

Introduction

The occurrence of Covid 19 pandemic has impacted the work flow of consultation-liaison services in medical hospitals across the country. Some services became completely tele-psychiatry while others became a hybrid of some in-person consultation work and some via tele-psychiatry. The impact of this sometimes remote care provided as perceived by the medical services is not well known. It is also unclear how this impacted opportunities, and availability of CL psychiatrists to perform liaison work on the floors. Less time was spent in patient care areas and on the floor, providing CL psychiatrist with less exposure to primary teams and reduced opportunities for face-to-face interactions.

We conducted a survey study to examine the impact of changes in the way psychiatric care was provided by the Consultation-Liaison service at Jamaica hospital medical center in Queens New York, during the Covid 19 pandemic, as perceived by the

Materials & Methods

A short structured anonymous survey was distributed to attendings and physician assistants in Jamaica hospital medical center in Queens New York to quantify how medical services perceive the effects of shifting to tele-psychiatry/ in-person hybrid and to obtain input from consumers/beneficiaries of C-L services.

Psychiatry Consultation- Liaison during the COVID 19 pandemic

1. Instructions: Please only complete this survey if you worked from April 2020 - April 2021 and had a reason to call a psychiatry consult. What is your level of training?

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2. During the time frame above, select all the reasons you consulted psychiatry? 🗲

- Altered mental status
- Capacity
- Anxiety
- Suicidal attempt/ Suicidal ideation or Homicidal attempt/Homicidal ideation
- Agitation/ Aggression
- Depression
- Psychosis
- Substance use/ intoxication/ withdrawal
- Medication reconciliation
- Other (please specify)

3. During the time frame above, which of the following was the most common reason you consulted psychiatry? 🗲

- Altered mental status
- Capacity
- Anxiety
- Suicidal attempt/ Suicidal ideation or Homicidal attempt/Homicidal ideation
- Agitation/ Aggression
- Depression
- Psychosis
- Substance use/ intoxication/ withdrawal
- Medication reconciliation

Other (please specify)

▼

4. During the time frame above, which of the following was the least common reason you consulted psychiatry? 🗲

- Altered mental status
- Capacity
- Anxiety
- Suicidal attempt/ Suicidal ideation or Homicidal attempt/Homicidal ideation
- Agitation/ Aggression
- Depression
- Psychosis
- Substance use/ intoxication/ withdrawal
- Medication reconciliation

Other (please specify)

▼

5. Compared to before the time frame above, how difficult was it to get in touch with the psychiatry consultation liaison service during the pandemic? 🗲

- More difficult
- No change
- Easier
- your concerns? 🗲
- Adequate
- Delayed

7. Compared to before the time frame above, how effective was your communication with the psychiatry consult service during the pandemic? 🗲

- More effective
- No change
- Ineffective

8. Compared to before the time frame above, how confident were you in the recommendations made by the psychiatry consult service during the pandemic? 🗲

- More confident
- No change
- Uncertain

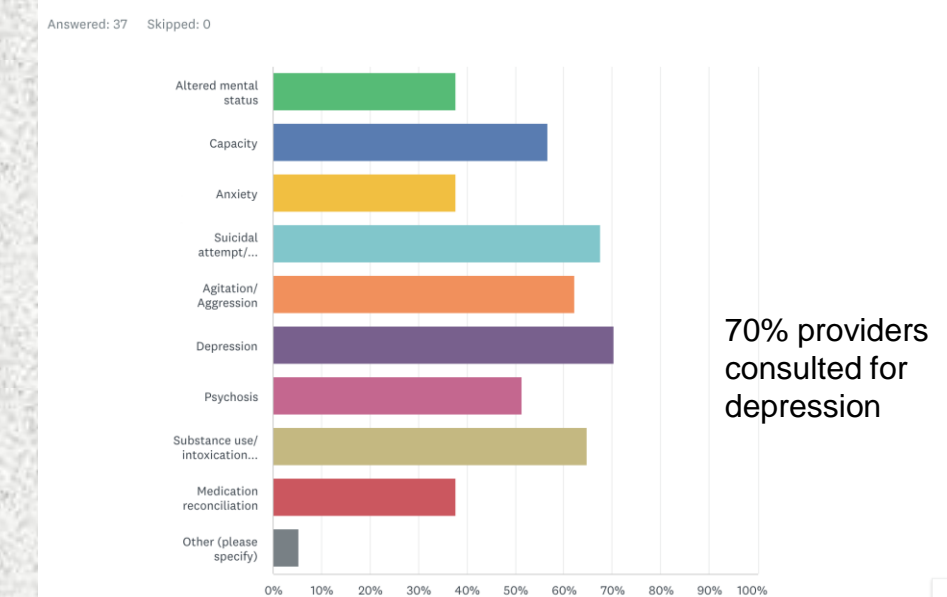
9. During the time frame above, did the visibility of the psychiatry service impact your decision to call a consult? 🗲

