

May 20, 2020, Weekly Briefing Transcript

Dr. Daniel Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I am pleased to welcome you to this weekly briefing for the UT Southwestern community. As in past weeks, I'll spend about half the time we have together to provide an update on the events of the past week, and in the remainder of the time, we'll turn to the questions that you have forwarded since we last got together. Those questions will be posed by Jenny Doren, a Director in our communications department. But before turning to that update, I want to thank all of you again for your commitment, which shows up every day on this campus, whether you're present on the campus or doing your work from a remote location. We continue to advance in all of our mission despite the extraordinary circumstances we continue to find ourselves in and as those circumstances are evolving week to week.

So with that, let me turn to where we are at UT Southwestern and events of this past week. We are now in the second week of what we call phase two of the restoration of various aspects of our operation on campus. And I'm pleased to say that overall, this has gone very well. I am sure you are encouraged, as I am, that we have made this progress, but at the same time, I hope you will keep in mind as I do the need for continued vigilance and the appreciation of the importance of not becoming complacent and losing sight of the need to really practice social distancing, wearing a mask where there is any possibility that you may be in closer contact than 6 feet with a colleague or anyone else, whether here on the campus or, frankly, out in the community and all the other measures which can help keep you, and – along with you – our campuses safe.

This week in terms of the care of patients who have been affected by COVID-19, we have seen a relatively flat to maybe even a slight decrease in the number of patients that we've both seen and being cared for in our University hospital. Again, you can be tracking this from day to day on our COVID-19 website, but as of last evening, anyway, we were right below 10 with nine patients, slightly lower than we saw a week ago. And actually there is more or less the same pattern where, as we care for patients at our partner hospital Parkland, in the past few days, the number of patients hospitalized there has been in the 60s. So from the standpoint of the number of patients requiring our care, we've been on a pretty steady pace.

I have talked in these past briefings about the modeling efforts that have been undertaken at our campus and which have helped guide our own decision-making around what's appropriate, for example, to move to a greater degree of operations. And I was also pleased to see, as I suspect many of you were, that the quality of that modeling information has been recognized more broadly with a significant discussion of it in *The Dallas Morning News* in this past week. I think we will continue to follow that closely as the modeling team refines it, and you can see that updated two to three times a week. In fact, you should see an update later today.

I want to thank the group who have been spearheading this, including Dr. Trish Perl, Mujeeb Basit, Andrew Jamieson, Mike Holcomb, and Gaudenz Danuser, as well as others who have contributed.

I've spoken in the past week about our efforts to expand our testing capacity for the virus responsible for COVID-19 and now also for antibodies to the virus. I'm pleased to let you know that we will be bringing online essentially a doubling of that capacity in the beginning of the coming week, which allows us not only to continue to serve the needs of our patients, support some of the other health systems, but has allowed us to provide increasing assistance to the state as the state is seeking to really expand testing in special at-risk populations, and I would say, in particular, the use of our testing capability in nursing homes here in the region, where as I'm sure many, if not all, of you have been aware has been an environment in which there has been an especially large number of individuals affected by COVID-19.

Turning to the campus and where we are in that move from our phase one to phase two, as I've said, things have gone smoothly. I do want to emphasize that if you have questions about what are the current guidelines on the campus for any of a range of activities, you can find those in the form of an executive summary on our COVID-19 website.

So just as a brief overview of our broad areas of activity, our research labs have now been active at a level of approximately 25 percent of pre-COVID activity and important work has again been able to proceed. Part of that very important work are projects focused on COVID-19. And I was very pleased to see from our Provost, Dr. Andy Lee, and our Vice Provost, Dr. David Russell, the announcement that went out to the campus to launch our Biorepository and patient registry. This actually is a collaboration that spans not only UT Southwestern, but also our partners: Parkland, Children's, Texas Health Resources. And we'll sort of bring together access for patient samples that are going to be important in driving research projects and also, as a patient registry, a means of really learning from the experience that we are having in caring for patients across all of those institutions.

And so in terms of our research enterprise, we are responding to the challenge of not just the day, but of the year in terms of contributing knowledge and advancing our understanding of the COVID-19 disease. This is in addition to laboratory projects, which I've mentioned in past briefings, and those projects include such efforts as identifying already-approved drugs approved for other indications, which might be effective in the treatment of COVID-19. And here, I want to especially acknowledge Dr. John Schoggins and Dr. Hesham Sadek for advancing that project.

