

June 17, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and once again, and I'm pleased to welcome you to this weekly briefing for the UT Southwestern community. As in each past briefing, I will spend about half of the time we have together to provide an update on activities here on the campus, and then I'll turn to Jenny Doren, a Director in our communications department, for her to pose the questions that you have submitted over the last week. As we all continue to adapt to the challenges of living and working within the evolving environment of COVID-19, I want to take this opportunity to thank you once again for your ongoing engagement with these briefing sessions and for the questions you continue to submit and, more importantly, or most importantly, for all that you're doing to keep us on track on our mission at UT Southwestern.

Before I turn to the status of activities related to COVID-19, I want once again, as I have in the past two weeks, to speak to issues related to diversity and inclusion on our campus, as we find ourselves really trying to manage through two pandemics – not just COVID-19, but the endemic pandemic racism that has really appropriately come to the floor, especially in these weeks since the death of Mr. George Floyd. I want to assure everybody on the campus that with the weeks passing by, we continue to stay focused on this issue. The ongoing social unrest and demonstrations remind us that there is still a tremendous amount to do to address racism and inequality in our community, and that includes on our campus.

This is not only a matter of justice for individuals, but also what we need to address to really live up to our full potential and our aspirations. I noted last week that I would be looking to our President's Council on Diversity and Inclusion to play a key role in identifying where there are still opportunities to undertake concrete, active measures to advance the commitment to equity and justice on our campus.

I met with this group last Friday to discuss both plans that are in development and to advance us in planning across all of the range of activities that are in the collective of the UT Southwestern that we know. We have, in fact, developed over the years many foundational programs and services to promote diversity and equal opportunity and ensure nondiscrimination. I've come to realize in meeting with groups over the past two weeks that we've not done as good a job as we might in making sure that everybody on the campus is aware of those resources, and by that awareness, to be sure that we use them to advance equity. So at the very least, we will be sure that there is full appreciation of the resources available. But even so, we recognize they are not enough, and we'll be looking in every sector.

For example, in our educational arena, the Medical School has had an elective – Healthcare in Underserved Communities – taught by Dr. Shawna Nesbitt, our Associate Dean of Student Diversity and Inclusion. And I've asked our Provost, Dr. Andy Lee, to really examine whether this as one example needs to be incorporated into the educational experiences of all of our learners. At the same time, we've come to realize that our teachers need to have the tools, the experience, the training themselves on how to deal with challenging topics, painful to discuss, and yet essential, if we're going to live up to our expectations of ourselves.

There's a much longer list of initiatives that we will share. This is a priority agenda item for me for this coming year, even as it has been one of our strategic priorities from the first year that I arrived as President of UT Southwestern 12 years ago.

So now let me turn to the other ongoing pandemic of COVID-19 and to provide an update on activities over the past week on our campus, but also the evolving landscape within North Texas. It's very clear to all of us on the campus – and certainly to someone who's paying attention to many of the new sources that are available – that there has been an increase in active cases of COVID-19 in North Texas and certainly within Dallas County.

Clements University Hospital, as of yesterday evening, had 23 patients. That is actually a high for us, going back to where we were in early April. And similarly yesterday, there was a high watermark, so to speak, in the number of patients being cared for at Parkland with 93. And speaking to my colleagues at some of the other health systems across the region, this is a pretty consistent experience. I want to assure you that with those rising numbers, we still – on our campus, both at Clements and at our partner Parkland, but also within North Texas – have the ample capacity to care for these patients, but obviously we remain concerned about what trend we may be in the midst of and only emphasizing our need for continued vigilance.

Our UT Southwestern modeling team continues, of course, to do its work to help us try to look into the crystal ball, at least for the next couple of weeks, and they do anticipate a further increase in the number of patients both infected and requiring hospitalization on the order of 10 percent. Now, if this prediction holds true, as their predictions have in the past, again, we are well within our capacity to care for these patients, but it does underscore both our need to be prepared to care for those patients and to maintain our vigilance on the things we can do to impact that. And by that, I mean, of course, adhering to the nonpharmacologic interventions. It is of course a speculation, but it seems to be a reasonable one, that what we are seeing is in part the broad impact of opening up the economy and activities related to it since May 1 and possibly also some of the impact of the ongoing larger gatherings related to demonstrations.

Although on the latter, we can suppose that we may be still in the relatively early phases of whatever contribution that is making to it.