- Yes
- No
- Sometimes

10. Did a COVID 19 positive status impact your decision on calling a psychiatry consult during the height of the pandemic? 🗲

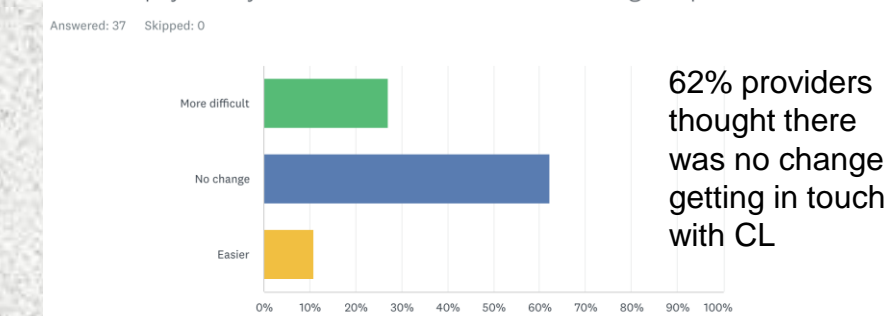
- Yes
- No
- Sometimes

During the time frame above, select all the reasons you consulted psychiatry?

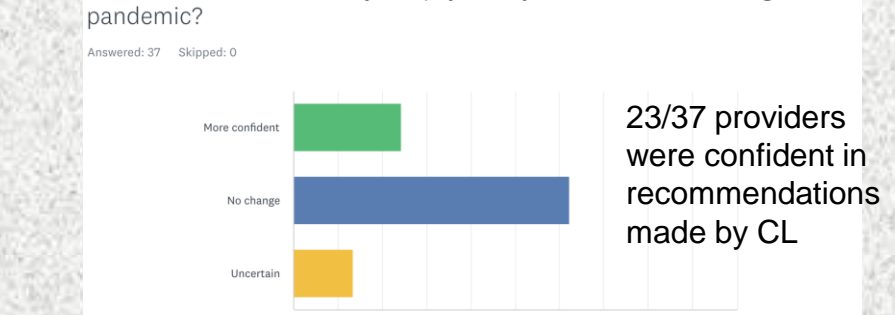


A total of 37 participants (attendings and physician assistants) completed the survey.

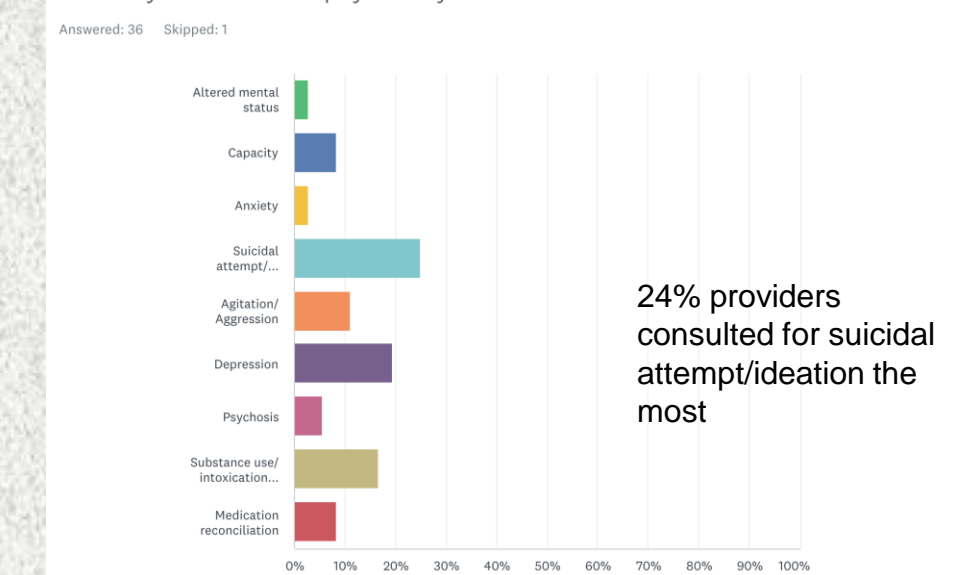
Compared to before the time frame above, how difficult was it to get in touch with the psychiatry consultation liaison service during the pandemic?