In the clinical realm, we are steadily increasing the care we are providing to those who had procedures postponed or patients in our outpatient buildings postponed when we were first readying ourselves to be able to care for a possible surge in COVID-19 in the region. At this time, we are I would say about half way toward the full restoration of that. Our occupancy in the Clements University Hospital has been in the 70s now. To put that in perspective, prior to COVID-19 our occupancy hovered between 102 and 104 percent, and when we made the move to postpone nonemergent admissions and procedures, that went as low as the low 50s percentile. So we are coming back and really providing much needed care for our patients.

We're also seeing an increase, although not to pre-COVID level, in our emergency department. And here, we share the concerns that are increasingly being voiced about individuals delaying care for even urgent conditions out of fear that coming to a hospital or health care facility would carry an undue risk of exposure to COVID-19.

In understanding that there is that fear out there, we have endeavored to provide a range of communications to assure our patients that we are taking every effort possible so that they are safe here, that everybody who works here is safe, and that their experience will be the kind of great experience that UT Southwestern has been known for. So, we're pleased to see steady progress in a return to what we hope will be in the not too distant future the full level of care delivery in our University Health System.

Finally, in our commitment to education and training, I want to make note that there have been significant impact and sacrifices for our students because of all of the interventions and changes that were made to respond to the COVID-19 challenge. And this has put off what would have been many of the normal components of their curricula or educational experience. This has impacted in particular our third- and fourth-year medical students who were not able to participate in clinical rotations, which is the essence of those last two years of medical school, both so that we were sure that they were safe and also as we needed to prioritize the conservation of personal protective equipment.

Beginning June 1, however, I'm glad to say that our fourth-year students will begin clinical rotations at our Clements University Hospital as well as the Zale Lipshy Pavilion of the Clements University Hospital, and we are working to restore the full roster of clinical rotations, not only for our fourth-year students but also our third-year students. Our graduate students have been able to return to the lab as those have opened up, as I mentioned earlier in my comments. And finally, also glad to note that at least a small number of our students within the School of Health Professions have already returned to clinical rotations. So, we are bringing back to life some of those parts of our educational and training programs which are an essential part of what makes UT Southwestern the academic medical center that it is.

With this progress and without a rush, I've asked the Restoration of Operations Center, the ROC, to now develop plans for what a next phase of opening of the campus operations would look like, including the criteria by which we will be able to decide if we can safely expand what we're doing and just in what way we will expand those activities. This is of course in the context of the broader opening of the state and the community following the Governor's most recent executive orders that were issued on Monday. And so, in that context we will be looking at what we can safely do here on the campus.

Any decisions we make on the campus will be guided first and foremost by what is safe for the UT Southwestern community and our patients, and will be subject to changing circumstances. And that could include the possibility of an increase in the number of new cases of COVID-19 in Dallas and the North Texas region that would obviously influence how we proceed, however much we may have opened already.

I'm going to finish my remarks before turning to questions with touching on two other matters. One is our travel policy. We of course made the decision in March to cancel and forego any institutional sponsored travel, first internationally and then really any, whether international or domestic, and that travel ban is currently in place and will remain in place until June 15. However, beginning with June 15, subject to review by a responsible supervisor, whether that's a Department Chair or a Vice President in our administrative departments, we will allow institutional sponsored travel within the United States.

There will be still some limits, even so. Occupational Health will maintain a dynamic list of hot spots in the United States which might still be out of bounds. But we will begin to, as I've said already, permit

institutional sponsored travel. There is one important condition that goes with it. The travel must be critical to the mission of UT Southwestern. We will be reviewing that travel policy on an every two week basis once we've opened it up and, depending on circumstances, either expand the options for travel or, if circumstances require, restrict them further again.

And then the last topic I'd like to just touch on is child care resources. We realize that as we are restarting operations that has meant a number of you who are returning to campus still have children at home. And I want to make sure you're aware of a child care toolkit, which is available as a new resource for finding safe, dependable child care. And so again, I would refer you to our COVID-19 website.

