

COVID-19 Update

September 24: Medical License Renewal, Flu Vaccination Protocols, and COVID-19 and Where Do We Go From Here?

Today's issue includes a reminder about medical license renewals and information about inpatient flu vaccination protocols. It also features a Q&A from a recent Quality Improvement panel titled "COVID-19 and Where Do We Go From Here?"

REMINDER: DEADLINE TO RENEW MEDICAL LICENSES IS SEPTEMBER 30

If you have a medical license issued by the [Illinois Department of Financial and Professional Regulation](#) that was due for renewal between March 1 and July 31, the automatic extension ends next Wednesday, September 30. Continuing medical education coursework must include the following two new requirements:

- **Three hours of CME on safe opioid prescribing practices** are required for physicians with Controlled Substance Registrations.
- **One hour of CME on sexual harassment prevention training** is required for all physicians.

For more information about Illinois medical license requirements, please visit the [Medical Licensure and CME Information page](#) on the Illinois State Medical Society website.

To renew your medical license, visit the [Illinois Department of Financial and Professional Regulation Online License Renewal](#) website.

INPATIENT FLU VACCINATION PROTOCOLS BEGIN NEXT WEEK

Flu viruses and the virus that causes COVID-19 will both be spreading this fall and winter, making it more important than ever that all patients receive a flu vaccine. NM will initiate its inpatient influenza vaccination protocol next week.

On Tuesday, September 29, nurses will begin screening all inpatients for seasonal influenza vaccination upon admission. If the patient has received the influenza vaccine, the nurse will document that it has been administered. If the patient has not received the influenza vaccine, the nurse will be prompted to screen for allergies or contraindications. If there are none and the patient does not decline the vaccine, the flu vaccine will be ordered through a Best Practice Alert and administered.

The inpatient influenza vaccination protocol is consistent with the health system's approach in the past. For more information about the protocol, please view the [Influenza Vaccination Epic Tip Sheet](#) [\[link to PDF\]](#).

For additional information about outpatient and provider vaccinations, please visit the [Annual Flu Vaccination page](#) on Physician Forum.

COVID-19 AND WHERE DO WE GO FROM HERE?

The NM Quality Improvement Community (QIC) hosted a panel discussion earlier this month titled “COVID-19 and Where Do We Go From Here?” The goal of the session was to reflect on quality and improvements made during the COVID-19 response, and discuss what quality improvement (QI) will look like moving forward.

Panel members included:

- **Lea Ann Arnold, RN**, director, Nursing Informatics
- **Rachel Cyrus, MD**, clinical practice director, Hospital Medicine, Central Region, and medical director, Medical Services, Northwestern Memorial Hospital
- **Amir Marouni, MD**, critical care specialist, Regional Medical Group, and medical director, AQSI, West Region
- **Christine Silkaitis**, director, Healthcare Epidemiology and Infection Prevention
- **Ross York-Erwin**, director, Analytics Consulting, Performance and Risk

The following is an excerpt of some of the questions and answers from the panel, edited for brevity and clarity.

Q: With the rapid implementation of technology to support the COVID-19 response, such as telehealth, whiteboards, hallway IV pumps, vent monitoring and continuous monitoring, how do you feel patient safety and privacy was impacted and maintained during the pandemic?

Arnold: Many of these technologies were actually being considered for implementation prior to the pandemic. Some were even on timelines for roll out, but we were able to expedite delivery because we had such excellent collaboration. I think leaning into our physicians and clinicians to really understand how we were going to apply and use these technologies was very beneficial. One of the things we looked at was having these technologies out in patient care areas where patients and visitors ambulate. But because we really didn't have visitors on the units during this time, that mitigated some of the additional risk of PHI exposure.

Q: As COVID-19 patient needs and care protocols continue to evolve, how can the Quality community within NM partner with our ICU providers to further advance and improve ICU care for these patients?

