

Dear Colleagues,

It's amazing how disruptive a pandemic can be. When I say disruptive, there are negative and positive disruptions that can occur. We obviously all have experienced the negative disruptions, and I need not say more about that. The positive disruptions, however, are impressive, and will change the way we practice medicine forever.

Some of the positive disruptions:

1. Combined nursing/physician leadership meetings- erasing silos and working better together
2. Introduction of iPad/telehealth use in both the inpatient and outpatient settings- a real convenience for patient and providers
3. Streamlined work-flow evaluations- makes daily work easier and more effective
4. Changed OR scheduling models- better use of resources (and for the surgeons/proceduralists, that doesn't mean that we need to stick to this, but it might be worthy of a discussion)
5. Improved access to point-of-care testing (ultrasound, blood tests, etc.)
6. Improved practice and education on PPE use
7. Development of a documented plan for any future issues

There are many additional examples of disruptions that are positive and should improve how we deliver care in the health system.

These changes though sometimes come when we aren't emotionally ready for them, especially when they are coupled with significant negative disruption and fear. It takes time to create the new framework in our minds on how these new care models should be used. We will continue to navigate these waters as we move forward. Consequently, there are a few critical points I want to make though given these disruptions as we are a health care system. These statements are not meant to be patronizing, but a grounding of sorts and a call for awareness.

1. **Every** health care worker is equally important. We cannot ask a health care worker to do something that we ourselves are not willing to do. There have been examples given to me where a provider wants a nurse to bring an iPad into a room for a telehealth visit, when the nurse had no plans to go in. This action creates a rift within the teams, and shouldn't happen. We need to lead by example.
2. Telehealth does not mean that we don't need to examine patients. If an examination of a patient is something you have historically done, and the results of that exam will forge your plan, then please continue to do that using the appropriate PPE. This will vary from specialty to specialty, but is critical that we don't opt out due to fear.
3. When our colleagues ask for and need our help, please don't react out of fear of COVID-19 and decline. We cannot fight this fight without one another. I understand fear, and I understand the oath we as physicians took. **Primum non nocere**. First, do no harm. Inaction is an action.

Again, the intention here is to ground us to our work/calling. This is not meant to judge, nor patronize. Only to unite and rally. I know that everyone is struggling and afraid. We can be better together, and worse divided.

The most current predictive models are more complimentary than in the past. We can do this. Together.

Stay strong. Be brave. Be safe.

Respectfully,

Timothy D. Scherer, MD
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