

Report from Yale New Haven Hospital

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Last week everything changed. On Monday, March 16, we had a meeting and decided not to have any more in-person meetings. We became used to interactions by Zoom. Our hospital leadership performed strongly. Their planning has been proactive, thoughtful, and comprehensive. We have had frequent updates by e-mail or Zoom. Morale clearly benefits from feeling part of a well-organized team.

The Psychiatric Consultation Service shifted its operations dramatically. Consultations not requiring patient interview were handled by chart review and discussion with the team. Initial consultations requiring direct contact were seen by one attending, while a fellow did the chart review and note writing. The hospital requested all services keep some staff in reserve, and about a third of the team was assigned to work from home, including one of the three fellows by week. The Graduate Medical Education office created a work from home status for trainees termed "jeopardy-C" consistent with this emphasis of rotating staff on duty. Our Service which used to work together in several workrooms began to work each at his own separated workstation or office. Consult requests were markedly decreased. New *Guidelines for the Care of Patients with Highly Contagious Infectious Disease* have been developed and are associated with this report on the ACLP website.

In an astonishing period of less than a day, 3 large floors were cleared of oncology patients. These rooms have been converted to negative pressure ICU rooms. Rooms are equipped for audio and visual connection. Teams can communicate with Covid-19 patients from outside the room. We are obtaining a setup whereby Covid-19 patients at risk of suicide on these units can be video monitored by a remote sitter.

Testing for Covid-19 for outpatients has been becoming more available. On Tuesday the hospital opened a drive-by test center. On Thursday testing for staff with fever AND respiratory symptom was started with a 24-hour turn-around. Subsequently the criteria were changed to fever OR respiratory symptoms. It was mandated that physicians aged 70 years or more and physicians younger than 70 but with serious medical conditions or immunocompromise would not be allowed patient contact. The hospital began seeking rosters of physicians able to serve on medical units and ICUs. Elective and non-elective surgical procedures were radically curtailed. Hospital visitors have also been greatly limited.

All outpatient services began converting to telephone or remote audiovisual connection, including behavioral health clinics. Most payors authorized reimbursement for digital services at the same rate as in-person services. Within two days over 900 appointments each day were being accomplished by telephone instead of in-person visit.

The hospital contracted with a local hotel for rooms, for attending or resident physicians who were on long or contiguous shifts, or who were ordered to isolate themselves and unable to return to their homes, or who had family members who were on isolation. The Graduate Medical Education administration provided frequent briefings and online meetings regarding many issues, including schedule and staffing changes, personal protective equipment, scrubs, Covid-19 testing for trainees, child care, call room cleaning, ACGME requirements, ethical concerns, stress management and behavioral health services, graduation, and multiple other concerns. Leadership solicited trainee

participation in planning, and again it was clear that open, dedicated, and skillful leadership is key to morale.

On a final note, consultants affiliated with our Service provide assessment and referral for medical and surgical residents who are considering behavioral health care. Typically one or two were seen per week. This week 7 were assessed and referred. The most common diagnosis was long-term GAD, exacerbated understandably by the present crisis. Our trainees are on the front lines in this crisis, and we need to support them. More generally, our task as consultation-liaison psychiatrists in the upcoming crisis will be to care for not only our patients but also our colleagues.

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