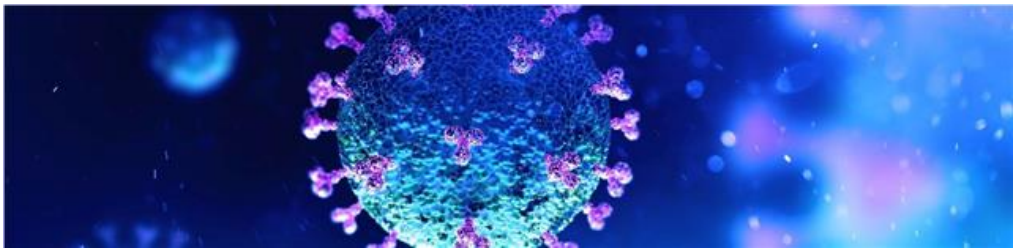

# April 23: COVID-19 Clinical Update

## Phishing Campaigns Targeting U.S. Providers, On the Front Lines at McHenry Hospital

*This daily communication is intended to facilitate the sharing of important clinical information during the COVID-19 healthcare crisis and to help respond to questions from physicians across Northwestern Medicine.*

Today's issue includes a warning from the FBI regarding email phishing campaigns targeting U.S. providers, and an interview with Pulmonologist and Critical Care Specialist Daniel J. Nepomuceno, MD, about how he and his team at McHenry Hospital are managing the COVID-19 crisis.

**FBI: PHISHING CAMPAIGNS TARGETING U.S. PROVIDERS**

The FBI issued a warning April 22 about specific COVID-19-themed email phishing campaigns targeting U.S.-based healthcare providers. The campaigns leverage email subject lines and content related to COVID-19 to distribute malicious attachments, which exploit Microsoft Word document files, 7-Zip compressed files, Microsoft Visual Basic Script, Java and Microsoft Executables. The FBI alert contains specific indicators of compromise and malware hash signatures, which providers can use to identify and mitigate these threats.

The FBI requests, and American Hospital Association (AHA) strongly encourages, organizations targeted by a phishing campaign to contact their local FBI Cyber Task Force with a copy of the email, the full email header and any attachments. Organizations should not open the attachment. For assistance in contacting the FBI or questions on this or other cyber and risk issues, contact John Riggi, AHA senior advisor for cybersecurity and risk, at **jriggi@aha.org**.

**ON THE FRONT LINES AT McHENRY HOSPITAL WITH PULMONOLOGIST AND CRITICAL CARE SPECIALIST DANIEL J. NEPOMUCENO, MD**

**Q: How are you and your Critical Care and Pulmonology team managing the COVID-19 crisis?**

A: We have changed our practice from a combined inpatient and outpatient model to one more dedicated to inpatients. Before COVID-19, each physician on the team would have both inpatient and outpatient responsibilities in the same day: a half day in office and half day in hospital, with both floor and ICU duties. Now, we have assigned certain members of the team to hospital-only duties, mainly ICU, and others to office and pulmonary floors. So we have moved from the traditional private practice model to more segregated responsibilities.

**Q: What is different about your work in Pulmonology during this pandemic?**

A: From the pulmonary perspective, the major change has been the dramatic decrease in outpatient clinical face-to-face contact with our patients. It is worrisome that the usual patient care activities are taking a back seat to the pandemic and that patients are making due on their

own. On the inpatient side, the focus is clearly on the pandemic. There are still the usual consults, but COVID-19 has obviously taken a large part of the work load.

That which was novel and unusual at the start — the donning, doffing, isolation precautions — has now become the norm. I walk around the hospital now with a PPE bag containing my N95, goggles and face mask. I round in scrubs rather than street clothes. We are treating patients without clear knowledge of what works. Patients' families call wanting treatments of dubious efficacy.

The initial fear of the virus that was felt among hospital staff has now given way to more quiet competence and confidence about dealing with the changes in practice and confronting fears of the unknown regarding the disease.

**Q: Is there anything you've been surprised to learn from this experience?**
A: I've been surprised to see how quickly the hospital and staff have responded and adapted. Initially, there was a lack of negative air floor rooms here at McHenry Hospital. It was gratifying to see the hospital engineers "hack" the ventilation system to change air flow and produce negative air flow units.

With the Northwest Region being new to the NM family, I was happy to see the support from the health system, both clinically and administratively, to the crisis. Early on, I had a patient who we could not oxygenate, and I activated the Lung Rescue Team. A surgical team came from NMH to McHenry to initiate ECMO and transfer a patient in dire straits to downtown for advanced life support (**read the story on NM Interactive**). There has been coordination both locally and regionally across NM to the pandemic, with advanced planning for expansion of ICU beds and allocation of resources to prepare for the surge.

I have also observed how important it is to have clear communication with the staff. Even if the answers to questions remain ambiguous, silence only provokes uncertainty and fear.

**Q: Is there any advice you would give other pulmonologists right now?**
A: Talk to other infectious disease and pulmonary physicians. The treatment of COVID-19 is a dynamic process. Things that we are doing this week have changed from last week. Good data are scarce, and no one has the right answer at this time.

**Q: How are you and the team relieving stress?**
A: OK, there's a dirty little secret. My Pulmonary Critical Care group has been running at 100% for several years now. The decrease in office practice has allowed us to spend more time caring for these very sick patients. In some sense, the ability to spend more time with each patient is our vacation and stress relief.

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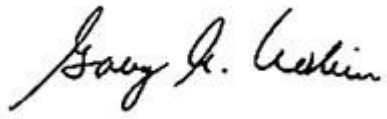
Thank you for your extraordinary dedication and collaboration in providing exceptional care to our patients and supporting one another during this unprecedented crisis. If you have questions, or would like to share the story of an NM hero, please email us at **covid-19md@nm.org**.



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