Now, I want to turn to another related topic that I know has been of interest on the campus, and that is – especially as people are coming back to campus – what has been the experience at UT Southwestern in terms of exposures on the campus and people acquiring COVID-19? A message went out from the EROC last week providing some of the information I'm about to highlight, but I do want to let you know that on a going forward basis, we will be reporting those numbers on a weekly basis. So what has been the experience? Looking back really since COVID-19 pandemic first appeared in North Texas, we have identified six individuals among the 14,000 or so who have worked on the campus who acquired COVID-19 by all appearances through a contact here on the campus. Now, six is six too many, but I put that in perspective from my view of it. I think it's a testimony to just how much our campus colleagues are adhering to those nonpharmacologic interventions of physical distancing and wearing appropriate masking and of course other measures like hand sanitizers and what we are doing as a campus to intensify our cleaning activities.

I share those numbers with you to give you a sense of scale. Of course, as I hope you're all aware, if an individual who is identified as having been diagnosed with COVID-19, in any setting, who's a member of the UT Southwestern community – and that's been almost exclusively acquired in the community – anybody on the campus who may have been in contact with them, will hear from Occupational Health for an assessment and appropriate measures like testing to determine whether in fact that exposure has led to an infection. But experience to date really says that has been a relatively or an actually rare occurrence.

Moving to matters more general, the Health System is now up to nearly pre-COVID levels of activity in providing care to patients in addition to our smaller number of COVID-19 – smaller relative to the totality of patients with COVID-19. Our students are on track to return to their full activities. Over the course of this month, we hope to see both fourth-year and third-year Medical School class return to their clinical rotations, albeit not in rotations that would expose them to COVID-19 patients or be involved in their care.

In the research arena, we have remained as we have for the past weeks at 50 percent of capacity in our laboratories of pre-COVID activity. And I was pleased to hear from many of our faculty as well as students – graduate students and postdocs – that at that level, they feel that they are making good progress in advancing their research goals.

Last week we did make the decision to pause on transition to further opening into the so-called phase three. We remain in that pause state. I've shared previously the various criteria that have been decided by the EOC as guiding variables for us to use to make decisions about any further opening or – should those same criteria show a worsening – possibly even stepping back from the degree of activity we are currently pursuing.

We will be monitoring that on an ongoing basis and review whether any changes of any sort really are warranted over the next two weeks, and then if there are changes warranted, plan from there for when we might implement any changes. But I do want to emphasize by saying that right now, there are no plans to specifically change our activities until such time as we're confident that the criteria either warrant it in terms of expanding it or necessitate it in terms of reducing our activities.

The one sort of related issue that I want to touch on that really brings us in line with that decision to pause on transition to phase three is our travel policy. I've received a recommendation from the Travel Advisory Committee that notwithstanding the provisional decision back in May to allow mission critical institutional travel as of June 15, that that is now going to be pushed out until the end of the month and reviewed just like our other activities to determine what may be appropriate going forward from there. I do note that the group is increasingly focused on using the nature of the activities that one will undertake when traveling as opposed to necessarily simply by an evolving list of specific geographies.

Let me conclude with two other issues or matters that I have mentioned last week and I believe the week before. First is what will be our new employee engagement surveys. Those have been launched. The survey is undertaken by a third party so that anybody who participates – and I hope you will all participate – can know that there is confidentiality. We hope that will enable you to provide your most candid comments. We really pay great attention to what we learn from user surveys and use them, we hope, to make ourselves better as a place to work as well as advancing our mission.

And then finally, as I also mentioned last week, we have now put out the call for nominations for the 2020 Leaders in Clinical Excellence Awards. These awards span a number of categories that recognize individuals but also whole programs. And I hope those of you who have seen individuals, caregivers, and programs that have impressed you in the excellence they exemplify in clinical care, that you will take the time to nominate those for the recognition they deserve. So with that, I'm going to conclude my remarks in this update and turn to Jenny Doren for your questions.

Jenny Doren:

Good morning, Dr. Podolsky. The bulk of our questions this week revolve around concern of the unknown, how best to protect ourselves and our families as the number of COVID-19 cases, as you have already mentioned, track upward. A lot of people are writing in about testing, so I'd like to begin with this question: Why not provide the courtesy of COVID-19 testing to any employee who thinks they may have been exposed? In addition, can you please announce some of the main city testing sites?

Dr. Podolsky:

Well, any employee of UT Southwestern who has been exposed should speak to their primary care provider and contact Occupational Health or utilize our COVID-19 virtual care clinic, which is available to all employees and their families. The clinic provides quick access to one of our expert clinicians for a COVID-19 screening. The virtual visit will consist of a screening to discuss symptoms, potential exposure, and previous medical history. And if there is an exposure of a threshold that warrants testing, that will be available to those who have turned to UT Southwestern, and you will be referred to our drive-up option with an Epic login order to schedule that for you. For more information on the virtual clinic, please visit the health information section on our COVID-19 website.

