

July 8, 2020, Weekly Briefing Transcript

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and once again I'm pleased to welcome you to this weekly briefing for the UT Southwestern community. I hope all of you had the opportunity to enjoy the holiday weekend, but trust that you found a way to do that safely and setting an example of maintaining physical distancing and masking where appropriate, which is part of not only protecting you and the people close to you, but our community broadly. As in past weeks, I'll take the first half of our time to share an update with events of the past week, and then I'll turn to Jenny Doren, a Director in our communications group, to pose the questions that you have forwarded since the last briefing.

And so, to dive right into the topic that of course is front of mind for everyone, it's the evolving increase in the number of individuals infected with COVID-19 really across many parts of the country, but especially among those here in Texas and here in North Texas. Anybody who's followed the news at all knows that we've been at a pace setting records on a recurring basis in terms of new infections each day. And that has been accompanied in a somewhat lagging fashion, as one would expect, by rising numbers of patients requiring hospitalization and, among those, the number of patients who are requiring intensive care unit care.

I will share with you what our modeling group has seen as the likely further evolution in the next couple of weeks, but there are some inherent unknowns that I will make note of upfront. One is the hope for the impact of the executive orders that Gov. Abbott put in place a little more or about a week ago actually in terms of requiring masks in public and closing bars and making a number of other adjustments to the opening of various economic activities in Texas several weeks ago. So we need to see the impact of that. And another unknown will be the impact of this holiday weekend and the extent to which some, but not all, really took to heart the need to observe those nonpharmacologic interventions.

But with those two variables in the background, what we see in our model is a continuing escalation over the coming two weeks. Interestingly, with a slightly different complexion of, or composition may be a better word, across Dallas and Tarrant counties, in Dallas, the greater increase has been and we project would continue to be in a younger age demographic. And so that may explain why even as we have now, as I've already referenced, seen increasing numbers of patients hospitalized, it actually is a slightly lesser degree than we would have if the demographics of those who are being newly diagnosed were the same as early in the pandemic and where it was dominated by those in older age groups. There's not been as great a shift in that age demographic within Tarrant County.

We are seeing relatively high rates of positivity among tests, and certainly significantly greater than they were in early June. As many as 35 percent or so of individuals who are symptomatic are now being found to be positive for COVID-19, whereas a month ago that figure was somewhere in the 12 to 15 percent range. And that's the basis, really, as much as any for anticipating this continued rise in hospitalizations, which generally follow a week to two weeks after initial infection.

The pattern, as I say, that we can anticipate beyond that is a bit uncertain. Our model, which has proven over the course of time to be, in my judgment, as a testimony to the talents of our modeling group,

remarkably accurate, has really only been able to be that accurate over a two-week time horizon. So we're going to have to see where we are at that point and what we hope will be the positive impact of those executive orders that I've already touched on and hopefully not much of an impact of holiday celebrations over the Fourth of July weekend.

To turn to the specifics at UT Southwestern, it will be no surprise that they reflect what I've just described generally is happening in the region. We have had a significant increase in the number of patients we are now caring for in Clements University Hospital, and there's been in parallel a significant increase in the number of patients who our faculty and residents are caring for in our partner, Parkland. At Clements University Hospital, as of yesterday afternoon, there were 50 patients who were positive, of whom 13 were in the intensive care unit. As I have said about Dallas more generally, it is true at Clements Hospital that the average age of our inpatient has steadily declined over the last several weeks.

But nonetheless, it is a new high. You may recall that a month ago, we had a census less than half of that. And even last week at the time of this briefing, the census was about 40. So you can appreciate the directional change. Parkland in that time has gone to, as of yesterday afternoon, an inpatient census of about 152 patients. So, clearly a significant increase from the high 90s that we had a little more than a week ago. I do want to couple that update in terms of census with a note that we remain well positioned to care for not only these patients, but further increases in the number of patients requiring hospitalization should we need to cross that bridge.