Dr. Marouni: The real key is communication. As with many other aspects of health care, particularly in the intensive care unit, determining the optimal way to communicate key information to a broad audience is important. Clinical treatment of patients with COVID-19 has significantly changed over the past five or six months. As an example, early in the pandemic, our philosophy was to intubate patients early in the disease course, but that thinking has completely shifted. Now we try to avoid intubation unless it's absolutely necessary because data suggests that early intubation can actually be harmful. So the question is, “How can we as an organization and a community figure out a way to disseminate knowledge and information in the most efficient way possible?” The way things have been rolled out at such a rapid pace has been remarkable, but after we get past the worst of this pandemic, we will still have to care for a lot of sick patients, and I think the same principles should apply. When we get new information that impacts the care of patients, how do we use the resources we have to make sure the right people

have access to that information? So I think if the Quality and Safety community can contribute to that discussion, it would make a tremendous difference to a lot of patients.

Q: Looking forward, has COVID-19 changed your thinking about the biggest quality and safety challenges that lie ahead?

York-Erwin: Prior to COVID-19, one of our big challenges had been throughput, and I think that will be coming back now that we're back to baseline levels of clinical activity and COVID-19 is still ongoing. This experience has shown us that throughput is not only important to the patient experience but also to patient safety. It is not a new thing, but with additional patient volumes and with additional emphasis being placed on safety through distancing and avoiding overcrowding, throughput will continue to be an important priority across NM.

Q: How do we move forward with non-COVID-19 QI, and what considerations should we make?

Dr. Cyrus: One of the things that I've thought about is the role of technology during COVID-19, and if there are ways that we can leverage that technology to provide even better care. When I think about the use of cameras in the rooms: Is there a way that we can leverage that for fall prevention? Or for all the telehealth we used both on the inpatient and outpatient side: Are there ways that we can actually better serve our patients by not having in-person visits, especially when we consider keeping our vulnerable patient populations healthy? So I think it will be interesting to see how we can use some of these technologies, which we had to use during COVID-19, as we thoughtfully move forward.

Q: The pandemic is lasting longer than we initially thought it might. Healthcare professionals continue to work long hours and extra shifts, and put themselves at risk. How do we support healthcare professional wellness, especially as it seems we will have COVID-19 patients for many months?

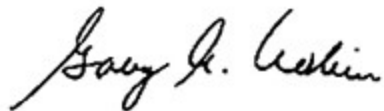
Dr. Cyrus: We've thought a lot about this as a group, and I don't know that we have the solution. I'm thankful that it seems like the spread from patients to healthcare workers is low and that healthcare workers are more likely contracting COVID-19 in the community. But some of the things that we now face include: How do we combat the isolation, both at work and outside of work? People are not congregating the way they used to and getting to know each other and establishing relationships the way they used to. What forums do healthcare workers have to be able to share their experiences with their colleagues, whether it's a wellness group or something outside of the hospital? I think we need to encourage people to actually step away and take breaks. Then I think we need a lot of education about trauma and recovery after a traumatic event, and I think we need to support people as they face new challenges going forward because a lot of people continue to have issues with child care and working from home. So how do we support people in new ways? I don't have the answer to that, but I think these are some of the things we need to think about as we move forward.

Panel summary

Throughout the session, panelists discussed the speed of change that occurred across the health system and emphasized quality improvement as a key factor in successfully managing the COVID-19 surge. The collaborative culture and exceptional teamwork within NM was cited as the most important factor in facilitating the rapid changes. Looking to the future, panelists raised concerns about the ongoing uncertainty of the pandemic and associated stress that may take a toll on physicians and other healthcare providers.

The entire panel discussion is available for viewing in this [video recording](#).

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

A handwritten signature in black ink, reading "Gary A. Noskin". The signature is written in a cursive, flowing style.

Gary A. Noskin, MD
Senior Vice President, Quality
Northwestern Memorial HealthCare
Chief Medical Officer
Northwestern Memorial Hospital