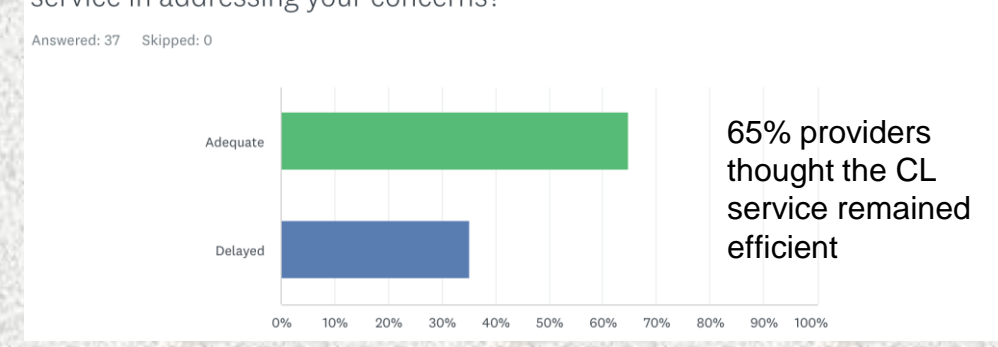
Compared to before the time frame above, how confident were you in the recommendations made by the psychiatry consult service during the pandemic?



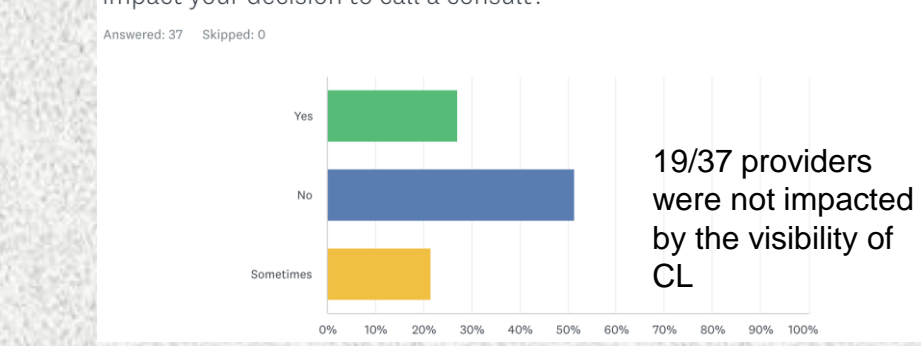
During the time frame above, which of the following was the most common reason you consulted psychiatry?



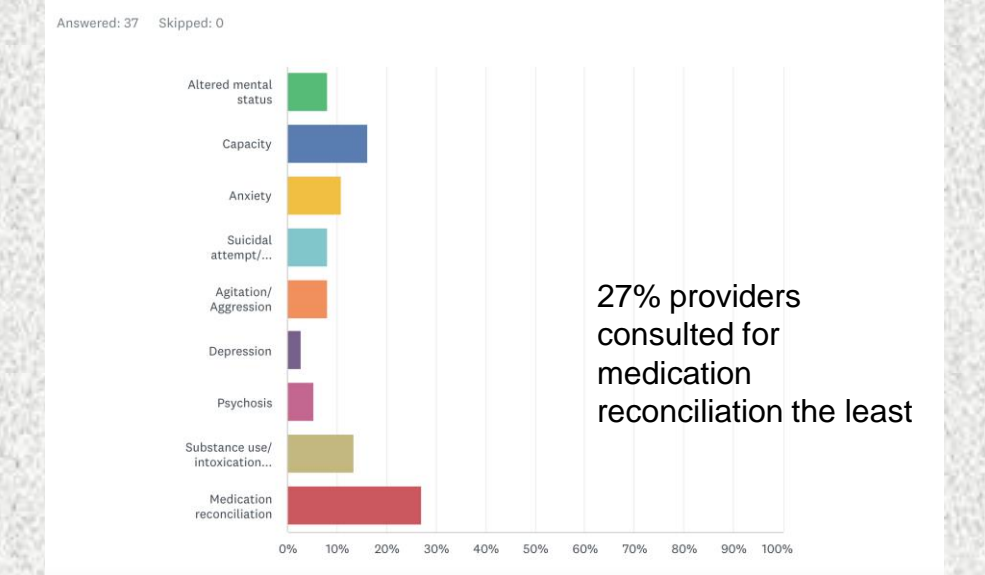
During the time frame above, how time-efficient was the psychiatry consult service in addressing your concerns?