We have done, under the leadership of Dr. Warner as our Executive Vice President for Health System Affairs, a lot of planning to accommodate the volume, including modulating the number of scheduled procedures, particularly those that require overnight or even longer hospital stays, and so, we have the capacity to continue to expand as needed. And again, it still remains well within our capacity for our teams who are doing a terrific job of caring for these patients and within the personal protective equipment necessary to do that safely.

As a campus, I wanted to put that in context. We continue, as I've made note of in some of the past briefings, to work closely and communicate closely with other health systems in the region as we collectively want to be sure that we are able to provide the access to care as needed and as there are more patients in the general region who may require hospitalization and intensive care unit level care.

So, with that sort of update on the number of patients we're caring for, I want to come to the matter of testing and then the very important related issue of campus safety. First of all, I will say that the time has finally arrived where we will be launching that large-scale prevalence study that I've made reference to in past briefings. It's being, again, spearheaded by Dr. Amit Singal. We're doing this as a collaboration now with Texas Health Resources. And again, the scale of that will end up encompassing upwards of 44,000 individuals as a cross section of our diverse county populations and also with a focused look at high-risk workers in various sectors. In the meantime, we continue to have a robust access to testing on the campus. My hat's off to those who are on the front lines there in our drive-up a facility at Bass, which is seeing up to 400 or 500 individuals a day now coming for testing. In fact, we've administered well in excess of 12,000 tests at this point in time. I'm glad to hear from a number of individuals I know who have availed themselves of that testing facility that they're doing an excellent job in getting people through it and making it as pleasant an experience as that can be.

I want to make you aware that as part of really trying to be sure we're always staying ahead of the need of some further development in our Occupational Health Services – these are another among the most hardworking folks on the campus these days helping to keep us safe – and recognizing the ongoing and likely increasing need to call on their services in the context of COVID-19 while there's all the work that Occupational Health was already responsible for, we've now decided, again, under the leadership of Dr. Warner, to really separate out those two components and have a dedicated COVID-19 Occupational Health team.

Just to remind you, while making note of that, of the general practice and policies here: When an individual who's a member of the UT Southwestern community has been identified as positive, and I'll come to some numbers on those to update you there in just a couple of moments, Occupational Health will contact and test all employees and students who may have been exposed to that individual.

I guess I'll anticipate my comments by just saying in the vast majority of instances, it continues to be that individuals who are positive in the UT Southwestern community have become positive because of an exposure out in the community rather than here on campus. If the test is positive, certainly, and if the person is otherwise determined to be at high risk from the extent of the exposure, they will be expected to self-quarantine.

So privacy regulations do not allow us – and this is a question that has come up, it has been asked of me in a number of different settings – to inform anybody on the campus of a specific individual by name out of respect and actually legal requirement to honor their privacy. But again, I assure you that if there was an exposure, every individual who's had an exposure will be contacted and, as I said, tested and counseled as appropriate.

Which does bring me to an update on the number of campus members who have been diagnosed with COVID-19. These numbers, to remind you, are being updated weekly, and the next update will be on Friday.

So as of now, there have been 121 individuals out of the 19,000 or so who work at UT Southwestern since the beginning of the pandemic who have tested positive. Thirty-four of those new cases were over the course of the week. As throughout this time, the great majority, as I've already touched on, have acquired the infection out in the community. So of those 121 total, 102 are from community exposures.

In the totality, three individuals on the campus as employees have, to the best of our ability to determine, acquired the infection from another employee in the nonclinical setting. That's three individuals. There have been nine individuals who have acquired it from another employee in our clinical settings, and seven individuals who have acquired the infection by exposure to a patient who was diagnosed with COVID-19.

So, as I have said before, even one case is one case too many. But still the numbers remain – relative to the size of our UT Southwestern community in the amount of time that we've been navigating through this – a very low number of exposures here on campus that have resulted in infection to, I think, make

all of us realize we can never let down our guard, but we are actually much safer here on our campus, perhaps, than even out in any community setting.

