

## April 1, 2020, Weekly Briefing Transcript

Good morning. This is Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I am delighted to have this time with you this morning as a first opportunity to brief the campus broadly on our efforts to prepare for the challenge of the COVID-19 pandemic and to initiate a dialogue that will continue over the weeks ahead in which I hope to address the concerns that are on your mind and to make sure that you are fully informed of the efforts ongoing at UT Southwestern as we navigate the weeks and months ahead.

But I want to begin by telling you just how grateful I am for the extraordinary efforts that have gone on in these past weeks. I am enormously impressed by the dedication, resilience, and commitment that I have seen in UT Southwestern faculty, staff, and students. And it's the strength of that commitment that I know that will ensure that we will go through this challenge together, deliver on our mission to help those who need our care, and to advance medical science, and to teach and train the next generation, and emerge on the other side as still a vibrant academic medical center.

Although a great many of us are now working from remote sites – as but one of the steps that we have taken to ensure the safety of our campus – the cohesiveness and the singularity of purpose comes through every day. As I see progress being made, not only in those preparations but in the meantime, ongoing work on all of our missions, I'd like to take this first briefing to really provide an overview of the efforts which have gone on to date and then to provide you with an understanding of where we are at this point in time and our current thinking about the weeks ahead.

And then having done that, I will take the opportunity with whatever time remains to address questions which you have provided in advance of this first briefing. I want to assure you that if you have forwarded a question and I do not have the time to answer it in the course of this half-hour, we will be addressing all those questions if you go to our [COVID-19 website](#) as a source of information, and in this instance as a source of answers to the questions that you have forwarded.

So let me then turn to the efforts at UT Southwestern in preparing for COVID-19. And it may surprise some of you that in a sense, we began preparing for this nine years ago as we were designing Clements University Hospital. With the insights of campus community and especially our physicians, the design of Clements University Hospital incorporated within it a substantial number of rooms that could be used for respiratory isolation as need arose and, even more importantly, the ability to convert large parts of the hospital as sites for providing care with respiratory isolation.

With that, we stand ready as we anticipate more patients in the weeks ahead to accommodate them in a way that we may never have fully appreciated would be needed, but nonetheless we are going to be able to be there because of that forward thinking by those who were involved in designing Clements.

Now more immediately, we've had teams working for the past two months on a daily basis first to develop the plans to be able to address patient needs as we anticipated the COVID-19 pandemic hitting our community. That was expanded in the past three weeks to extend to a campuswide comprehensive approach under the aegis of our Emergency Operations Center headed by Dr. Will Daniel, our Chief Quality Officer. That group meets every day. It brings together leaders from every sector of our campus. And from that daily meeting extends a coordinated, comprehensive approach to all of the issues that are important as we confront this COVID-19 pandemic together.

Really, the efforts are in two broad categories. The first is to be sure that we are doing everything we can to ensure the safety and well-being of our campus community, and I'll come to describe some of the key steps that have been taken to achieve that goal. And secondly to be ready to care for patients who will need our help and are coming to us with the possibility and in some instances the reality of COVID-19 infection.

So let me spend a few moments talking about our efforts to keep the campus safe and our campus community safe. This has I know, taken enormous effort by many, really in every aspect of our campus. And it's presented challenges, in some instances unique challenges as we have moved to work in different ways. Without reviewing every step that's been taken – though those can be found on our [COVID-19 website](#) – they included in the very early days restrictions on travel that were intended to limit the number of people who might be coming to campus having been exposed to COVID-19 in other geographies. I think you will all know that broad travel restriction remains in place and was an element in our early planning.

And from that we did endeavor to find all the means by which members of our campus could continue their work, but at a remote site. And now fully 8,000 of our 19,000 employees are carrying on their work at home, or certainly from places remote from the campus, to both limit the traffic within the campus and to enable the broad goal of social distancing as one of the most powerful tools that we collectively have to confront and try to limit the extent of the pandemic here in our community.

Additional strong measures have included the need to shut down all of our laboratory operations, but for truly essential operations related to them. For example, in our animal research facilities, the only research that is ongoing in our laboratories today is directly targeted on COVID-19. We have granted that exception for the obvious reason that we would want to do everything we can to be part of the solution, as this work focuses on identifying new approaches to therapeutic interventions.

