

September 16, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center. And I thank you for joining me on these now biweekly briefings intended to be sure that the UT Southwestern community is fully informed about all the activities on the campus, and certainly including the evolving way in which we're responding to the COVID-19 challenge.

With this briefing, I want to extend a special welcome to those who have just joined the UT Southwestern community as we begin the 2020 to 2021 academic year. This is a beginning of an academic year unlike any before it, and without doubt, as we'll discuss momentarily, we continue to be faced by the challenge of COVID-19. But notwithstanding that in reflecting on the past year and also what we can anticipate for the coming year, it's remarkable how much the commitment of everybody at UT Southwestern has enabled us to continue to advance our mission, really, on all fronts. As in previous briefings, I plan to spend about half of my time with you this morning providing an update on developments since our last briefing. And then I'll turn to Jenny Doren, a director in our communications office, who will pose questions that you have submitted during that time.

So, turning to COVID-19, I did have the opportunity to review, just a little while ago this morning, a very recent update by our multidisciplinary modeling team. I was pleased to see them reviewing their latest update, that the hospitalization rates in Dallas and Tarrant counties continue to fall. The actual number of patients in the hospital this week is 8% less than it was last week and 15% less than it was two weeks ago when we had this briefing.

However, notwithstanding that, what we are seeing is an increasing number of cases. And you might ask, "How do you reconcile those two?" And that is, in part, a reflection of where the increase in the number of cases is coming from. And it's been predominantly younger age groups, I'll say, in particular, those in the college age groups, who are being diagnosed in increasing numbers. However, in the younger age groups, fewer of them by percentage are requiring a hospitalization. And therefore, we have been seeing this slow decline in the number of patients in hospitals in North Texas, despite the increase in the actual number of infections.

I think we need to be concerned that, eventually, that rising case load can lead to increasing numbers of hospitalizations. And indeed, this recent update from our modeling group suggests that we may begin to see that in small increments over the next two weeks. So, it does underscore, once again, that as we make progress at various points along the way since COVID-19 landed in North Texas, it's always still dependent on how well we continue to comply with the interventions that we know can limit the transmission of COVID-19, the physical distancing, the mask-wearing and others.

Along with that prediction — that we may see increased numbers, albeit in small increments in the weeks ahead — I do note also that the model sees a rise in the R_t value since our briefing two weeks ago, and now hovering around 1, or maybe even 1, which is to say, again, entering a phase where we'll see an expanding, as opposed to the shrinking pandemic. Here on the campus, we have been on a

relatively steady state in Clements University Hospital over these past two weeks. We've cared for, in general, patients in the high teens to 20. Actually, currently, we're in the low teens as of yesterday. Parkland also has seen a significant reduction in its overall census, but that has been on a relatively a stable plateau for the last several days in the high 30s, up to yesterday afternoon, 40.

Turning from our patients to our campus community, I'm happy to provide the update as I have over the past several weeks as to numbers of UT Southwestern staff and faculty who have been diagnosed with COVID-19. And that number has remained from week to week relatively small. In the past week, eight individuals among our 19,000 colleagues were diagnosed. But all of those were acquired out in the community. And indeed, if we look back over the past six weeks, there's been only one confirmed instance where someone has acquired the infection in the course of their work on the campus, and that was an instance where one of our team caring for a patient with COVID-19 subsequently turned out to have the infection themselves.

So, I make the point each time and reporting an update on the numbers that this is, I believe, a testimony to just, first of all, how much we collectively are sticking to what we know works in terms of maintaining the physical distancing, mask-wearing, hand hygiene and the guidelines that we put in place, for example, in how we operate safely in our laboratory environment. But I'll say it a second time in this briefing, we're only as good as how much we continue to adhere to those policies and to those practices.

So, turning from COVID-19 to what undoubtedly has the potential to provide a little additional complexity to the next number of months, and that is the flu season. Flu season will be upon us quite soon and I want to take this opportunity, both to alert you to the fact that the annual flu vaccination, rather, campaign on campus is up and running since Monday, and also, our policies in terms of the necessity of either receiving that vaccine, or if there are reasons for an exception to that, the necessity of taking the appropriate precautions to prevent being a source of infection on the campus when you're here.