So we want to keep it that way, and the only way that will be possible, just to reemphasize once more, is our continued adherence to those nonpharmacologic interventions and the various policies we've put in place to keep us collectively safe.

To move on, I want to cover a few other topics before we turn to your questions. I haven't touched on this in recent weeks, but I wanted to make you aware that in a reflection of what is an essential part of what makes us UT Southwestern, at this point in time, there is in excess of 180 research projects ongoing on the campus that are focused on COVID-19. They span a full range from very basic understanding of the mechanisms by which this virus infects cells and causes damage to an expanding group of clinical trials.

For example, as one agent that was very much in the news early in the week, a combination of monoclonal antibodies that is now entering phase three trials. We will be participating in that trial.

To say that, we are continuing to see our research community, our clinical investigators, rising to the needs of our patients and the opportunities we have to advance knowledge and give them access to potentially effective investigational treatments. Other research projects are looking at important dimensions of exposure, the socioeconomic differential impact of this infection.

So, I think, we can be very proud of our faculty and their teams who are making important contributions to our collective knowledge about COVID-19 in support of the ultimate goal of being able to effectively treat it and, of course, eventually, better than anything else, to prevent it.

So before I conclude, I do want to provide what I think is an update of practical importance to everybody on the campus, just for the purposes of helping you all plan in this time of great uncertainty. As we've discussed in past weeks, our decisions in terms of whether to expand or possibly pull back on our activities are being guided by a number of criteria that were formulated by our EROC.

To remind you, those included such things as what is the level of activity of COVID-19 infections in the community, but especially determinants here on campus. Such as are we seeing an increase in the number of individuals who have become exposed on the campus? Are we able to effectively trace potential contacts when we find somebody, such as those 102 individuals I've mentioned over the course of time, who were infected in the community, that we can then make sure that we've identified everybody who they may have contacted there? And also, our ability to maintain a very sufficient supply of PPE.

So those are some of the factors that go into how we have made decisions at various points in time. Seeing in particular the growing number of cases in the region, even as those campus criteria remain well within parameters, under the recommendation of the EROC, I have approved the decision to maintain our current status of opening – call it phase two – at least through Labor Day. Which is to say that even if, we hope, we find ourselves, if not later in July, by early August, on a downward slope in terms of the number of cases, we don't feel we should be planning to open any further than we are any sooner than, as I said, Labor Day.

We will be continuing to monitor in the meantime, as we do really on an almost daily basis, certainly weekly basis. As we get into August, we'll start to think about whether we want to push that further out, but we at least wanted to give the UT Southwestern, the community, the benefit of looking beyond the two-week time horizon, which is what we were really using as a decision-making unit in the early weeks of the pandemic and in the early stages of opening.

Now, having said that we will stay at phase two at least through Labor Day, that's not to say that if the conditions warrant the need to actually pull back and reduce the level of operations that we have now been having in place for six weeks or so, then we will do that, but we will not expand them.

I wanted to provide that information to you. We will be sure that everybody in the campus is made aware through an email message within the next day or so.

Let me conclude, before turning to your questions, by thanking you all for your ongoing commitment to advancing the mission of UT Southwestern and the hard work across really all of our areas and the shared sense of community that I think is a source of strength for each of us individually and certainly allows us to deliver to our patients and to the many people who count on UT Southwestern to deliver on its mission. Let me conclude there.

Jenny, let me turn to you for a question.

Jenny Doren:

Good morning, Dr Podolsky.

I would like to begin with our hospital visitor policy. Some health systems, as I'm sure you're well aware, are not permitting any visitors right now to control the spread of the virus. Can you please explain our policy, and if any changes are being considered as cases of COVID-19 climb?

Dr. Podolsky:

Well, thank you for the question. Certainly the health of our patients and our health care professionals is critical. We have, in fact, put in new measures to limit the number of visitors per patient, to restrict the number of entry points at our medical facilities, and to implement screening guidelines for all visitors.