We have made significant adjustments in our educational programs. For our medical students, their experience now has transitioned to an online experience. For those in the latter part of their medical school experience, we have adjusted what will be their clinical exposure in part out of concern for their safety and in part as one element in our overall effort to conserve our personal protective equipment to optimize its availability as we have needs to use it in the course of our patient care activities.

Having mentioned a few of our key areas here, I don't want you to doubt for a minute irrespective of what area you're working in in our business affairs functions, certainly in our healthcare system activities, in really every area that is a part of UT Southwestern, and we are appreciative of the changes that you have had to incorporate and how you have adapted to them and allowed us to carry on while these measures create greater safety for our campus.

I think you will know that quite aside from the employees who are now working remotely, we have limited access to the campus to truly essential visitors, limited points of access, and have screening at all of our health care facilities. So these are some of the measures that are part of a comprehensive approach to ensuring your well-being and safety and the overall safety of our campus.

Let me turn now to tell you about the efforts that have been made and steps that have been taken for UT Southwestern to play the role it should in caring for the patients of this community who may be and are infected by COVID-19 and come to us for help. Among the early steps that we have taken, has been to cancel elective surgeries and to also reschedule routine outpatient visits. We were the first system in this area to take those steps and we took them for a constellation of reasons. It was first to protect our patients, knowing that in a health care environment there is always the possibility, even outside of these extraordinary times, to be exposed to infection. Second to preserve our personal protective equipment, another element of that comprehensive plan I referred to a few moments ago. And finally and importantly, to create capacity so that we might be ready as larger numbers of patients will be needing care. So that it was certainly one cornerstone.

In order to be sure that at the same time we're meeting the current needs of our patients, with great creativity within health affairs we have developed a very robust capability of providing telehealth care either through a video conference or on the telephone. And it's been both very gratifying and truly awe inspiring to see how quickly that has been adopted by the nearly 9,000 providers who have now engaged in its use at UT Southwestern and our patients. Yesterday I was informed that we delivered fully 1,200 visits on the telehealth platform. So even though our intention is intensely focused on COVID-19, we are not in any way failing to address the ongoing and diverse needs of our patients in the meantime.

Another important element in our planning was to develop capabilities for testing for COVID-19. I think everybody will be aware that as a country this has been one of the greatest

challenges that we have faced. Through extraordinary work of the team and our clinical laboratories they were able to develop a specific testing here at UT Southwestern, which provided in the earliest days our ability to test particularly those most in need, those ill coming to our emergency department who we recognized as potentially having been exposed and therefore infected with COVID-19.

Over the past week we've been able to transition to a high throughput commercial platform which has substantially expanded our capacity, so much so that not only are we able to meet our own needs at UT Southwestern, but we are also now supporting some of the other health systems in the region as we endeavor to work together to collectively address the needs of this region. Many of you will have heard in recent days of a new test by the Abbott corporation which will allow point of care testing within minutes. The testing equipment for that, I understand, is already being deployed first in areas that have been most affected in our country. But we expect to have that capability within the next week to 10 days, and that will certainly augment our ability to be testing on the broader scale and certainly within our own health system. That, we all know, is one important element in the totality of how we're going to confront COVID-19.

And then let me talk about the direct hands-on patient care. Within the Clements University Hospital we have established a dedicated service of providers, hospitalists, nurses, and all those who are necessary for care for patients admitted with COVID-19 and kept them within a geographic unit – both floor unit and as appropriate an intensive care unit. I know that many of you have been very eager to know where we stand in terms of actual treatment of COVID-19 patients, and with this briefing we will begin reporting those numbers on a daily basis on our [website](#) and in the communications from our Emergency Operations Center.

As of last evening, we have 27 individuals hospitalized at UT Southwestern who are either COVID-19 positive or a person under investigation – a PUI. Of those, 11 are proven positive a number of them are in the intensive care unit. We have seen a slight increase over the last few days, and you'll be able to track the evolution of that as we report these daily numbers, knowing that has been of great interest to our community.

