

Nov. 25, 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 this biweekly briefing session for the UT Southwestern community. As in each of these past briefings, I'll take about half of our time together this morning to provide an update on developments on the campus since our last briefing and then I'll turn to Jenny Doren, director in our communications office, who will pose questions that you have submitted since that last briefing.

To turn to the matter of COVID-19, I'm going to assume that I will be surprising no one hearing this briefing when I note that we are in the midst of a significant upswing in the number of newly diagnosed individuals with COVID-19 and in parallel with that, an increasing number of individuals requiring hospitalization for care because of COVID-19. To put this in some perspective, within the past week, we have actually within our region anyway, surpassed the prior peak that we experienced in July. And although the rate of increase may have been moderating a bit in the last few days, it continues to increase. And as yet in the absence of the changes that we collectively can make as a community in our compliance with measures such as wearing masks and limiting of the size of our gatherings and keeping physical distances, we could continue to see that increase, continue into the future. And I'll come to what our modeling group has projected in their most recent update, which I saw very early this morning.

To add to the color of this current increase, we are seeing an increase in the rate of positivity in tests. In Dallas County most recently, 17 percent. Remind you that we were as low as about 7 or 8 percent just two to three months ago. The increase is also being seen in Tarrant County, although it's slightly lower at 14 percent in recent days. And along with that increasing positivity, that reproductive rate, that RT remains well above one, consistent with a pandemic that continues to expand in scope.

Perhaps most significant as we look at these various metrics, is the rising number of individuals who are hospitalized against North Texas. And within the last two days, we have seen that overall, that rate of hospitalization overall, rise above the threshold of 15 percent of all hospitalized patients in the region. That 15 percent is a significant milestone because it is the trigger that is tied to the governor's executive orders issued earlier in the spring, that suggests that direct that when an area's hospitalization remain above the 15 percent threshold for seven days, there are mandates to pull back on some of the operations, such as the number of people who can go to restaurants.

Also, it suggests a trigger of looking at whether there needs to be some moderation of scheduling elective procedures for hospitals. We're not there yet, but clearly we are very close and I'll come back to where we are at UT Southwestern in just a moment or two. All of which is to say that we, as a community need to appreciate that we are actually in territory we've not been before by the numbers. And therefore I hope that we will all take this as a challenge to do what we can to bring this under control through our behaviors, which we know from past experience broadly in the region and certainly on this campus can be very effective in preventing transmission.

To get to the campus itself, we are near the high in terms of numbers of patients we're caring for that we saw back in July. As of yesterday afternoon, we had 63 patients in Clements University Hospital, as opposed to a high of 66 previously. We'll see where we are over the next few days. At Parkland, we're caring for a 120 patients and it's been about therefore the last few days. And so, clearly a significant number of patients under our care. For us at Clements, that's in the context of an overall very busy clinical service with the hospital essentially a full, which makes it all the more fortunate that less than two weeks from today, we will have the official opening of the first phase anyway, of the third tower of Clements, which will add much needed capacity for our ability to care for patients, not just with COVID, but of course, with all other manner of medical need.

I do want to take this moment also to correct the record for something that I mentioned in response to one of your questions at the last briefing and the question was, "What has been our experience in terms of mortality of our COVID-19 patients at UT Southwestern?" And I was correct in noting then that over the course of time, that mortality has been significantly lower than early in the pandemic and lower frankly than just about all of our peer institutions around the country. But I underestimated just how much progress has been made through the great teams caring for our patients in suggesting that the mortality was about 8 or 9 percent, where in the last couple of months, it's closer to 6 percent. A testament to just the skill and dedication of our physicians and nurses and really everybody who ultimately is important in the quality of the care we can provide to our patients.

Turning to the matter of COVID-19 cases among our UT Southwestern colleagues, we continue to see increasing numbers of individuals affected by exposure in the community, 12 percent increase in terms of the total, just in the last week. And perhaps that's not so surprising in the context of the rising number of cases that I've already touched on but I think a very serious reminder of the importance of the need for everyone, I'm now concerned about each member of the UT Southwestern community, to be that much more circumspect and really careful in doing everything you can to avoid risk of transmission when you're not on campus. Here on campus, we continue to see, again, very, very few instances of a transmission from one employee to another.

