Report from the University of Illinois College of Medicine at Peoria (UICOMP)

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In an effort to provide high quality patient care while balancing the recommendations to minimize exposure to the coronavirus, the following plans for weekday psychiatry consultations will be implemented effective 3/24/20.

In alignment with the Covid-19 manpower redistribution, the CL service will be managed and supervised by the attending who supervises one inpatient unit (10 beds). The other 16 bed unit will be supervised by an attending who is not in the general hospital.

All boarded patients in the Emergency Department will be managed by the same attending on CL during the weekdays and the Coverage A (attending on 22 bed unit and consults) attending on weekends. Coverage B will be in charge of the other 22 bed unit.

Initial Consultation

- A representative of the requesting service will contact the psychiatry consultation resident to discuss the reason for the consultation request. If a new consult appears on the CL patient list, then the CL resident will strive to call the requesting service. The two services will discuss the reason for the request, expectations, and whether patient needs can be met without an in-person assessment. A "rule of thumb" is to conduct in-person assessments only if such an assessment will prevent a foreseeable and meaningful negative impact on patient care. A decision that an in-person assessment is not needed can be made during this initial discussion.
- The resident will review patient's chart and may gather additional information via phone calls to the unit nurse and staff, the patient, or the patient's family or others. The resident will discuss the case with CL attending who will decide, with the resident's input, whether an in-person assessment is needed.
- If the requesting service and the CL service agree that an in-person assessment is not needed, then the CL team will help manage the patient via orders, communications, and charting in the medical record.
- If at any time either service believes an in-person assessment is needed, then the CL team will manage the patient while minimizing risk of viral exposure and transference as per updated hospital, CDC and other guides.
  - The risk of coronavirus infection on the unit or from the patient and the need for PPE should be addressed. Proper donning of PPE as per recommendations.
  - Patients in respiratory isolation should not be seen by the resident.
  - Physical distancing should be maintained of at least 6 feet when possible.
  - If a physical exam is necessary, it should be focused.
- The assessment will be limited to addressing the concern of the requesting team, or those identified by the CL team that may have an impact on hospital care. That is, the assessment and management will be focused with comprehensive assessment reserved for those most in need.

- The CL team will “sign off” on patients after the requesting service concerns have been addressed. Clinically significant issues, such as delirium, will continue to be followed by the CL team as per usual.

Follow Up Consultation

- After the CL service has signed off, then the requesting service must re-consult the CL team if there are any unresolved, continuing, new or other issues.
- Similar risk reduction methods will be employed for follow up as for new consults.

Consult Service Work Flow

- Residents should see in-person patients separately from the supervisor.
- Discussion of the case between the resident and supervisor should be conducted telephonically or in a space that allows for recommended distancing.

Boarded Patients

- Boarded patients will be managed the same as for initial consultation patients, except if an in-person assessment if needed, then the attending should be the only one to see the patient.

Comments

This guide was created from guidance from Academy of Consult Liaison Psychiatry, the AADPRT listserve, consultation with other systems, and resident and attending feedback.

Telepsychiatry seems to be the best and most agreed upon way to limit patient contact. This should be implemented if possible.

The author denies any relevant conflict of interest.