

Rapid Digitalization of a Psychiatry Department

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Rapid Digitalization of a Psychiatry Department

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Background

The Department of Psychiatry at Lehigh Valley Health Network (LVHN) consists of 26 employed physicians, 20 employed advance practice clinicians, and over 100 social workers. It provides care yearly to over 25,000 patients in a total of 18 locations. For over a decade, some video care has been provided and has been well received.¹ This care usually centered around efficiencies to prevent travel to different emergency rooms for clinical care, remote clinical consultations to distant hospitals, court hearings regarding patient care, and recently some early experiments with providing clinical care to patients in their home. Prior to March 2020, the vast majority of care remained face to face.

Methods

In early March 2020, LVHN entered disaster planning mode weeks before the first patients would be diagnosed with COVID-19 in the health network. As the network entered disaster mode, so did psychiatry. Psychiatry immediately initiated daily video meetings to ensure clear communication, create priorities, and to develop ways to leverage technology to provide these services.²

Results/Discussion

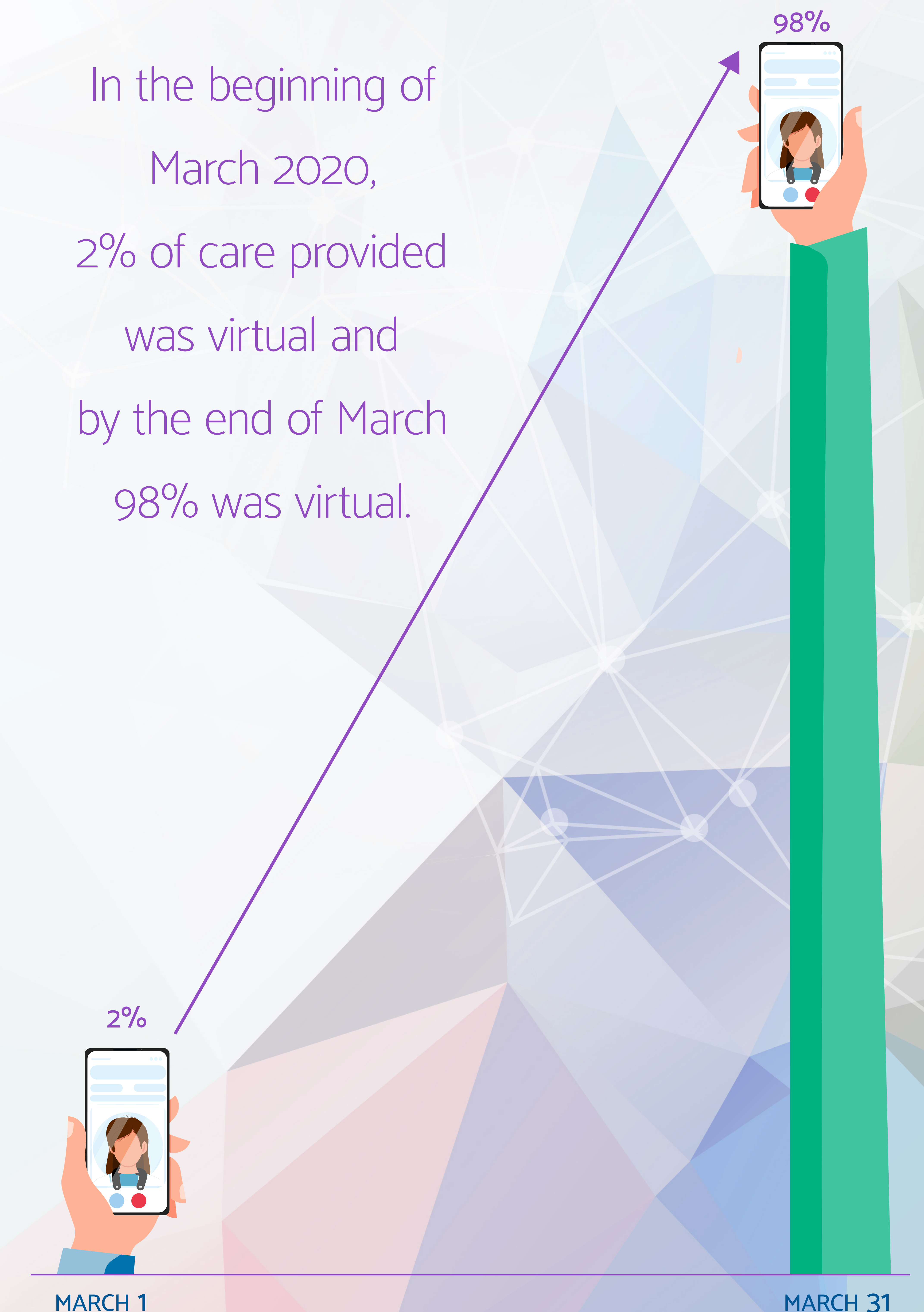
With regard to outpatient care, in the beginning of March, 2% of care was virtual and by the end of March 98% was virtual. All outpatient providers are now able to provide EPIC video visits to all of their patients. They also provide telephonic or face to face visits when technology is unavailable to patients. Care in the ED and inpatient units became mostly virtual through the use of mobile-video units. Clinical social workers were able to remote in from home and fully evaluate patients in the ED. The inpatient provider staff was platooned with half working in the hospital and half at home. Those working from home used the units to continue their ability to care for their inpatients from home. The consultation liaison (CL) service had already been providing video-consultations to LVH-Schuylkill, a rural affiliate, for the past year. In March these consults started to be performed from home. At the main campuses, virtual consults became available by chart review alone or through the use of ipads in patients' rooms.

Conclusions/Implications

The transformation of care that occurred in such a short timeframe truly was amazing. IT services led the way with the deployment of video technology and prioritized and responded to the additional unique needs of Psychiatry. It is hoped that much of the virtual care will remain even after regulations are lightened.

Increase in Virtual Care Visits March 2020

In the beginning of March 2020, 2% of care provided was virtual and by the end of March 98% was virtual.



REFERENCES

¹Hubley S, Lynch SB, Schneck C et al. Review of key telepsychiatry outcomes. *World J Psychiatry* 2016; 4.6(2): 269-282.

²Ecker A, Day S, Chen P, Helm A. The Importance of Video Visits in the Time of COVID-19. *The Journal of Rural Health*. 07 June 2020.