Title: Rapid Implementation of Telehealth in Hospital Psychiatry in Response to COVID-19

Byline: Marc L Kalin DO, Steven J Garlow MD, PhD, Ketty Thertus MD and Michael J Peterson MD, PhD

Previous presentation: n/a

Location of Work: Department of Psychiatry, University of Wisconsin School of Medicine and Public Health, Madison, Wisconsin. Corresponding Author: Marc L Kalin DO 600 Highland Ave.; Madison WI 53792

Disclosures: Dr. Kalin, Dr. Peterson and Dr. Thertus report no financial relationships with commercial interests. Dr. Garlow has a consulting relationship with Janssen Pharmaceuticals.

Acknowledgments: n/a

We are reporting the successful and rapid implementation of telehealth to conduct hospital psychiatry services at a large academic hospital. In response to the unprecedented challenges that COVID-19 presented to our hospital system, both in terms of minimizing use of Personal Protective Equipment (PPE) and of maximizing social distancing, we deployed a comprehensive telehealth solution that allowed us to deliver outstanding patient care and maintain our educational mission. We converted all our clinical workflows, both inpatient psychiatry and consultation-liaison psychiatric services to a telehealth model in a matter of days.

Since implementation of telehealth, all daily staffing and rounding encounters on inpatient psychiatry were completed by video (average daily census of 8.5; range 5-15) and 96% of medical/surgical and emergency department (ED) consultations were completed remotely (110 total with 5 in person). The decision for in person consultation was made after an initial attempt at video assessment failed due to severe behavioral disturbances in the setting of delirium or psychosis.

On the inpatient psychiatry unit, specific situations that require in person evaluation by a physician include physical examination of patients admitted directly from non-medical locations or the emergence of new physical symptoms that cannot be adequately assessed via video. Management of behavioral emergencies is initiated by the nursing staff, with the physicians participating through the telehealth system. Clinical services that consult to the inpatient psychiatry unit that require physical interaction with patients (neurology, surgery, medicine, physical therapy) have adopted hybrid models with a mixture of in person and video assessment while others (addiction medicine) utilize telehealth.

There were many factors that facilitated the rapid implementation of telehealth. Our hospital system has a comprehensive electronic medical record (EMR) that allows for remote management of hospitalized patients. Our institution has a telemedicine group that previously deployed a fully HIPAA compliant platform for stroke, virtual intensive care unit, and specialty consultation (including psychiatry) to regional facilities. This prior experience established a technological base on which to rapidly expand. The institutional leadership within the Department of Psychiatry and the healthcare system was extremely supportive. An existing culture of teamwork across clinical disciplines (physicians, nursing, social work, psychology, occupational therapy, pharmacy) provided a foundation for the transition to telehealth. Each discipline was engaged in the implementation of the system, particularly frontline nursing who remain the primary on-site staff. This has placed an additional time burden on the nursing staff as they physically coordinate the use of the system with the patients. Therefore, other clinical providers must utilize the system efficiently to minimize the impact on the nursing staff completing their patient care responsibilities.

The functionality of the software allowed us to continue our daily workflows seamlessly. Specifically, we were able maintain our morning multidisciplinary treatment planning meeting, clinical rounds, and supportive psychotherapy. As a primary teaching service within our department, sustaining the educational mission was critical. A telemedicine platform supporting real-time interviews between patients and multiple clinicians (e.g. – nurse, resident, and attending) was pivotal in allowing us to maintain high quality, patient-based teaching for our trainees.

These critical elements allowed for rapid acceptance of telehealth by staff and patients. We suggest that for the duration of the current COVID-19 crisis, widespread use of telehealth systems will allow hospital-based psychiatry services to remain open, active and clinically effective, while satisfying the needs for preservation of PPE and maximizing social distancing.