And with that, I want to close where I began by thanking you for the commitment that you make to UT Southwestern, you make to our community every day, for your hard work, and for continuing to move UT Southwestern forward even in these challenging times. So with that, I'm going to turn to Jenny Doren and do my best to answer your questions.

Jenny Doren:

All right, well, thank you, Dr. Podolsky, and thank you to all of you joining us listening in right now. I really do appreciate this opportunity to ask your questions every week. So I want to begin with a question on resurgence. Turn on the TV, you will hear a myriad of reports on a second surge of COVID-19 in the fall. Is this a real concern? If so, what are we doing now as an institution, and what can faculty and staff do to prepare for this possibility?

Dr. Podolsky:

Well, I think anybody who's truly candid will first acknowledge that there is no perfect crystal ball to know what we will face, but certainly my understanding from all that I am hearing from our experts and from experts elsewhere is that there is every likelihood that we will see some second wave or wavelet of activity at some point. So I've given you two kind of hedges in there. We don't know what the size of it will be. We don't know what the exact timing of it will be. I think in part that's because we're in uncharted territory. This virus first emerged with a vengeance only four or five months ago. And so we are guided by the experts' knowledge of past pandemics with other viruses, but don't know all of the characteristics of this virus, which ultimately will affect how the pandemic evolves.

Also, there's the important variable of how well we collectively do in remaining vigilant and practicing the physical distancing, the other nonpharmacologic interventions like hand-washing, mask wearing, and how well we do that is clearly going to impact the if, the when, and the how much of this. What we are going to be doing on our campus is exercising caution and discipline in being sure that we maintain that physical distancing, by being sure that we make the UT Southwestern environment as clean as possible, then that we all practice those other nonpharmacologic interventions. And then finally that vigilance will take the form of really monitoring exquisitely closely the pace of new cases as they are diagnosed. And of course, UT Southwestern is and will continue to play a very important part of that through our capacity for doing tests for the COVID-19.

Jenny Doren:

So as we prepare for the potential for another wave or wavelet, as you call it, we look ahead to fall and flu season. Can you tell us whether the flu vaccine this year will be modified in any way to include other strains related to COVID-19?

Dr. Podolsky:

Well, I think it's important to appreciate that the flu, influenza, and COVID-19 are really two entirely distinct virus and classes of viruses. The flu vaccine every year is a mix of strains that's determined by the World Health Organization. And that is really being decided more or less at this point in time. We will certainly be providing the same expectation and the access to vaccination for the flu as that vaccine becomes available as we have in past years. Right now, there are dozens of initiatives looking for vaccines for COVID-19, but none of those are yet proven to be effective, and once an effective vaccine is identified, it will take some amount of time to produce it on the scale that will be necessary for it to be generally available.

There are other strains of coronavirus that have long been around and the source of many of the common colds that we've all experienced over the course of our lifetime, but there is no cross-reactivity between those strains and the SARS-CoV-2, the virus responsible for COVID-19, so that they can't be incorporated as part of a vaccine currently that would be effective. So the short answer is, unfortunately, we're all going to have to continue to do everything we can and be patient until hopefully we will have an effective vaccine. And I want to add that the dozens of institutions and companies that are pursuing vaccines include some of the laboratories right here at UT Southwestern.

Jenny Doren:

Yeah, phenomenal work happening here. Dr. Podolsky, over the past week, we have also received an uptick in the number of questions about parking. I personally overheard several people talking about this yesterday. For those employees who are continuing to work from home, will they still be charged for parking on a monthly basis?

Dr. Podolsky:

So just as a starting point, let me either remind you or assure you that parking fees for all employees have been suspended through June. We will consider when we will begin to resume parking charges, and it will certainly be in conjunction with how we progress in the return to campus plans, what I touched on earlier in my comments, and when those are put in place. At this time, we frankly have not gotten to any discussion on how we will balance or how we will proceed relative to parking charges for those who may continue to work at home as others are coming to campus, so more to follow. But I do appreciate that there's great interest in the topic.

Jenny Doren:

A lot of interest in the topic, for sure. People are also asking for more clarity around hiring practices. Some people think we are in a hiring freeze. Can you clear up their confusion and explain the situation right now?