For employees whose primary provider is outside the UT Southwestern system or just prefers not to go to the virtual COVID-19 clinic, I suggest that you visit the Dallas County Health and Human Services website [dallascounty.org/covid-19], which provides what otherwise can be some changes, over the course of days and weeks, to the locations, hours, and testing requirements. So, again, UT Southwestern, you have full access to the COVID-19 as well as Occupational Health. If you choose or are speaking to somebody from outside the UT Southwestern community, please know that you have a resource in the Dallas County Health and Human Services website.

Jenny Doren:

To piggyback on that question, with COVID-19 cases on the rise again and the known fact that many people do not show any symptoms, is UT Southwestern planning on employee antibody testing at any point, for any or all employees?

Dr. Podolsky:

At this point, we are not planning on any routine antibody testing, certainly not across the entirety of the nearly 19,000 employees for UT Southwestern, in part because we really just don't have the bandwidth to do that. There are also, we should appreciate, limits to the use of the antibody insofar as it will not be informative if somebody is in the midst of an active infection or is still in a period of incubation from having been exposed.

Antibody testing is available for patients, including employees, if you've had a clinical episode consistent with COVID-19 symptoms, but for whatever reason were not tested or didn't have access to testing at the time when you had that episode of illness. In which case, again, we would advise you to seek advice from your primary care physician, or if not from a primary care physician here at UT Southwestern, then, again, the COVID-19 clinic and Occupational Health are resources as to whether it would be sensible for you to have the antibody test.

Jenny Doren:

Dr. Podolsky, you spent the past few weeks reinforcing UT Southwestern's mission of promoting health. There are concerns that there might be a spike in COVID-19 cases due to the

recent protests, the lack of social distancing, relaxing restrictions in the state of Texas, and no universal masking requirement. Wouldn't it be optimal to keep those who work efficiently from home doing so in order to not endanger other people's lives?

Dr. Podolsky:

Well, as I hope at this point everybody in the campus is aware, out of concerns for the things that this question raises, we have paused further expanding the opening of the campus to require those who are currently effectively working from home from coming to the campus. So we are, in fact, following that course. And we'll continue to do so until conditions change, as I've already mentioned earlier in this briefing, to warrant a change from that. I do think that as things evolve, we will find and permit safe return to campus, and that some of the things which can now be accomplished effectively remotely may be less effective just because there's more activities on campus that would represent a change in conditions.

But again, I'd emphasize right now we're going to continue to be guided first and foremost by what we think is safe. Even if, as was the case, the criteria that would suggest that it was safe to move to a phase three were in place, we want to err on the side of caution. So I would hope that everybody would continue to follow the reports from our EOC as well as these daily briefings to really stay informed as to any changes in circumstance.

Jenny Doren:

Most definitely. So we have a lot of parents who are writing us with questions, one in particular about child care amid COVID-19. What advice do you have for parents who have children in child care facilities that do not seem to be following the same standards of nonpharmacologic preventions? Masking, social distancing, reducing classroom density – things that we're doing here on campus. Of particular concern would be the child care facilities on and surrounding campus, such as Callier, that predominantly serve UT Southwestern faculty and staff.

Dr. Podolsky:

Well, I do understand, of course, that this is a significant concern, and it presents real challenges given the need for parents to juggle providing child care for their children as well as their professional and work responsibilities. And superimposed on that, the nature of children, not to necessarily be as able to follow directives around nonpharmacologic interventions as we would expect for adults.

But to answer the question, and specifically starting with the Callier child development center, I understand or know that they have instituted safety precautions, including extra daily cleaning, the canceling of in-person events, temperature screening, social distancing, and virtual engagement. I would understand that this may stop short of a guarantee, but I do think underscores the seriousness with which they're trying to address and balance that need to provide child care and to do it as safely as possible.

And I just encourage all of our employees to speak with their child care providers regarding their concerns and make informed decisions based on UT Southwestern and CDC guidelines. So the CDC website [cdc.gov] is another source of information that will be useful for parents in making these decisions. The state of Texas recommendations and requirements for child care facilities I know can also be found on the Open Texas website [open.texas.gov].

Jenny Doren:

Thank you for those extra resources. So shifting now to case counts, why is the COVID-19 census for Parkland not reported in the daily briefing email, and how do those numbers compare to CUH? And this person who wrote it was also interested in the numbers of COVID-19 cases among UT Southwestern clinicians and employees. Are they rising since the phased reopening started?

Dr. Podolsky:

So as noted, we have been sharing daily census counts for Clements University Hospital since April 1. It would not be appropriate for UT Southwestern to speak on behalf of the Parkland administration, which is why we're not also reporting those, even though I share those each week on these briefings, and the Parkland administration also publishes its numbers on a virtual if not actual daily basis. So it's not that they're not available; they're there for those who will pursue them, but we want to be respectful of Parkland's administration and having responsibility for reporting their activity there. And with respect to reporting the number of people who've been infected at UT Southwestern, I've referred to that or referenced that in my earlier comments. Specifically, I've shared with you – and we will continue to share on a weekly basis – the number of individuals who have been found to have been exposed and infected on the campus to the best of our knowledge over the course of time since COVID-19 first arrived.