So, as I said, the flu vaccination campaign has begun and it will continue through October 31st. You should have received several communications with instructions on how to obtain your flu shot. We are offering the flu shot to employees at no cost, and that's even if you don't otherwise get your medical care through UT Southwestern. In contrast to past years, and in the context of COVID-19 this year, it's necessary for you to make an appointment, and that can be for a number of sites on the campus. For information about the various locations where you can get your vaccine, I would refer you to various locations where you can get your vaccine, I would refer you to either the campus update or our UT Southwestern Intranet. Among those is the convenient Bass Center drive through that we have also in place this year because of the necessity of COVID-19 testing.

For our learners, you can expect targeted communications with specifics on how you will have access to getting vaccinated. I do want to remind you of our UT Southwestern policy, which requires all faculty, staff, house staff, and students working or training in the university hospital or clinics that requires them to receive an influenza vaccination, or to provide written notice to occupational health that they declined to be vaccinated for medical, religious or personal reasons. Individuals who fail to comply with this policy may be subject to disciplinary action.

I'll just end with the comment that in addition to encouraging everybody on our campus, we're doing everything we can to encourage our patients to protect themselves and those around them with a flu vaccine.

Turning to another topic, I'm pleased to say that the prevalence study being led by our colleague, Dr. Amit Singal across Dallas and Tarrant Counties to really understand the prevalence of either a current or past infection with COVID-19 is gaining momentum. That's thanks to volunteers who stepped up to be part of this effort through going door to door, to encourage participation of a true cross section of the communities of these two North Texas counties. I'm confident that that effort and this study that is to say will provide very important, not just interesting, but important insights that can guide our policymakers in other decisions that will need to be made as the COVID-19 appears, in different locations and in different populations in the months ahead.

So a special thank you to all of our volunteers for raising your hand and being part of that important effort.

Let me then also now take the opportunity to make you aware that this week our health system has launched its annual Culture of Safety survey. Certainly the pandemic has reinforced how important it is that our patients and their families and our own community have confidence in our commitment to protecting everybody who comes to us for help. The survey takes a pulse on how well we are doing in creating a safe environment for everyone who counts on us for care. It will also create the opportunity to pinpoint where we may have possibilities to do even better.

It is really important that every member of the health system, both faculty and staff set aside 10 minutes to answer the questions. Do want to assure you your responses are strictly confidential. So be on the lookout for an email from our third-party vendor Glint, with your unique link to the survey. The survey will be open until September 28th. So I really do strongly encourage you to participate as a way you can help us all become even better in our approaches to ensuring the safety of our patients and our own campus community.

I next want to touch on some changes that have been recommended and, and now implemented by our travel advisory committee as reviewed by our EROC and the executive vice presidents and myself. That is a that as of October 1, we will modify our travel policy to move to a risk-based assessment rather than a strict categorical policy around domestic and international travel. What this means is that travel to areas that are not considered hotspots will no longer require occupational health clearance or self-quarantine upon return, whether that's within the U.S. or outside the country.

The occupational health group will be closely monitoring the evolving reports of activity from locations, really around the world, so that we are making these risk-based assessments in relationship or in the context of current information of where there are rising cases of COVID-19 and therefore travel to those areas would come with a risk that would require clearance on return to Dallas and the campus by occupational health.

I do want to emphasize that this is primarily in relationship to personal travel, which is done at the discretion of any of you, but does come with the responsibility when you return to Dallas and are prepared to return to the campus to know whether you've been to a place that requires prior clearance or not.

All travel for UT Southwestern purposes will continue to require written approval from the travel oversight committee and the criteria for UT Southwestern-sponsored travel university business is that it is essential to our institutional mission. There will be further information available in the coming days on the COVID-19 website.

So turning from matters related to COVID-19 to other important work that's going on, on the campus I would like to everybody on the campus to be aware that later this month, we will be launching a very important initiative that we do periodically which is to say every two years. That is a six-year strategic planning process. This will bring together our colleagues, faculty, staff, administration, from really all sections of the campus to take a really comprehensive look at every dimension of how we are approaching our mission and to identify the priorities that should guide our efforts and our use of resources over the next several years. The process includes a steering committee and 12 subcommittees that range from medical education and postdoctoral training to clinical transformation, to physical facilities and technology infrastructure, human talent, and the work environment and beyond.

