

## COVID-19 Response and Reactivation Update

### August 11: Eye Protection Recommendations, and Testing and Telehealth Updates

Today's issue features information from Neuro-ophthalmologist and Ophthalmology Chair Nicholas Volpe, MD, on the importance of eye protection. It also provides information on outpatient testing turnaround times and antibody order preference, as well as telehealth updates regarding Epic SmartPhrases and the newest Doximity features.

#### EYE PROTECTION RECOMMENDATIONS

Recently, the Chicago Department of Public Health issued a recommendation that healthcare workers wear eye protection at all times when caring for a patient, regardless of COVID-19 status. This is due to the potential viral transmission through contact of virus-containing droplets from respiratory secretions with the conjunctiva.

The eye is a well-established site of viral infections with other coronaviruses, such as HCoV-NL63, and more common viruses, such as adenovirus and herpes simplex virus. It is clear that SARS-CoV-2 has an affinity for mucosa, particularly the respiratory mucosa. But there is evidence that it also has some affinity for the conjunctiva, and the conjunctival epithelial cells have the necessary ACE2 receptor to allow infection.

In addition, up to one-third of patients with SARS-CoV-2 will have presentations that include conjunctivitis: eye redness, chemosis and tearing. Whether the ocular infection leads to systemic infection or systemic infections lead ultimately to patients having ocular manifestations — or both — is unclear. It is reasonable to assume that contact with infectious droplets and the ocular surface of healthcare workers, either through the patient coughing or sneezing droplets, or the healthcare worker touching their eyes, is a potential mechanism of spread for the illness. It is therefore recommended that healthcare workers wear eye protection in the form of a face shield (preferred), safety glasses or goggles when caring for patients who are not masked or are improperly masked, regardless of patients' COVID-19 results.

For more information about personal protective equipment, please visit the [PPE Resources page](#) on Physician Forum.

#### TESTING UPDATES

##### Outpatient Testing Turnaround Times

With the continued increase in testing volumes, SARS-CoV-2 testing will be prioritized for hospital admissions and pre-procedure testing, causing a slight increase in the outpatient testing turnaround time. Outpatient test results typically will be available within 48 hours after the



collected specimen is received in the lab. Occasionally, a collected specimen may be sent to Quest Labs for processing. If this occurs, the expected turnaround time is two to four days.

#### **Antibody Order Preference in Epic**

The Total Antibody test has been updated to the pre-checked default test in the SmartSet/order panel in Epic. The rationale behind the change is that the Total Antibody (IgM, IgA and IgG) test has higher sensitivity and specificity than the Antibody IgG test alone, so this should be the preferred test for ordering physicians and APPs. The change in Epic is simply a switch to the Total Antibody order as the pre-checked option.

Please refer to the [Testing Guidelines Dashboard](#) to reference NM's testing criteria. For more information about COVID-19 virology and serology testing, visit the [Testing Resources](#) page.

#### **TELEHEALTH UPDATES**

##### **Epic SmartPhrases no longer needed**

Effective immediately, telehealth SmartPhrases (.covid19video, .covid19phone) are no longer required in your patient notes. For clarity when reviewing patient charts, physicians and care providers are still encouraged to indicate in the notes, such as in the title, when visits are conducted via telehealth. Please continue selecting the GT billing modifier for all telehealth visits.

##### **New Doximity features available**

Screen sharing, adding third and fourth participants to a video call, and Dialer Video for iPad are now available in Doximity. Please view the links provided below for additional information.

- **Screen sharing** (available on desktop only) is available on Dialer Video Desktop when computers are equipped with cameras and microphones.
- Users can now **add a third and fourth participant** to a video call, and the invite will send from the no-reply text number. This feature is currently available on desktop but will be added to mobile in the coming month.
- **Dialer Video for iPad** is now available. Install or update the app on your iPad to use. The feature mirrors the user experience from the mobile app.

For more information, please visit the [Telehealth Resources](#) page.

---

Please remember, if members of the media reach out to you for comment or an interview, per [NM's Media Relations Policy](#), refer them to Media Relations at 312.926.7432.

Thank you to all NM physicians and clinicians for your ongoing commitment, collaboration and leadership in providing exceptional *Patients First* care during this unprecedented time.



**Gary A. Noskin, MD**  
Senior Vice President, Quality  
Northwestern Memorial HealthCare



**Howard B. Chrisman, MD**  
Senior Vice President  
Northwestern Memorial HealthCare



Chief Medical Officer  
Northwestern Memorial Hospital

President  
Northwestern Medical Group