Beyond the expertise that is being developed that characterizes the care that patients receive day in and day out under any circumstances here at UT Southwestern, just as we have efforts focused in our laboratories on understanding COVID-19 virus and the possibility of how new therapies could be developed, we are also engaging in clinical trials to give access to promising, but by definition unproven therapies, for COVID-19 that have shown some suggestion of benefit at least in other geographies around the world. This includes antivirals, those would be drugs that attack the virus' ability to replicate, as well as agents, which can block the body's immune response as we've come to realize that some of the illness, particularly in those most seriously affected, reflects the vigor of our own immune

inflammatory responses. So we are, in keeping with who we are as UT Southwestern and not only practicing the medicine of today, but what will be the medicine of tomorrow.

Amongst the trials also to be launched, or excuse me, launched in the course of this week is the possibility of administering plasma from individuals who've recovered from COVID-19 infection who may have antibodies, which then can be used after administration to a patient who is currently ill to control their viral infection. So innovation remains even as we are very deeply engaged in the work of taking care of patients and the work of the campus more broadly.

What lies ahead? This is the question perhaps most on everybody's mind. We've seen significant interventions undertaken in a broad front for social distancing, the shelter in place order here in Dallas County and Tarrant County and surrounding counties now about 10 days since that's been implemented. I think it's fair to say that nobody has a crystal ball or to the extent as a crystal ball, it's a cloudy crystal ball. We are spending a lot of effort to really draw together the now increasing number and variety of models that project the course of the pandemic broadly. But really looking specifically at the dynamics of the infection here in North Texas, as of this morning, for your awareness, 631 cases had been reported in Dallas County with 13 deaths. Looking at the collective of Tarrant, Denton and Collin counties along with Dallas, it's about 1,200 altogether.

I have asked Dr. Trish Perl, our Chief of the Division of Infectious Diseases and Geographic Medicine, to work closely with me as a special assistant to really apply her expertise and epidemiology insights from our colleagues in departments that include Population and Data Sciences and Bioinformatics to provide the clearest indication possible as to the course that we can anticipate. I would say, having seen data that reflect the experience in California and New York, that there is evidence of the potential significant impact that early implementation of social distancing through shelter-in-place orders can have on the course of a pandemic within a region. So one sees a significantly different course, a much more, if you will, gentle slope in California where that was done when there were relatively few cases than in the geography of New York where those were implemented but after a greater number had already been identified as infection. It is too soon, I believe from everything I've seen, to know exactly what the total impact will be in North Texas of those shelter-in-place orders. But I am hopeful certainly and in fact optimistic that having been implemented when they were, we will be an example of a region that will get the benefit of that early intervention. Obviously, we will be following this closely. Guidance from Dr. Perl and the group that she's working with will help inform our day-to-day planning as well as our long-term approach to this.

As we know more about when we should expect the pandemic to peak and the magnitude of it, we will be sharing that and planning accordingly. I want to assure you as the one element of planning that I did not touch is that in addition to the capability in terms of the services for COVID-19 which we are already utilizing for those patients that I mentioned, there has been

tremendous work done to plan to respond to a surge with a market expansion of our capability in terms of both the patient numbers and the severity of the illness.

So I want to acknowledge the extraordinary work in this area as in other areas by members of the Emergency Operations Center, which is specifically focused on our health system, led by Dr. Seth Toomay and our Chief Nursing officer, Susan Hernandez, that I think can give us all great confidence that UT Southwestern is prepared in a way that might have been unimaginable frankly a couple of months ago, but will clearly be needed in the weeks ahead, and we are ready.

So I want to wrap up this initial summary briefing by touching on an area that I know is of concern to many, and that is what will be the overall impact of all of this on UT Southwestern and its finances and what might be considered in terms of our community employment, the UT Southwestern community employment. Let me say first of all that we come into this crisis in an extraordinarily strong position because of the dedication and commitment of this community and I would say the discipline of your business affairs as well as the leadership in our academic affairs, health affairs, and supported by the departments that constitute our institutional advancement.