Dr. Podolsky:

So I will be as straightforward as I can in saying that UT Southwestern does not currently have a hiring freeze. What we do have is an extra level of scrutiny and review on any positions that are open to determine whether they really are necessary for the campus and certainly the same review for any proposed new positions on the campus. And so I would like to believe that in any circumstance, we're good stewards of our resources and we don't create positions without great thought and consideration as to whether they're needed. But in this time, given the budget challenges, which I've shared in previous briefings, we're making sure that that gets an extra level of review. And so, yes, there will be some positions and have been a number of positions, which were open, which we've decided either do not need to be filled or do not need to be filled at this point in time. And so I understand why that message may be perceived by some as a hiring freeze, but we are still very mindful that we need the person power to advance our mission, and so we are not in that formal freeze.

Jenny Doren:

Very good. Now to a question about employee screening and some concerns about temperature checks. How effective and accurate is the screening when we come to work? And just so you're aware, one person wrote in saying that his or her temperature had ranged between 92 and 96 degrees. So that was the impetus for this question.

Dr. Podolsky:

So I'm glad for the question for a somewhat broader reason, which is to remind all of us of our obligation to self-monitor for symptoms that could be COVID-19 related, even if they may in the end and hopefully are not COVID-19. For all the other measures that I've mentioned, the single thing that will have the impact of keeping the campus safe and for an individual's welfare is to be aware that they have a symptom that could be COVID-19, and in that circumstance not to come to campus but to call your primary care physician or consult with Occupational Health, and obviously fever being one of those.

So any time that one finds that they have a fever should certainly trigger that reflex to call your physician or call Occupational Health. The fact of the matter though is that temperature readings are neither 100 percent sensitive nor specific, meaning obviously there are many things that could cause a rise in temperature. And then there are individuals who at least in some part of the course of their COVID-19 disease will not have a fever. And so we have decided not to rely upon them as a routine screen, say, for all of those coming onto campus.

Where we felt that there was a reason for, and especially an extra level of caution, is in our health care facilities in our hospital, where temperature screening is going on. I think part of that is also giving that much more assurance to our patients that we're making the safest environment we possibly can. But we have made the decision that's on the recommendation of the ROC that we are not making temperature screening routine for all those coming on the campus because of the limits of that sensitivity and specificity.

Jenny Doren:

I personally like it. I think it's another layer of protection perhaps, and not everybody is waking up every single morning and taking his or her own temperature. So, I'm for it. So we are hearing from colleagues who work in the Bass Administrative and Clinical Center, where drive-up testing is taking place. What is being done to ensure their safety?

Dr. Podolsky:

Well, first of all, all testing that's occurring at the Bass building is done through the drive-through testing location, and none of it is being done inside the buildings. Employees and staff should be entering through separate entrances, where they are screened for temperature and provided masks. All decisions to move to subsequent phases of our return to campus plan will be made by taking necessary safety precautions and by following the best practices and guidance from our clinical and infectious disease experts. So I do appreciate the concern, but given the physical separation from where that testing is happening to where anybody else is coming to Bass for another reason should keep everybody safe.

Jenny Doren:

Well, I mentioned that we had a number of questions about parking. This will likely be our last one; it's another parking related question. Can people who previously purchased DART passes cancel them if they prefer not to take public transportation right now out of concerns of COVID-19?

Dr. Podolsky:

I'm sorry to say that employees cannot cancel a DART pass once it's been purchased as our Parking Services is required to pay the full cost of the pass to DART upfront and it cannot be refunded. Parking Services did communicate directly to all DART riders to alert them of their current parking options through the end of May. And we will continue to monitor the current plan to determine if it is to be extended into June.

Jenny Doren:

We appreciate your time. I actually think I am going to squeeze in one final question because I thought this was an interesting one. Someone was asking whether or not UT Southwestern will be incorporating vending machines for the sale of masks, hand sanitizers, and other PPE. Apparently other countries are starting to do this.

Dr. Podolsky:

Well, it's an interesting idea, one I frankly had not been aware of and I will take this question to our supply chain led by Charlie Cobb and Donny McLaughlin and get the benefit of their input. In the meantime, at this time supplies should continue to be ordered by department administrators through our Supply Chain Management group.

Jenny Doren:

All right, thank you so much, Dr. Podolsky.

Dr. Podolsky:

Thank you. I hope you all have a great week.