

Jan. 6, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. I am pleased that you are joining me for this first campus briefing of 2021. I hope the new year provided everyone with an opportunity to recharge and spend time in small groups with family or friends and I trust that you all did that, maintaining all the practices that we've learned over the past year are important for keeping us all safe. As in past briefings, I'll begin by providing an update on developments on the campus since our last briefing. Then I'll turn to Jenny Doren who will pose the questions that you have forwarded to us since that last briefing.

As we provide this update in this first week in January, we do find ourselves more challenged than ever by the pandemic in the number of patients who have been infected by COVID-19 and those needing care in our hospital and across the region. Here on the campus, at least as of yesterday afternoon, we were caring for 86 patients at Clements University Hospital, and that has been consistent with what we have seen over the course of the end of December, where we were often caring for 90-plus patients. That is certainly a greater number of patients than we have cared for through past waves of COVID-19.

Our experience at Parkland is much the same. As of yesterday afternoon, there were nearly 180 patients we were caring for there. So even as we turned a corner before the new year in the availability of vaccine, which I will come to in just a few moments, the challenge in front of us is still those who are actively infected and in need of care for COVID-19. I would say that the experience on our campus is quite reflective of what's going on in the region and as a region, we are also challenged in ways that we have not yet seen before. Just yesterday, across the North Texas region, we passed a new milestone with more than 4,000 patients being treated in hospitals.

Those patients are requiring nearly all of the ICU capacity in the region. In fact, more than half of ICU beds for the first time yesterday, were reported to be occupied by somebody ill with COVID-19. No doubt that some of you will have seen in media reports just this morning that with this pressure of the need for hospitalization of COVID-19 patients, some of our colleague health systems in the region have found the necessity to curtail to some degree or entirely, elective nonessential procedures. That includes our partners, Texas Health Resources.

As of this time, we at UT Southwestern have found that we maintain the capacity in both hospital beds and staff, to continue to care and meet all the needs for those with COVID-19 as well as our other patients. But I can assure you that the leadership of our health system under Dr. John Warner and the team that has been working throughout this pandemic will continue to look very carefully to be sure that we are operating our health system in ways that ensures that we can meet all the needs of our patients.

I do want to take note that our ability to continue to meet that need has been possible only through the incredible dedication of so many people across UT Southwestern, but particularly those at the front lines at Clements, and also those working to care for our patients at Parkland and at Children's. I want to say

a special thanks for the resilience, the remarkable dedication that you have shown that makes this, at once, both the most challenging time at UT Southwestern, and also the time that I think we can be most proud of what we are able to do for our community.

Initially, these briefings I've also spoken about the experience with our own UT Southwestern community in terms of COVID-19. In the two weeks since the last briefing, what we have seen as much the same as I had reported in the past briefings, that numbers of our colleagues are becoming infected by COVID-19, but that was almost exclusively through exposure out in the community. In each of the past two weeks, we have had one instance of transmission of one employee to another, both happened to be in the clinical environment. As in past instances, in each of these two cases, there was an associated lapse in the precautions that we are otherwise being so diligent to maintain. So they're the exception that proves the rules. That's a phrase I've used before. That is we really pay attention to those nonpharmacologic interventions, we can keep ourselves and our colleagues safe on the campus.

Earlier this morning, I had the opportunity to see the most recent update from our UT Southwestern modeling group. I wish I could tell you that it suggested a rosier picture for the next two weeks. Instead it projects significant increases in the numbers of individuals in Dallas County and Tarrant County who will contract COVID-19. Of course, what will follow as people progress through that illness, a greater number who will require a hospitalization. Indeed, this most recent update, which we hope will be posted on our public website within the next day or so, but certainly as soon as it can be put into a user-friendly format.

It says that we may see as much as a 40 percent increase in the number of new infections in Tarrant County over the next week. So that's a striking number I think, to anybody and just tells us that we need to be laser-focused on, continue to do the things we can to stop the spread, limit the spread of COVID-19, and be prepared obviously for the needs of patients who will be sickened by the infection. So, those are, I realized, sobering projections against the backdrop of a serious present circumstance. But I know as a campus that we will continue to work together, to all row in the same direction to meet this challenge.