In charging the colleagues who will participate in this effort, I've asked them in this update of the six-year strategic plan that they add two very important dimensions to their approach to defining that vision. The first is to look in every domain for opportunities to advance equity, diversity and inclusion on our campus and that is going to be the responsibility of every subcommittee. But in addition to that, we have added a subcommittee which will be exclusively focused on those themes to be absolutely sure we are doing everything we can to really embed that in all of what we do on the campus and in all of our future plans. And the second dimension that I've asked to add, it won't surprise anybody who's listened to this much of the briefing, and that is what are the implications for the long term of the pandemic? Both the impact it's had on its campus and in what ways it will change the approaches we have to our mission. And so I'm very enthusiastic about the insights that the collective group will bring to help guide us in the years ahead.

Another topic that I thought would be of general interest is that efforts are now well under way in preparation for the 87th session of the Texas Legislature, which will convene in the second week in January. For those who don't know, UT Southwestern is fortunate, along with other state higher educational institutions to receive funding from the state. And although it comprises about 5% of our budget, that 5% is really essential for our ability to provide a great educational and training environment for our students and trainees and a research infrastructure that enables our incredibly talented faculty and their teams to make important advances.

Undoubtedly, this will be a challenging session, given the economic impact of COVID-19 on the Texas economy. And so we are especially focused on being sure that we are able to, first of all, demonstrate the way in which we have been good stewards of those state funds to advance our mission, and in particular, our educational training and research missions. And to underscore the importance of stability in those funds for us to be able to really assure our students, trainees, our research community of the ability to focus on their work with the resources they need. I'll be sharing more details of the priorities,

so beyond those general goals over the months ahead, but you should be aware that UT Southwestern as a state agency has a special, important accountability to our state elected officials and we will do everything we can to be sure that we maintain their trust and their confidence in what we do.

I'm going to wrap up now before I turn to your questions by sharing some happy news here and that is the recent notice we received from the Press Ganey organization of awards that celebrate the excellence of the care provided at UT Southwestern. For those who don't know the Press Ganey organization, it has established itself as the benchmark for looking at, in particular, patient satisfaction, as well as other dimensions of a quality of the total care provided by hospitals and health care providers. And the notice we received was of two awards. The first called the Guardian of Excellence for reaching the 95th percentile in patient experience in two areas, including one, which was our neonatal intensive care unit. And an even more elite award to put it in that term is the Pinnacle of Excellence Award and that's for maintaining a consistently high level of excellence and patient experience over three years, again, within the top 5% over a continuing period of three years.

So that reflects the incredible work of so many in our health system and I both thank you and salute you on behalf of all the patients who benefit from your care and all of your hard work. And with that, I'm going to turn to Jenny Doren and do my best to address the questions you forwarded over the last couple of weeks.

Jenny Doren:

Well, thank you, Dr. Podolsky. Let me begin by saying that we continue to receive questions about travel and more specifically the quarantine requirement for personal international travel. Since we last spoke, has any additional thought been given to changing our policy to perhaps align with relaxing CDC recommendations? And is there any difference in self-quarantine requirements for those who do not work on our main campus?

Dr. Podolsky:

So I'm glad for the question, even if I've touched on some of it already in my briefing, but I'll take the opportunity to reemphasize some of the points that I've made and put it in the context that overall our policies in this area and every other aspect in which we needed to adopt and adapt to the COVID-19 is to ensure the safety of the environment for members of the UT Southwestern community. But we do recognize that there are really a constant evolution of what locations are being more or less affected by transmission of COVID-19. And so, as of October 1st, we will no longer be requiring clearance before returning to work or self-quarantine for those returning from international travel or from elsewhere that are not considered hotspots.

We will use the CDC's determination as well as some other considerations as to what, from our point of view, locations that are designated hotspots. But this is as I put it in my earlier comments, an approach based on the risk for a specific area, rather than thinking categorically, whether that's domestic or international travel. And so our occupational health and members of our infectious disease faculty are currently and will on an ongoing basis review data regarding the numbers of new cases of COVID-19 to update those guidelines for when self-quarantine will be needed after returning from travel. To the last part of the question, from my perspective, UT Southwestern campus is a UT Southwestern campus,

irrespective of whether it's right here in Dallas or in some of our important other locations, such as Fort worth and Frisco. And yes, therefore the same principles and policies are in place.

Jenny Doren:

I appreciate you reinforcing those points just for greater clarity, so thank you for that. Shifting now to education, given that UT Southwestern has pivoted a great deal of in-person learning to online, what advice do our infectious diseases experts have for parents questioning whether to send their children to school in person, or have them taught remotely?

