

## May 4: COVID-19 Clinical Update

### Clinical Insights Panel and Rescheduling Elective Procedures

*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 details about this week's Clinical Insights Panel, and features information about rescheduling elective procedures provided by NMH Director of Surgery and Chief of Endocrine Surgery Cord Sturgeon, MD, MS, FACS.

#### CLINICAL INSIGHTS PANEL MAY 7

The video recording of the **April 16 Clinical Insights Panel** is now available for viewing.

The next Clinical Insights Panel is scheduled for **7 to 8 am on Thursday, May 7**. You are encouraged to submit questions prior to the session by emailing **[COVID-19MD@nm.org](mailto:COVID-19MD@nm.org)**.

Topics for this week's panel include:

- Updates on the treatment of COVID-19
- Updates on Lab Testing
- Surgical Services Reactivation
- COVID in the Elderly
- Ambulatory Reactivation

To participate, join the **Microsoft Teams meeting** when it's time. To claim CME credit in Northwestern University Feinberg School of Medicine Cloud CME, text the activity code provided during the session to 312.957.8301.

#### RESCHEDULING ELECTIVE PROCEDURES

On April 23, Governor Pritzker extended the Executive Stay at Home Order and physical distancing protocols until May 30. At the same time, he also relaxed surgical restrictions for non-life-threatening conditions, and the Illinois Department of Public Health (IDPH) has now issued new guidance pertinent to elective surgeries and procedures.

On May 11, hospitals may begin to perform elective procedures under certain strict conditions, which include COVID-19 PCR testing of all patients within 72 hours of a scheduled procedure. As part of its new guidance, IDPH states that epidemiological trends, hospital

utilization and hospital capacity should be used to inform the decision to schedule elective procedures. In addition, IDPH requires that three resource conditions be met, and if any of the three are not fulfilled, then elective procedures would not be permissible. The three conditions are:

1. Hospital availability of adult medical/surgical beds exceeds 20% of operating capacity for adult medical/surgical beds.
2. Hospital availability of ICU beds exceeds 20% of operating capacity for ICU beds.
3. Hospital ventilator availability exceeds 20% of total ventilators.

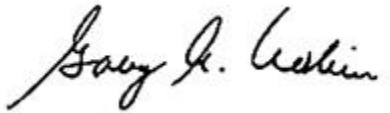
These resource requirements are subject to change as deemed appropriate by IDPH based on evolving conditions of the COVID-19 pandemic. For more information, please review **IDPH COVID-19 Elective Surgeries and Procedures**.

At NMH, our plan in Surgical Services is to closely monitor and weigh resource availability with the goal of increasing the number of staffed operating rooms in May to accommodate all emergency procedures, as well as a greater number of urgent cases. When resources allow, we will expand OR access to procedures that are less time-sensitive.

Close coordination with colleagues from other departments has been critical to these planning efforts. We have developed a case prioritization process centered within our surgical departments but with oversight from Surgery, Anesthesiology and Nursing leaders. Initially, in an effort to continue to conserve hospital beds and resources, we will prioritize outpatient elective surgery (vs. inpatient). Access will expand to procedures requiring an inpatient stay when optimal hospital and resource capacity permit.

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Thank you to all NM physicians and clinicians for your ongoing support, collaboration and dedication to providing exceptional care 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](mailto:covid-19md@nm.org).



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