And I hope as the communities, with the UT Southwestern community setting the example, getting to really careful and consistent compliance with the measures that experience has shown can turn the tide on a COVID-19 surge, that we can get to the other side of this. Of course the bright light and all this is that we are now in a phase where we have the vaccine and have begun to deploy it. So let me turn to where we are with our vaccination efforts. As of Monday afternoon, nearly 13,000 UT Southwestern employees had received their first dose of vaccine, and now this week we've with administering second doses to those individuals. For those who have, at least as of yet, not elected to get the vaccine, I would once again, encourage you to consider it. I hope ultimately decide that that is a way of not only protecting yourselves, but all those around you and ultimately our entire community. Still, I want to make clear that we respect that that is an individual decision. I'm offering my perspective on what I would hope – I will say for myself that when my turn came, as we went through the various phases of that first round of vaccination, I, for myself, didn't hesitate. Again, I'm very pleased that so many have decided and have gone ahead and become vaccinated on Monday. Having really offered now the vaccine to all those who were eligible on the campus under the 1A designation. We began to make this vaccine available to our patients who were within the 1B category and 1B category, as many of you will

know, encompasses all of those who are 65 and older, or those who are 16 and older with at least one underlying medical condition.

All of these are individuals who would be at higher risk for a more severe outcome from a COVID-19 infection. Monday, we began to offer that at a site on the top floor of our West Campus Building Three and yesterday afternoon, we opened up a second site down at Market Hall off of the Stemmons Freeway, as a means to both increase the accessibility and convenience for our patients; and also, to bring some of that activity off of our campus. This vaccine is being offered on an even basis – an equal basis, to all of our 1B patients. The challenge is that the supply of vaccines still remains a very limited relative to the enormous number of 1B patients that we care for. As we get new vaccine, we are making the appointments available to any of our 1B patients who can sign up for an appointment – much as we on the campus have done – through our, My Chart. I do want to take another moment here to really thank, acknowledge, celebrate the incredible work of the teams that put together, what I think has been a remarkably smooth and efficient experience for all those coming for vaccination.

That certainly includes all those who are there at our vaccination sites, but also incredible work from our Communications, Marketing and Public Affairs group. Also, our Information Resources group, who really worked virtually around the clock, but certainly right through the holidays, to see that we really were effectively and efficiently deploying the vaccine, which was provided to us by the state. Some of you I'm sure have seen some concern expressed by officials and in various media really across the country, that the vaccine is not being deployed as fast as it should be. I think we can be proud that here at UT Southwestern, when we've been entrusted with this really remarkable resource that we have delivered on the expectation to get that to people beginning with our own campus now, with our patients just as quickly as we can.

We can only hope that as the days, or at least weeks go by, we will receive expanded supplies between what we have already established here on the campus and at Market Hall. Should we have enough vaccine, the readiness to establish other vaccination sites, we truly can, I think, be an engine for getting vaccine into many, many, to large numbers of our community, beginning with our patients, but with sufficient vaccine looking beyond that. I've been aware that some have been concerned about the experience we have with... with the vaccine and its safety. I want to really start with one very important point. The safety that still depends, even with having the vaccine, on continuing to wear masks and continuing to practice all those nonpharmacologic interventions.

That's really for two reasons. First, we know that the vaccine's protection is not immediate and it's quite possible, almost certain, that some individuals who are coming to be vaccinated given how much transmission is going on in our region without knowing it, have already been exposed to COVID-19. Also, that the vaccine, even though it's a really remarkably effective, 94 percent, that's not a 100 percent. Finally, what we know from the clinical trials that have demonstrated that efficacy, is that people who get the vaccine are not going to experience an illness. We still need to learn with the course of further experience, whether there's the possibility they could still have a virus, even though they've not become ill and possibly transmitted. For that reason, it's important for all of us will receive vaccine to continue to wear masks where masks are warranted, to be sure that even though we're protected and we're not going to get ill, that there's not the small possibility that we could still confer that to others.

Other than that, I would just say that while, as expected, there are a number of individuals who've had varying side effects as they report to occupation, none as we have as we had learned to expect from the clinical trials have been serious or ongoing. I would only say that as people get either their first, or now their second dose, that they should communicate to Occupational Health, should they have any side effects that they're concerned about so that we are certainly fully, we fully learned everything we can from our experience in this vaccination campaign. With that, I'm going to just take a few last minutes before turning to your questions to touch on some other matters, not related directly, at least to a COVID, we are now in, as noted in my first comment and 2021. With that, that means it's a year for the Texas Legislature to convene.