Dr. Podolsky:

So let me answer the question, but expand maybe the scope of it to a degree. At the state level, the Texas Education Agency, the TEA, has permitted online learning for at least the first four weeks, with schools having the option to extend out for another four weeks. The Dallas County Leadership, understanding the many challenges that return to school presents have formed the School Public Health and Education Committees to evaluate and provide recommendations for parents, schools, and communities. As has been the case really throughout the pandemic, whether it's the county or now the context of the schools. We've been very glad that some of our colleagues from UT Southwestern have provided some expert inputs to those important discussions. The members of the committee therefore include pediatric infectious disease faculty and additional leadership from UT Southwestern. They've met twice weekly over a period of the last several weeks to examine the safety and health issues that pertain to beginning the school year.

Our ID experts say the current rate of COVID-19 in the community and school district, as well as measures schools are putting into place to minimize the risk of exposure, such as masking and social distancing, are all ultimately the considerations that parents should make and thinking about what's best for the children. We do understand in the final analysis, that's a very personal decision and there are factors which will be specific to children, such as whether there are underlying health issues, which clearly is an important additional consideration.

We are encouraging all parents to review and make informed decisions based on those guidelines and to continue to monitor the Dallas County website and their school district website, as guidelines may be changed due to Texas census data. I think we all understand that even with policies that can help reduce the possibilities of transmission, such as maintaining physical distancing among the students at school, that there is inherently an unknown degree to which transmission may occur. I did take note this morning that the Keller ISD, the high school there is the first of the very large high schools to have opened for in-person and now have gone back on remote for two weeks after there were several students diagnosed and with them, more than 300 contacts made when tracing was ensuing. I think this is not meant in any way to answer the question for an individual, but to underscore the importance of really looking at your local circumstance.

Jenny Doren:

An evolving situation, to say the least. Staying on the topic of safety and families for a moment, you mentioned our vaccination campaign earlier. Will UT Southwestern offer drive-through flu vaccines for our family members?

Dr. Podolsky:

Our employee flu vaccination drive through is designed and really limited to, in terms of access for employees, but family members, if they are existing patients at UT Southwestern can access the patient facing drive up option or our kiosk on campus. If a family member is not a patient and would still like to be vaccinated at UT Southwestern, our retail pharmacies will be offering vaccinations for anyone 7 years of age or older.

Jenny Doren:

Thank you. Pivoting back to our COVID-19 modeling, the data seems to suggest that we have seen a change in effectiveness or compliance with social distancing measures. Do you think this is due to a specific event or circumstance?

Dr. Podolsky:

Well, there has been a change in the compliance with the distancing measures over time and this likely reflects people becoming more comfortable with more activity. Some of this reflects increased activity from returns to college and schools, but it is certainly not all due to this, as we have seen increases in activity in restaurants and bars. Bars now being open to the extent that they have now put in place expanded food service, which makes it permissible for them to also welcome customers.

I think we have two things really intersecting here. This increased willingness that the mobility data would say, and also I would add data on numbers of people going to restaurants, intersecting with greater adherence to masking policy. I think in my reading of it, and this is an interpretation and others might draw different conclusions. The masking has proven itself to be the especially important and effective intervention that has made the difference, notwithstanding the increased mobility, which does carry with it the greater risk of transmission. There is then, finally, the other issue which I touched on earlier in my comments, which is greater numbers of students coming back to college. That clearly is one source of the rising number of new cases within that age group.

Jenny Doren:

Dr. Podolsky, we have time for one more question, keeping with prevention and NPIs. How long can employees expect to be required to wear eye protection when in clinical settings, and should staff be wearing masks in parking garages? I know we see people wearing them, some people who aren't wearing them, what do you want to say about that?

Dr. Podolsky:

With respect to the eye protection, that policy we expect will remain in place so long as COVID-19 remains a risk to those working on the front lines and exposed to patients, to both protect themselves, to protect their colleagues, to protect other patients. There is no expiration date on that plan, but we

will, of course, be reviewing it along with everything else we do as things change. On the question on the parking lot, our policy for being outdoors calls for having a mask at all times and wearing a mask where you might be unable to maintain a sufficient distance in the outdoor environment. Having said that, I will tell you I wear a mask in the parking lot. I think it's an added measure of safety with no downside, even if it's not strictly required, as long as there's sufficient space between you and others in the parking lot that don't violate the physical distancing six foot perimeter. So if not required, I would still strongly encourage you to err on the side of caution.

With that, I really thank you, Jenny, for the questions. Thank you all for joining us on this briefing and I look forward to being with you again in two weeks.