In terms of financial robustness, for us to really cope with what is , I wouldn't want you to think otherwise, a big financial challenge for us – something you'll be aware we are facing not just as an institution, but collectively as a community and the economy of North Texas, Texas, and the country – I want to though emphasize that our approach at UT Southwestern is to do everything we can to preserve the jobs of the UT Southwestern community. We have made no layoffs. We have no plans for any layoffs. We will be using the tools that we have in terms of our ability to support you in your work if you're away from campus. We will also be using the additional capabilities and we'll work with you to understand them. The FFCRA, which goes into effect April 1, which speaks to the availability of leave and paid leave for those who may need to take time off for either actual COVID-19 infection or a quarantine or the need to care for those in a family other than yourself who may be affected. Again, the details for this can be found on our website, and I want to emphasize again that our priority is going to be to use our financial resources to deliver on the mission of UT Southwestern through this extraordinary time and to do everything we can to support the community, which is the essence of UT Southwestern.

Just to put it in an idiom of sorts, Clements University Hospital does not take care of anybody. It's the people in Clements University Hospital who take care of patients. And the laboratories are not responsible for the groundbreaking discoveries that get made at UT Southwestern. It's the people in the buildings who are making those discoveries, and it is the people in all the other areas of business affairs and really every aspect of our campus who are the core strength of UT Southwestern. And I will assure you that your leadership in

administration will keep that front and center as we look to navigate through this very difficult time.

Now finally – and maybe this is I should say finally, finally – I want to emphasize the important responsibility each of you has to keep yourself safe. I hope you will take seriously the need for social distancing, for hand hygiene because we need you safe and healthy. I also hope that you'll look to your right and left – if not actually then virtually – to those you work with and have out and be sensitive and alert to their well-being. One of the steps that we took some time ago in anticipation of the challenge and how difficult it might be was to establish a hotline so that anybody in the UT Southwestern community could access the services of our Psychiatry Department to provide some guidance there as needed, appropriate connection to services as each of us in our own way will face the challenge of working and living in such extraordinary circumstances. I want to ask you to not hesitate to take advantage of that service or to encourage those who you work with to take advantage of it, if you sense or have a concern that they may be struggling to cope with these really very difficult circumstances.

And so I think with that, I will really conclude the main part of this briefing. As I said upfront I would endeavor to answer some questions, but really within the time available knew it would not be possible to answer all of them rather. And so as I wrap up, I would ask you to really take advantage of our website, [What to Know about COVID-19](#), where your questions will be answered. Also, to really, please take note of the communications that you're receiving on a daily basis from our EOC. It will certainly keep you apprised of what is a dynamic process as each day we learn to adapt to the new circumstances as they change. And it is powerful to us for you to be knowledgeable about everything that we're doing here at UT Southwestern and not just questions – we certainly welcome your suggestions as well.

And so with that, having used virtually an entire half-hour, I will just speak to one or two questions and then we'll say goodbye for this briefing, but I look forward to being with you again next week at this same time.

And one of the questions that I have received in anticipation of this is, what is the anticipated time in which we might reopen our laboratory operations? I picked that question to answer because it really touched on a broader question that's on all our minds. At what point can we generally begin to loosen our social distancing interventions like to shelter in place? And to be candid with you, there is no precise answer to that. I will say that it is reasonable to anticipate that that will be needed to be done in a very graded way and certainly not before we are very comfortable that we are past the peak of whatever surge may be coming.

And so given that we don't know when that surge precisely will happen – whether it's within the next two to three weeks, as many models would predict, or somewhat further out than that – that will ultimately decide, determine the actual timing. But as to the specific triggers, that will be done in the context of the specifics of where we are in the downslope of the surge that

we expect. And as I say, you should anticipate something – and this speaks also to the campus more broadly and, I'm sure, what will be the approach of the authorities in the community at large – on a stepwise basis.

With that, we're at the end of our half-hour. I would hope that you would all go to the [COVID-19 website](#) to be sure you're up to date to get your questions answered, whether forwarded for this briefing or just in general. You'll find great resources there.

Finally, I want to thank all of you for your extraordinary effort. It gives me great confidence in the future of UT Southwestern.