In the past week, we've had one of those, as well as one instance where one of our staff has been exposed in the course of caring for a patient. As I noted two weeks ago, in each of these instances, we are aware of lapses in following the guidelines, which otherwise have been almost uniformly effective in preventing transmission. So we know, for example, that a risky environment in terms of where these few cases often do occur are in breakrooms, masks off and not maintaining physical distances. And I know our Emergency Operations Committee is really considering how we can mitigate and minimize that potential exposure in those breakroom environments.

Also, the need to maintain a real discipline in wearing personal protective equipment, including eye protection, knowing that at least one instance was attributable to a exposure in a clinical environment where eye protection was not in place. So I really want to underscore how much we count on you to protect yourselves and your colleagues. And here, I want to emphasize an important impact that exposure out in the community has on the campus, even if it is not resulting, except in rare instances, in transmission and infection to a colleague. The exposure itself though does mandate, of course, that individuals, until we're sure have not been infected are under quarantine.

And as that number grows into the few hundred, we are potentially in a position where we will be stressed to have all the hands on deck that we need to provide for all of our patients and to continue on the work of the university. And in relation to this, I would ask everybody to be very purposeful and mindful in badging in if you're in a clinical environment each day, or in answering the survey online, if you're working elsewhere on the campus and really thinking and answering that question about whether you've had any symptoms or whether you've been exposed to stop and think and make sure that you're answering that accurately.

And if there is a yes in there to wait, consult Occupational Health, to minimize the possibility that you not withstanding all good intentions might have the impact of requiring some of your colleagues to quarantine because of a potential exposure. So with those various cautionary notes, I think we can continue to do what we've done throughout this pandemic is be there for our patients, continue the work of the university and keep each other safe. With that, I'm going to turn now to what might be refreshing as non-COVID topics. Everyone will of course be aware that the election earlier this month is behind us. And of course much of the discussion is around the results in terms of national office, but that election was also important in setting the stage for the coming 87th legislative session of the Texas State Legislature, which will convene the second Monday in January. For those who are not aware, UT Southwestern is the beneficiary support from the state that plays a vital role in particular supporting our educational and training activities, as well as our research infrastructure.

None of that state support, just for those interested, is in support of any of our clinical programs or our clinical facilities, but it does support the educational programs, as I've said, our training programs and some of our research infrastructure. So the Texas legislative session is always of a significant importance to UT Southwestern, and we work to make sure that our legislative leaders and representatives are fully informed about the work that goes on at UT Southwestern and how it supports the health and the economy of North Texas.

This will undoubtedly be a particularly challenging session. Nobody will be surprised when you understand the impact that COVID-19 has had on the economy of Texas and there are projections of anywhere from a large, to a very large deficit in that will require the Texas Legislature to look especially critically at its appropriations. We are fortunate to have Angelica Marin Hill as our vice president for government relations, who does in my judgment, an exceptional job of being sure that the legislative leaders and representatives are apprised of the work that goes on at UT Southwestern and how it contributes to the welfare of Texas.

But as these briefings go on, I will be keeping you apprised of our efforts to be sure that notwithstanding the challenges of the legislature will be facing and eventually finalizing a balanced budget, which is required by this Texas constitution, but to do so in a way that still does include support as needed to continue the vital programs and work that we do here on the campus.

Those, other than our faculty who are listening to this briefing, I hope took note of a notice they received this week, moving to another topic of another update of our Values in Practice Employment Engagement Survey. This is a brief pulse survey. It will take you five to seven minutes to complete, and I want to be sure that there's a full appreciation [inaudible 00:14:36] of just how important the results of that survey are, how seriously I, other leaders take the results to really get an insight into your experience working at UT Southwestern and from those insights, what we can do to further enhance the

UT Southwestern as a community where people are really supported to do the best work possible in support of our mission.

Also, to pick up on something that I mentioned in my previous briefing, that is we are in the midst of our State Employee Charitable Campaign. I say this with full appreciation that the stresses of the impact of COVID-19 and its economic fallout, I know has also landed on many, many members of the UT Southwestern community, if not yourself, because of the impact of the fallout from members of your family or others close to you. Nonetheless, I hope for those who have some means to help others, I can't emphasize enough how broad and deep the need has been across many worthwhile organizations and hope you will consider what may be possible for you to do in helping them help others. A number of, I think, very welcome events are really just around corner for us. I want to mention three of them. The first is scheduled for Nov. 30. Next week, I hope you've all received an invitation from me to attend a virtual topping out of our North Campus twin towers that are being under construction. The first will be the future home of our expanded outpatient cancer services, and the other, the home for our expanded research programs under the Peter O'Donnell Brain Institute. The event will be livestreamed from 4:00-5:00 on Nov. 30. Another milestone event will be on Dec. 2 from 4:30-5:45, and it will be the annual Leaders in Clinical Excellence Awards.

