

April 1: COVID-19 Clinical Update Panel Discussion, Working on the Front Line

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 the health system.

In today's issue, I want to remind you to participate in the Clinical Insights Panel discussion scheduled for 7 to 8 am tomorrow. Also, you will hear about the experience of Alicia Rauh, MD, a hospitalist who helped transition the first COVID-19 unit at Northwestern Memorial Hospital.

CLINICAL INSIGHTS PANEL

- 7 to 8 am, Thursday, April 2
- Available to all physicians
- Submit questions ahead of the session by emailing covid-19md@nm.org
- To participate, join the Microsoft Team meeting when it's time
- Live virtual chat options available
- Panelists
 - Joan Anzia, MD, Psychiatry
 - Michael Ison, MD, Infectious Disease
 - Jeff Linder, MD, MPH, Internal Medicine
- Ted Schaeffer, MD, PhD, Urology
- Mark Schumacher, Performance
- Christina Silkaitis, Infection
 Prevention

NMH HOSPITALIST ON THE FRONT LINE

Alicia Rauh, MD, hospitalist and unit medical director of a General Medicine floor in Feinberg Pavilion, talks about how she and her colleagues are managing the care of increasing numbers of patients with COVID-19 through communication and collaboration. In one weekend, her team worked together to quickly transition to the first dedicated COVID-19 unit at Northwestern Medicine. Since then, NMH has converted three additional Medical/Surgical units to COVID-19 care, with plans to expand as needed. She shares her experience below.

How are you and your team managing?

It's been a humbling experience working as a front-line caregiver during this pandemic. I'm adapting to an ever-changing situation and learning a great deal about working creatively along the way. It is stressful with so many unknows, but I take comfort knowing I have the support of all the people that make the Northwestern Medicine organization amazing.

Twice-daily huddles with Anesthesia, Pulmonary, Critical Care Medicine and Infectious Disease help to identify patients at high risk of deterioration and in need of expedited transfer to the intensive care unit. Physician assistants have also been very helpful in managing workflow. They have been doing an amazing job helping us facilitate transfers and discharges.

What is different about working in a COVID-19 unit?

We have two hospitalists, about 12 bedside nurses, two attending nurses and the nurse manager. The nursing-patient ratio used to be four-to-one; now it is two-to-one.

Also, to protect staff and patients, the rounding experience is different for COVID-19 positive patients in isolation. We're focused on making sure it's thorough. We pre-round on the phone before we physically enter the room. I remind staff of safety over speed with donning and doffing PPE. If rounds take longer, I emphasize this is OK. Let's not rush to see patients. Physicians are rounding with a nurse or communicating with the bedside nurse before entering a patient room to identify items the patient needs to decrease visits.

How do you relieve stress?

Even in times of physical distancing, human connections help ease the stress of a fast-paced day. Small breaks with colleagues provide a needed respite. In the workrooms, we bounce ideas off each other, and there's a lot of light humor and bonding, which is helping us overcome stressful moments. Everyone is open with how they feel. We know we're not alone.

I'm proud to serve our community and I'm impressed with the resilience and dedication of my team. I've seen the best of people in my colleagues, physician assistants and nursing staff.

On behalf of the entire health system, I'd like to especially thank the Hospital Medicine teams, intensivists and ED physicians in all of our hospitals for providing care to our patients and supporting each other during this challenging period.

To help inform future communications, please submit any questions you may have to **covid-19md@nm.org**.

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