In my most current number, there have been approximately 40 members of, again, the 14,000 people or actually the 19,000 people who work at UT Southwestern who have been diagnosed. We will not characterize it further with respect to location out of anything that would potentially compromise the privacy of any one of those individuals.

However, I do want to emphasize – assuming behind the question is also partly the understandable concern of what if I was exposed to somebody who was positive – that any individual who was exposed to someone who was positive would be hearing from Occupational Health to assess that exposure and then what's appropriate, whether testing or just following along is appropriate.

I guess the last point I will make and to reconcile what I've just said about 40 versus six, it just tells you that in fact, first of all, that the UT Southwestern community overall – not just on the campus but off the campus – has been, I believe, very attentive to the importance of those nonpharmacologic interventions, but also that when exposures have happened, they've been largely in the community, not here on the campus.

Jenny Doren:

So I want to return to one of our most popular questions. We talk about it every single week. It keeps being asked: parking. So this question has been asked multiple times: As an approved remote worker, I'm upset that I may be asked to pay for parking when I am not parking at UT Southwestern. If we are asked to pay for parking permits which we will not use, what will happen if we refuse to register this year?

Dr. Podolsky:

Well, all employees are welcome to cancel their parking at any time. If you are not returning to campus and wish to cancel your parking, you may return your permit online. The deadline to cancel your parking to ensure that you do not have a deduction on your July 1 paycheck is 5 p.m. on Monday, June 22. Just more generally, employees can manage their parking permit options on our Parking Services website. You'll need a VPN for that.

For the next fiscal year, which begins Sept. 1, we'll be working with our HR Department to develop procedures to provide significantly discounted parking options for those with approved telecommuting plans.

Jenny Doren:

So as the states are slowly reopening, are there any plans on easing domestic travel restrictions related to personal travel?

Dr. Podolsky:

Well, first of all, UT Southwestern does not have any authority over personal travel, and so it is not being reviewed by our Travel Oversight Committee. But we do really discourage international travel especially, but even domestic travel where it's not absolutely essential.

Your decision to undertake personal travel, however, does potentially have an impact on your ability to return to campus. You do need to consult with Occupational Health if you've traveled outside of Texas and be guided by their directives as to whether you may need to self-quarantine, or at least stay away from the campus for a period of time depending on where you've traveled to and what kind of activities you've engaged in.

Again, there's another resource: The Occupational and Student Health sections on our .net website have screening information, frequently asked questions, and steps to take to return to campus following any travel.

Jenny Doren:

So if we can stick with travel for a minute, will there be an updated list of cities and states that require a 14-day quarantine upon return from travel? The last update was May 28.

Dr. Podolsky:

Yes, there will be and it should be very soon. The basic cadence of the updates has been about two weeks. But as I mentioned in my earlier update, the Travel Oversight Committee with Occupational Health is considering evolving to criteria which are more related to what are you doing at the destination – for example, if you’re going to volunteer at a nursing home – versus the specific place you may be traveling to. So please stay tuned to be guided by that evolving set of recommendations.

Jenny Doren:

Thank you. And this is probably going to be our last question before we have to pause for today, and it’s a question on Emergency Department growth in services offered to Dallas city residents. As we can all acknowledge and recognize, our Emergency Department is always extremely busy. Pre-COVID, post-COVID, we can expect the same. Is there an opportunity to explore adding an urgent care service line that can perhaps be expanded in the future to our ambulatory medical office buildings in Frisco, Las Colinas, and so forth?

Dr. Podolsky:

I’m glad for the question. One of the temporary casualties of the pandemic was more or less a pause in what was a very important effort that began last fall led by our Executive Vice President Dr. John Warner, and that was a strategic plan for our University Health System. I’m pleased to say that that plan, which was pretty far along as we got into early April and then really got overtaken by the intervening events of COVID-19, that we’ve now reengaged to really bring that to a conclusion and a roadmap for us for the future. And within that will be how do we also adequately address this component of the spectrum of care, urgent care?

It may well be in this instance that an important part of that approach will be in conjunction with our Southwestern Health Resources clinically integrated network, but stay tuned. Even though I don’t have final conclusions yet, that’s part of a master plan which will help guide us in providing care broadly to this region over the years ahead.

Jenny Doren:

Thank you for your time, your transparency, and your updates.

Dr. Podolsky:

Thank you very much, Jenny. I hope you all have a good and safe week.

