone calls with the patient
  - Asynchronous review
  - Video/Audio aided interaction with the patient

# Telepsychiatry Literature

- Two reviews for audio/video consultation from one hospital to another within the same facility. (1,2)
- Post-Disaster Telemental Health in both natural and man-made disasters. (3)
- Emergency Departments
  - Same quality, more efficient, less costly (4)
  - 2017 survey: 90% of ED have at least some TeleMH support. (5)
  - Qualitative study: Telephone vs. Audio/Video (6)
    - Uncertainty of severity
    - Rapport with patient
    - Disagreement between providers
  - 2019 Review (7)



# Telemedicine in VA

- VA Video Connect
    - Virtual Care Manager
  - Site-to-site
  - Site-to-Patient/caregiver
- TMS Trainings
    - VA Video Connect Provider training (TMS training 4279741),
    - Virtual Care Manager training (TMS training 4486527)
    - Telehealth Emergency Plans Memorandum Self-Certification (TMS training 4551375)

# COVID-19 timeline

- January 21: Email from Infection Control re: virus outbreak in China
- February 28: Infection Control guidelines and Isolation ward set up
- March 2: First patient admitted
- March 7: Starting to see r/o COVID in ED
- March 10: Outpatient GMC and MHC convert to telemedicine
- March 12: PAVAHCS ED Disaster Plan in place
  - Disneyland closed
- March 16: VACO Guidance for managing Inpatient MH\*
- March 17: Bay Area Shelter in Place
- March 20: VACO CIO Memo in re: software for telemedicine

# Clinical Considerations

- Highly contagious
  - Contagious before showing severe symptoms
- High morbidity/mortality
  - Requiring extensive hospital resources
- High PPE need
  - Hospital shortages

# Maximize Social Distancing on CL Service

- Decreases risk of consultant introducing virus
- Decreases chance of consultant contracting virus, thereby maintaining labor pool
- Decreases need for PPE

# New Consult Procedures

- Consult received per usual
- Discuss with referring provider in detail
- Review medical record
  - Complete as e-consult if appropriate
- Contact bedside nurse by phone
- Contact patient by phone
  - Audio/Video is preferred but not usually available (currently)
  - Patients can use their own cellphones if available
- In Person assessment as needed

## Benefits

- Maximizes social distancing and minimizes PPE needs
- Rapport easily maintained, perhaps improved
- Patient care needs are met

## Drawbacks

- Isolation from the rest of the hospital
- Requires more effort from referring provider and (especially) nursing
- Fewer referrals? -> lower wRVU?

# Factors contributing to success

- Long track record of CL Psychiatry at this hospital
- Well developed telemedicine and telepsychiatry at facility
  - Plug and play hardware
- Support from Leadership and ED/Med colleagues

# References

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