That will begin next Tuesday. This is 87th legislative session for Texas as a state institution. The legislature is making important decisions that ultimately have impact on the campus, not least of which of course is the budget appropriations that support our educational programs and our research infrastructure. We know that this will be a very challenging session for our elected leadership because of the economic impact of COVID-19. There will be the additional overlay of having to carry out the work of the legislature in the extraordinary circumstances of a pandemic, which will make some of the usual processes; there will need to be some adaptation and how the House of Representatives and Senate carry out their work, where normally there's a tremendous opportunity for us to interact, and make sure that our leadership is informed about the needs, and as well as the contribution UT Southwestern makes to the state of Texas as well, more specifically as North Texas and Dallas.

What we don't know, at this point in time, is just how severe that budget impact will be. And then, how it will be addressed in funding decisions across all state agencies, which include UT Southwestern. I can assure you, we will be working very closely with our elected leadership from here in the region, but also those statewide leaders who have come to see, I think in the course of this pandemic, why an investment in an academic medical center is so important for the state to be ready to address needs, to provide guidance to policymakers through innovative approaches, like our modeling, to be ready, of course, to care for patients, to drive research, to address the unexpected challenges as they emerge. And that's never been more evident than what we've seen in this past year.

Finally, I want to make note that soon we'll be celebrating Martin Luther King birthday. The commemorative celebration will be observed on Monday... Excuse me, Martin Luther King Day is being observed on Monday, Jan. 18th. Many see this as a day for not only celebrating the legacy of Martin Luther King, but a day to give back to the community. And I hope you'll consider ways in which you can do that as well.

In honor of Dr. King, we will hold a virtual Martin Luther King Jr. commemorative celebration on the afternoon of Wednesday, Jan. 20. For the event, we are very grateful that Dr. Thomas A. LaVeist, who is the Dean of the School of Public Health and Tropical Medicine at Tulane University, will be joining us virtually, and serving as our keynote speaker. He is a renowned author, researcher and filmmaker in the field of race and social disparities and health-related outcomes. And I hope you will join me in making time for what will, undoubtedly, be a very special event as it is each year.

And I want to conclude by thanking Dr. Shawna Nesbitt and the Office of Institutional Equity and Access for coordinating this year's celebration.

And, with that, I'll conclude this update. And I'm going to turn to you, Jenny, for the questions that have been forwarded by our campus colleagues.

Jenny Doren:

Good morning, Dr. Podolsky, and thank you for continuing these briefings in the new year. It has been a busy week for questions. And I would like to continue the conversation on vaccines. What you, previously, called a bright light in the pandemic. We have received a great deal of questions regarding family members. Specifically, will our spouses or immediately... immediate family, excuse me, in the same household, be offered the vaccine at UT Southwestern? And I'd like to add that we are hearing from many people who are concerned about relatives, who are high-risk from serious illness from COVID-19, and they're clearly concerned about them.

Dr. Podolsky:

Certainly, I understand the concern and, certainly, members of the families of UT Southwestern community are eligible to be vaccinated, if they fall within the 1B category. We are going to continue to really follow the directives from essentially the state, although they largely parallel those from the CDC, which, at this time and as I touched on in my remarks, are focused on those within the 1B category.

I do want to, though, further qualify that to say that we are, at this point, given the very limited supply of vaccine we have relative to the great number of patients we care for who fit in that category, still confining ourselves to those who are patients at UT Southwestern. And I would share that a patient of UT Southwestern is defined as someone who has had an appointment of any sort at UT Southwestern within the past three years. And I do want to add that there is a great source of information about our policies and practices and questions just about the vaccine on our website. And I would refer members of the campus community and others to that website, which is being updated frequently to be sure it is really current.

Jenny Doren:

And I'm glad that you reinforced that about established patients, because that is one of the other top questions that we have been receiving. I'd like to, now, move to vaccine safety. Since we are a little bit more than three weeks into our campus vaccine rollout, can you tell us how many people have experienced side effects from their first vaccine dose? And how we are prepared to treat any sort of severe reaction?

Dr. Podolsky:

Well, let me tell you what we know. And then, I can also say what we don't know. At last check, we have had approximately 20 vaccine recipients report reactions to Occupational Health. And that's out of that nearly 13,000 of our community, who have been vaccinated to date. The reactions were generally feelings of anxiety or dizziness. But the most common side effects, beyond that, have been soreness at the injection site, and headache with most lasting 24 to 48 hours. Should the need arise, the vaccination operations team is prepared to handle all types of reactions, and has done so effectively since our rollout began in mid-December. So, those of you who have been vaccinated know that we have asked

those who've received the vaccine to remain in the designated area for observation, for anything that might look like an allergic, or other immediate reaction. And for those who might have a serious reaction, we have epinephrine or adrenaline available, which is the usual treatment for an allergic reaction.