This is a time for us to recognize and celebrate the outstanding accomplishments of both some of our clinical colleagues and teams, who have developed great programs for our patients and exemplify all the best in what we aspire to provide to patients. Then finally, to come back to something I've mentioned earlier: On Dec. 3, we'll have a virtual ribbon-cutting ceremony for the third tower of Clements University Hospital. That will take place at 4:00-5:00, and also will be livestreamed from the new tower. I will tell you having been there in the new tower yesterday, it really will be, just as the existing two towers are, a fantastic environment, both for care and for those providing care to our patients. Last matter I'd like to call your attention to is a campaign that has been initiated by our Employee Advisory Council, the EAC.

It's in keeping with a season of giving and gratitude. The campaign began actually on Nov. 13, and it is designated, the Kindness Connects Us. It'll run through its conclusion under which will be the Random Act of Kindness week, which ends Feb. 23. So it will be ongoing. The EAC is challenging everyone to spread kindness and positivity throughout the workplace, and to try and remain connected to one another, especially in these times when many of us are still working remotely. Those random acts of kindness could include just checking in on a colleague, or offering just to lend a hand. We know that the can be especially difficult for some people, and that's even in the best of times. And of course this year, we find ourselves in circumstances of stress, unlike any that I can recall in past years.

With that, I will conclude this update by taking the opportunity to wish everybody a happy Thanksgiving, for you and your family. I do hope that in celebrating, you will still do so mindful of the circumstances that we find ourselves in, in terms of the rising number of cases of COVID-19. And as such, be thinking about smaller gatherings than you might otherwise have had in past year. And if you are still on the fence, maybe choosing not to travel. Given the advisory that we've heard from the CDC within the last week and knowing that travel carries its own risks. And if you do travel, please remember to follow all of the guidelines in terms of checking with Occ Health before you return to campus. But with all of that, not to take away from what I hope will still be a joyful holiday for you all. Beyond wishing you a happy

Thanksgiving, I want to thank you for everything that you do throughout the year as a member of the UT Southwestern community. And with that, I'm going to turn to Jenny Doren, who's got some questions for me.

Jenny Doren:

Good morning, Dr. Podolsky. Before I get started, let me speak on behalf of the entire campus community when I say that we also wish you a happy, healthy, and safe Thanksgiving. Diving into the questions. No surprise here, there is immense interest in vaccines. Given the news just last week, that Pfizer and BioNTech requested emergency-use authorization for their COVID-19 vaccine candidates. Can you share any updates regarding a potential timeline for vaccination, how a vaccine will be distributed and who will be among the first to get it?

Dr. Podolsky:

Sure. Certainly this is front of mind, understandably for many. Clearly a rapidly evolving landscape, so to speak. First of all, let me assure the campus that there is intense work going on to be ready if a vaccine is approved to be able to deploy it at UT Southwestern. There are in essence two work streams underway. One, a group that brings together experts across many disciplines who will provide a source of internal expertise and guidance once a vaccine is approved by the FDA, to in a sense, give us the benefit of a further review for the campus of the basis for that approval. And to finalize recommendations around prioritization for how the vaccine will be deployed once it's obtained. I'm going to come back to that in a second.

The other work stream is really working on the, if you will, the mechanics and the logistics of providing the vaccine once it's available. The Pfizer vaccine, as been much reported, does have a challenge in its requirement for maintaining it at ultra-cold temperatures prior to the time when it's ready to actually be thawed and then administered. And so we are ensuring that we have all of the capacity of -80 degree freezers that are necessary to do that and documenting them to the state that we not only have the freezers, but the freezers are also monitored in a way that we will be able to assure the quality of the storage of the vaccine.

Then along with that, then how would we actually organize the administration of the vaccine? We're working on that as well. To come back to the question of how it will be prioritized. There's really at least three levels of review of that critically important issue. There's been the national level guidelines recommended by the National Academy of Medicine some months ago now. Will also be coming undoubtedly from the FDA and the CDC. At the same time, Texas, at the state level, under the Department of State Health Services, had convened a group called the EVAP, the Expert Vaccine Access Panel. Who within the last week have made recommendations accepted by Commissioner Dr. Hellerstedt, that more or less follow the recommendations were that original national framework. We'll be really, for us in Texas, pretty well directive of how we will prioritize things here at UT Southwestern. And they put at the very top of that priority, in the early days when vaccines will first become available or a vaccine will first become available, deployment to frontline health care workers and first responders and those necessary to support their activity. So for example, in a hospital environment, those necessary to keep the hospital environment functioning, as well as obviously those people who are hands-on clinical care. And there is then a graded priority for those who are at high risk for severe

complications. Those will include individuals with pre-existing conditions, people in nursing homes, the elderly.

