

May 29: COVID-19 Clinical Update Deficiency Information, Reactivation Webinar and Physician Wellness Clinical Insights Panel Q&A

Today's issue focuses on resumption of outstanding deficiencies policy, participating in today's Ambulatory and Outpatient Diagnostic Reactivation webinar, and information about physician wellness and mental health from the May 21 Clinical Insights Panel.

DEFICIENCY INFORMATION

Effective June 15, the administrative suspension processes for outstanding deficiencies for H&P, operative report and discharge summary will resume for all facilities, including those that were previously paused due to the Epic Go-Live. To help you identify past-due deficiencies, the standard notification processes will resume today for outstanding deficiencies seven days post-discharge.

AMBULATORY AND OUTPATIENT DIAGNOSTIC REACTIVATION WEBINAR TODAY

New Time 2:00 to 2:45 pm, Friday, May 29

To participate, join the [Microsoft Teams Meeting](#) a few minutes before 2:00.

Ambulatory and outpatient diagnostic groups will host a webinar for all ambulatory and outpatient diagnostic physicians, leaders and registration staff to share important information about reactivation, returning to the office, COVID-19 patient screening, telehealth tools, safety measures, PPE and emotional well-being.

MAY 21 CLINICAL INSIGHTS PANEL RECAP: PHYSICIAN WELL-BEING AND MENTAL HEALTH

Below are several questions and answers from last week's Clinical Insights Panel open to all Northwestern Medicine physicians. Panelists included:

- **Gaurava Agarwal, MD**, Psychiatry, director of Physician Well-Being
- **Danesh A. Alam, MD**, Psychiatry
- **Joan M. Anzia, MD**, Psychiatry, NMH Physician Health Liaison
- **Cassandra L. Kisiel, PhD**, Psychiatry

Has there been an increase in anxiety, depression or stress disorders during this pandemic?

Dr. Anzia: We have learned a lot about how individuals, groups and communities respond to natural disasters from studying the aftermath of disasters such as Hurricane Katrina and Hurricane Sandy, and others, like pandemics. We know that humans respond to acute stressors with our built-in "fire alarms," our fight-or-flight responses, which involve sympathetic and parasympathetic nervous systems, the HPA axis and our immune systems.

We tend to react to a threat, like a novel virus for example, more strongly than we do to a weather disaster. It's not surprising that many of us have felt more anxious over the past two months, and it's possible to develop acute stress disorder or post-traumatic stress disorder if you are involved in multiple traumatic events, such as caring for COVID-19 patients. Symptoms include difficulty sleeping, nightmares, feeling on edge, inability to relax and a desire to isolate oneself. If you experience any of these for more than a week or two, seek treatment with a psychiatrist, psychologist or other mental health provider.

Visit the [Physician Well-Being site](#) for information and resources to help you manage your physical, emotional and mental health, and take the "[Pledge to Connect](#)" with colleagues to show commitment to each other.

What's the difference between burnout and depression?

Dr. Anzia: Burnout can be effectively reduced by taking a vacation and/or improving self-care, such as exercising, finding ways to relax and engaging in a hobby. In contrast, depression can be triggered by pandemic-related stressors, but it is not alleviated by vacation or breaks. If you feel depressed for most of the day every day for more than two weeks; feel hopeless and/or helpless; have frequent crying spells; and experience changes in energy, appetite and interest in usual activities, you should seek help from your physician, a psychiatrist or other mental health provider as soon as possible.

What types of stress do you see in healthcare workers?

Dr. Agarwal: Naming and identifying the various sources of stress can help empower us to manage it. First responders deal with four major sources of stress during disasters: trauma; grief or loss; moral injury; and fatigue. During normal times, we may experience stress from one or more sources, but during a pandemic, you may experience stress from all. And, our ability to alleviate stress may be hindered by physical distancing, which may lead to heightened feelings of anxiety, sadness, grief, restlessness or anger.

Members of the Department of Psychiatry and Behavioral Health are providing pro-bono, confidential and quickly accessible crisis management services to all physicians (employed and private) during this time. The services are not considered therapy or treatment, and will not be documented. Please email me at gagarwal@nm.org to get connected to a psychiatrist, psychologist or social worker, depending on your needs.

How do you recommend initiating a conversation with a colleague where you suspect substance abuse?

Dr. Alam: This depends on the situation. If it is a performance-related issue that potentially impacts patient care, it warrants a discussion with your leader. Otherwise, I recommend having a non-judgmental discussion with the colleague and connecting him or her with the [Employee Assistance Program](#) (*NMI login required*) or [Physician Well-Being resources](#).

What key warning signs of substance abuse do you look for in patients (especially for those that have past issues) over a telehealth visit?

Dr. Alam: Stay in close touch with your patient to monitor changes in behavior. The use of technology such as [Soberlink](#) can be helpful, too.

How should I respond to my child's increased "clinginess"? Is it appropriate to allow this since I am home more often than I ever was?


Dr. Kisiel: It is normal for children to express their worry, concern or feelings of uncertainty during this pandemic in a variety of ways. Clinginess can definitely be more common, as

children and even teens may have difficulty separating from their parents or caregivers and seek more attention during this time. Children likely have a greater need for connection as they try to understand what's happening now and what will happen in the future (like getting back into their normal routine, returning to school and seeing their friends).

We can help by being patient and accepting, and making sure children feel connected and cared about. Now that we are home more, it's ok to allow our children to reach out more for support and comfort, especially if they are not able to fully grasp the situation. Encourage questions, validate their feelings and check back in with them on a regular basis to help them manage stress.

View the [Parent/Caregiver Guide to Helping Families Cope With COVID-19](#) and the [Supporting Children During COVID-19 fact sheet](#) from [National Child Traumatic Stress Network](#).

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.

A handwritten signature in black ink, reading "Gary A. Noskin". The signature is fluid and cursive, with the first name "Gary" being the most prominent.

Gary A. Noskin, MD
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