I qualified my initial comment by saying what we know. In addition, we certainly hope, and I believe many of us who have received the vaccine, when we received it agreed to participate in the act of monitoring program carried out by the CDC and the FDA. And for those individuals who are checked on by text, can't remember the exact protocol, but every 15 minutes, or every hour for the first four hours or six hours, and then at increasingly longer intervals thereafter, they have the opportunity to report any reaction directly to them. And that we do not have access to.

Jenny Doren:

And I want to just add a little something, because we're also receiving questions about that V-Safe app. When you're in the observation room, there are posters up with a QR code that our campus community can just take a photo of, and immediately get that app to make it easy for them. So, we've also been hearing a lot about herd immunity. And I'm hoping that you can break down a little bit more about what that means and how many of our staff will need to be vaccinated to achieve herd immunity on campus.

Dr. Podolsky:

So, the precise percentage of the population, which needs to be vaccinated, or at least immune to an infection to provide herd immunity is, to a degree, dependent on the infection. And, in this instance, SARS-CoV-2, the virus for COVID-19, that percentage is not precisely known. I'm sure many saw that, in months gone by, the figure 70 percent often cited as the threshold for herd immunity. And, more recently, some have said that it may be as much as 80 percent. So, there is a certain degree of uncertainty. It's also, I think, correct to say that it is not an on-off switch. And as a percentage of a population's immunity increases, you begin to see some of the benefit of slowing the transmission of the virus. So, to the extent of what is herd immunity – it is a point at which sufficient numbers of people are resistant to the infection, because they have immunity that a virus, it has nowhere to go from a given individual who might have been infected. So, that's when you take the oxygen out of the fire of the pandemic. And even if we don't know whether the number is 70 percent or 80 percent, the more of our population, and I'll begin with the community of UT Southwestern who are vaccinated, the more protected and the sooner protected we will be and a safer environment we will find ourselves in.

Jenny Doren:

Thank you for that explanation. I'd like to address two more questions beginning with campus operations and policies. You touched on this earlier, since vaccination is not mandatory, what is the process to decline or defer vaccination? And are there any consequences for doing so?

Dr. Podolsky:

So, to begin with a decision, as you've said, and I mentioned before is an individual one and not one mandated or required by UT Southwestern. You are being offered the vaccine. And when you go into

MyChart, you will have the option to schedule an appointment if you decide to accept it, to decline, meaning you're not going to accept it, or to defer, as you may be wanting to think. . . give some thought before making a decision. We have been sharing tip sheets through scheduling messages and MyChart communications on how to do this. They're also available on our website. We ask that all employees and students let us know their plans in MyChart as that helps us better plan for additional phases of distribution.

So, for those on the campus who have been offered vaccination, but as yet have not made that decision, we want to be sure that if you decide to get the vaccine, as we hope, that we will plan to have that vaccine available. And also to say a decision to defer or even to decline is nonbinding. If you should decline, but change your mind later, you can do that. And as to the consequences, the real consequences begin with you – with whether you and the people around you here on the campus, but off the campus at your homes, get the benefit of that protection. And that's the question: It's foremost about your health and your safety.

Jenny Doren:

That's an important question, thank you. Finally, with the new year came the expiration of the Families First Coronavirus Response Act, which provided employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19. Is UT Southwestern putting any policies in place to help employees now, such as extending access to sick or vacation time?

Dr. Podolsky:

Well, I'm certainly glad that many employees at UT Southwestern did take advantage of the Families First Coronavirus Act that sunsetted at the end of December. And we had hoped that Congress would extend these benefits, but they were not included in the legislation that provided some relief funding just before the new year. We have been in contact with UT System to see if there are any options available to extend similar benefits, because ultimately we are required to comply with state regulations, state law, and that's within the context of the UT System. And we've been advised by UT System that we do not have the authority to voluntarily extend the paid leave, because it is not a benefit mandated by federal or state law. And as a state agency, that's the only basis on which we can extend these. So, at this point in time, excuse me, employees are entitled to utilize leave policies in place prior to the EFMLA effective date, including sick vacation family, medical leave, and leave of absences through our standard procedures and approval mechanisms that can be found on our benefits page and our .net website. And I would encourage you to talk either with your supervisor or Human Resources if you have questions to really know the full extent of the options to benefit you again, as in many things, we are required to operate within the constraints of being a state agency. At the same time, we will look for every opportunity we can within those boundaries to support our campus. And with that, I thank everybody for joining this briefing. I hope you'll join me again in two weeks, and in the meantime, do everything you can to keep yourself safe and set an example for all those around you.