And then as more vaccine becomes available, it will then become more generally available to those who otherwise are eager to receive the vaccine. What we don't know is how much vaccine we will get, that might to begin with, and over what time will that supply be expanded to know what the pace will be for being able to move from that first highest priority to broader categories.

In terms of specifics, at least as of yesterday, the FDA has said it will convene its advisory panel on Dec. 10, and it is possible on that day or within the next day or two after that, if their advisory group is persuaded by the data that the vaccine is effective and safe as has been reported in the nonscientific press, they would have issued a UA. And we would expect that, if that is the case, we and others would be in a position to start administering the vaccine to that highest priority almost immediately. So we are looking at mid-December to the best of our knowledge at this point in time.

Jenny Doren:

Thank you for that. In addition to all of the talk about vaccines, we're also hearing a lot about promising new treatment options. Is UT Southwestern receiving any antibody therapies for outpatients to those in the clinical settings outside of the hospital? And if so, how has it being decided who receives them?

Dr. Podolsky:

Yeah, so a very important issue. And yes, we are providing antibody therapy for those who are eligible, actually in two contexts, one in ongoing clinical trials and those would be the antibody combination that's produced by the Regeneron company. But we also have the antibody that's produced by the company Lilly, which actually has been approved for emergency-use authorization. Unfortunately, the amount of that antibody is limited and really not sufficient for everybody who might otherwise be eligible, and that is for outpatients as early in infection as possible.

And to be sure that it is distributed, given that there are limits, in the most equitable way, we've convened a multidisciplinary group, including our ethicists and others to establish amongst those eligible. As I say, the most equitable distribution with equal possibility of access to those irrespective of socioeconomic circumstance or any other consideration other than what would be the most benefited by the actual vaccine. So we see the challenge, and our commitment is to do the most ethical and equitable deployment of this treatment that we possibly can.

Jenny Doren:

Moving to hospital operations, with COVID-19 cases mounting, and you touched on this a little bit earlier on, are we rethinking our policies around elective surgeries?

Dr. Podolsky:

Yeah. At this point, we do not see the need to change any of our current operations with respect to continuing to provide care for those who have scheduled elective procedures or any other medical need. Certainly, we would re-examine this if we found ourselves in a circumstance where we were

concerned about our ability to provide care to the emergent needs of COVID patients or others, but we have not seen that that's been necessary. And with the opening of the tower, just around the corner, so to speak, we believe that will give us the added sort of margin of flexibility that will allow us continue to operate in the way that we have. But of course, we will continue to re-evaluate as circumstances may change and make the decisions which ultimately prioritize the welfare of our patients.

Jenny Doren:

I'm going to squeeze in one final question. How do we determine when a COVID-19 patient is recovered and why are some positive patients staying on non-COVID-19 floors?

Dr. Podolsky:

So it is the case that individuals can test positive even after they're no longer infectious, and that might seem possibly at the very least. And the explanation for that is that often there are fragments of the virus which are still lingering, but they're not intact virus which is capable of transmitting the disease, but still could be picked up by the molecular tools of the PCR reaction. So that's how you could have a circumstance where somebody is positive, but really no longer infectious.

Some of those patients though still have not recovered from the illness and require ongoing care. They may have ongoing respiratory care or other needs. And at that point, knowing that they're not infectious, we are able to be, safely in a non-COVID environment so that we preserve the area that we have designated for actively infected COVID patients for those patients. And so we are certainly not making that transition prior to the time when somebody is confidently no longer infectious, that is eight days after they've had their symptoms. So I hope that addresses the concern that's behind the question.

Jenny Doren:

And we do have some additional FAQs and Q&As on our website that address some of these topics as well.

Dr. Podolsky:

Thanks for adding that reminder, Jenny.

Jenny Doren:

Thank you.

Dr. Podolsky:

I think that may be all the time we have this morning. Again, thank you all for listening, and wish you a very happy and a safe Thanksgiving.