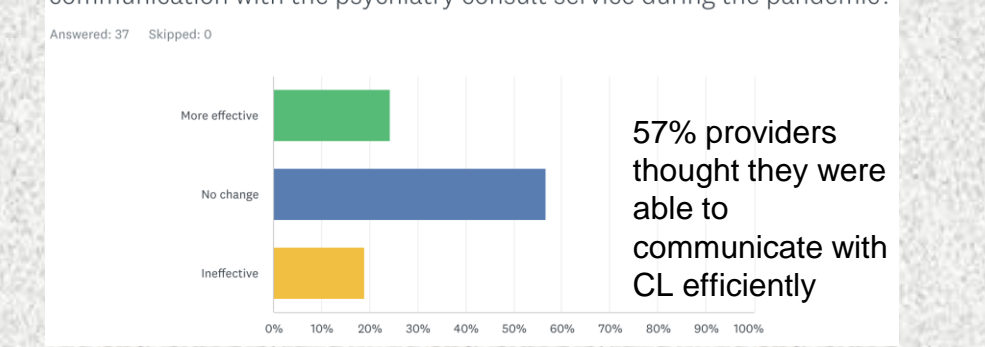
During the time frame above, did the visibility of the psychiatry service impact your decision to call a consult?



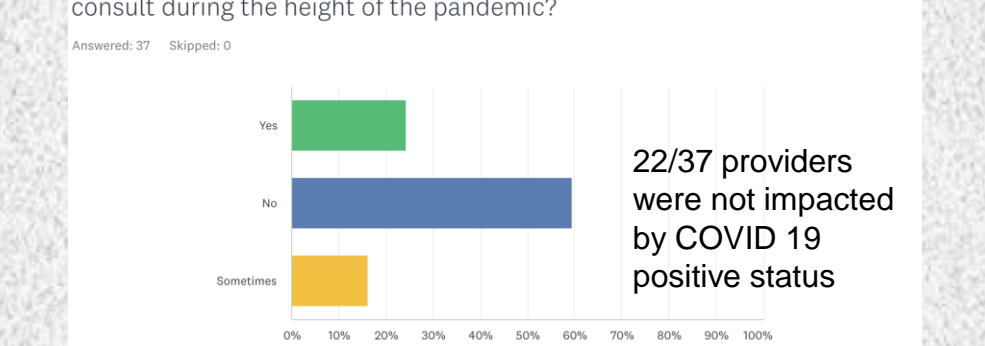
During the time frame above, which of the following was the least common reason you consulted psychiatry?



Compared to before the time frame above, how effective was your communication with the psychiatry consult service during the pandemic?



Did a COVID 19 positive status impact your decision on calling a psychiatry consult during the height of the pandemic?



Discussion

- Overall, medical services were content with the consultation liaison service provided during the COVID19 pandemic.
- Most providers did not notice any significant change in the quality and efficiency of consults during the pandemic as compared to prior.
- Most providers reported that the CL team remained available, time efficient, and adequately visible.
- Most providers were not influenced by a Covid 19 positive status when seeking a psychiatric consult.
- Depression and suicidal ideation/attempt remained top 2 reasons why psychiatry was consulted. Medication reconciliation remains the least common reason consulted, suggesting prioritization of consults during the pandemic.
- Our survey results suggest that a hybrid of in-person and telepsychiatry based CL work does not significantly effect the quality, efficiency and visibility of the CL Service, as perceived by consulting providers.

- This findings is encouraging in the continued implementation of telepsychiatry on the CL services as the pandemic lingers on and the potential for another such pandemic remains a reality.
- Our survey findings are limited by the number of participants, the focus on the perception of the medical consultants only.
- Further study into patient satisfaction and satisfaction of the CL psychiatrist would shed further light into the viability of a hybrid CL service.

References

Bojdani, E., Rajagopalain, A., Chen, A., Gearin, P., Olcott, W., Shankar, V., Cloutier, A., Solomon, H., Naqvi, N. Z., Batty, N., Festin, F., Tahiro, D., Chang, G., & Delisi, L. E. (2020). COVID-19 Pandemic: Impact on psychiatric care in the United States. *Psychiatry research*, 289, 113069. <https://doi.org/10.1016/j.psychres.2020.113069>

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