Q RUSH

From the Chair

A Message From Pete S. Batra, MD, FACS



I sincerely hope that you and your loved ones are safe and healthy during these unprecedented times. COVID-19 has been a significant test for the specialty of otolaryngology. Given the epicenter of coronavirus in the upper airway, something as simple as routine office endoscopy can be hazardous and has the potential to create airborne risk for our physicians, staff, and patients. Indeed, our ability to deliver safe and effective ENT care has never been more challenged.

Rush University Medical Center's new hospital opened in 2012. It was designed with the capability to treat patients in crisis settings, such as a pandemic or bioterrorism attack. The facility is one of 35 federally designated hospitals for treating infectious diseases and houses 40 negative-pressure rooms to control airflow to entire sections of the building to prevent cross-contamination by airborne pathogens. Rush activated resources in late February to prepare for COVID-19. Within a matter of days, an incident hospital command center was implemented, weeks ahead of formal invocation of crisis standards of care in Illinois.

I am incredibly proud of the work of our faculty, residents and staff during this difficult time. The entire department was organized into two teams to continue to safely deliver care through the height of the pandemic. Our team developed COVID-19 tracheostomy protocol, held instructional sessions for nasopharyngeal swabbing, and supported the healthcare system in a myriad of ways by providing ENT expertise. Many research studies were launched to answer the multitude of questions that arose during this uncharted time. One of these important studies that evaluated the impact on smell loss in coronavirus infection is highlighted in this newsletter. Given the high prevalence of smell loss with COVID-19, the department has launched the Smell Loss Program under the leadership of **Dr. Bobby Tajudeen** to provide timely clinical evaluation and treatment options for this emerging clinical problem.

After performing mostly video visits during the months of March, April and May, we are now delivering most of the care in person, following rigorously CDC protocols to maintain the healthy and safety of our providers and patients. Surgical volumes have returned to baseline and are now starting to exceed pre-pandemic numbers. This summer we welcomed head and neck surgeon **Dr. Mihir Bhayani** to the department as an Associate Professor and Director of the Rush Salivary Gland Program. He will also spearhead the head and neck translational science program in

the Rush University Cancer Center. This fall, we welcome back **Dr. Toli Karas**, a pediatric otolaryngologist and Rush Medical College alumnus. She performed her residency at Duke and pediatric ENT fellowship at UAB. She will further augment our pediatric ENT growth at main campus and the western suburbs.

Our education program continues to thrive. After a short pause due to the pandemic, we are now focusing our efforts to build a **12 station skull base/temporal bone dissection laboratory** to further augment the resident and fellow training experience. This state-of-the-art educational lab is slated to open next summer. The department has started two advanced fellowships to leverage the robust training experience. We started a comprehensive facial plastic and reconstructive fellowship under the leadership of **Drs. Dean Toriumi, Peter Revenaugh**, and **Ryan Smith**. The department has also started an ARS-accredited advanced rhinology and skull base surgery

fellowship under the leadership of **Drs. Pete Batra, Bobby Tajudeen** and **Peter Papagiannopoulos**. This fall we launched the inaugural **Rush ENT Update for Primary Care Physicians** on Friday, Oct. 23. One of the pillars of our mission is to elevate the care of otolaryngology disorders in the community setting, and we are excited about this new educational offering.

Research remains integral to our tripartite mission. The department currently has 73 active prospective and retrospective IRBs with 13 active clinical trials in rhinology, head and neck cancer, sleep, and otology. The faculty and residents published 90+ peer-review articles and book chapters this past academic year which attests to their commitment to advancing science in our specialty.

I am incredibly proud to be a part of the department and this organization. The clinical differentiation at Rush is second to none with multiple accolades bestowed by Vizient, Leapfrog and CMS. *U.S. News & World Report* recognized Rush as an Honor Roll hospital this year. Rush otorhinolaryngology has been ranked in the top 50 four of the past 5 years affirming the amazing work done by our entire team.

Kindest regards,

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