By the end of this week, patients will only be allowed one visitor over the age of 12 per day. The current policy of one visitor at a time has been reevaluated, and we expect this change will reduce the volume of visitors coming into the hospital by approximately a third.

Patients who are being screened for COVID-19 or who have already tested positive will not be allowed any visitors. Visitors are being screened by asking them for symptoms such as fever, shortness of breath, a cough, runny nose, sore throat, and about contact with anyone who had tested positive for COVID-19. We continue to do temperature scans on everybody who is entering our health care facilities. Anyone registering a reading of 100 degrees or higher, or not passing the screening tests, are simply not allowed in the buildings and will be encouraged, as we have been doing, to contact their primary care provider.

Jenny Doren:

We'll definitely be communicating that change in a number of ways in the next few days. Speaking of policies, recently, the new eye protection policy was put into practice, and that has generated some additional questions such as this one: If we are practicing social distancing amongst staff, and we have no patients in the clinic for the day, is it required to wear the face shield?

Dr. Podolsky:

Well, the short answer is yes. Eye protection must be worn in all common areas where you may encounter a patient or a visitor, such as a hospital lobby, all clinic waiting areas, the cafeteria, and others, as well as in all clinical areas, regardless of the extent or duration of patient or visitor encounters. This includes hallways, exam rooms, patient rooms, and clinical research areas.

If you are in a private nonclinical area, such as a shared or a private office, a clinical lab or research lab, where there are no patients or visitors, and all employees are masked and remain masked, you do not need to wear your face shield. You do not need to wear a face shield or mask in your own personal office, if no one else is present.

For more information, please refer to the eye protection FAQs, which can be found on our main COVID-19 website in the clinical guidelines sections, as well as on the homepage of the Health System Portal.

Jenny Doren:

Thank you for that.

Let's talk a little bit about transmission. Some scientists, researchers, now think that the COVID-19 virus can be spread through droplets carried through the air, in addition to large droplets released through a cough or a sneeze. If this is true, would the potential for virus transmission in research lab buildings, which are ventilated using 100 percent outside air, be lower than in regular office buildings or even homes?

Dr. Podolsky:

Well, first of all, just to note, respiratory viruses can be spread in many different ways, as was part touched upon in the question, and that includes through droplets, which have a relatively short distance before they will fall to the floor, and aerosols, and states in between. It is not necessarily a hard and fast distinction for a given virus about a range of the production in that spectrum from droplet to aerosols. Ventilation is certainly important. There are different ways to optimize our ventilation systems, including installing HEPA filtration, which we do in all of our COVID units, for example, as well as UV lights. These are collectively referred to as environmental controls and are used in our environments to help mitigate the risk of transmission of infectious agents in our air handling systems.

In our medical facilities, these are driven, in part, by code and just by the higher requirements for a health care facility, as determined by the accrediting bodies. The potential for the transmission through that range of modes has been mitigated to the extent possible.

Jenny Doren:

So now to the popular topic of travel. Why is there a UT Southwestern policy mandating reporting and self-quarantine for two weeks if returning from some high-risk states that seemingly have lower risk of obtaining COVID-19 than Texas, or more specifically, even Dallas? How often will this list be updated?

Dr. Podolsky:

There has been a significant evolution from the policies by our Travel Advisory Committee, and within the last week, due to the community spread of COVID-19 in North Texas, the decision's been made to suspend travel screening questions, automatic quarantine for travel to identified hot spots, and required Occupational Health notification after out-of-state travel. To the person who posed the question, we really have now moved beyond the circumstance, which they properly raised as becoming not as relevant as it was in the early weeks of the pandemic. We encourage everyone, when they're traveling, to practice the same precautions and standards that we have put in place here on the campus, which includes masking, hand hygiene, social distancing, and avoiding participating in large gatherings. The limit on campus, as everyone will be aware, is still 10 individuals. And now we're requiring that if somebody has traveled, just as if they had been in Dallas, if they have symptoms, they need to report to Occupational Health or their provider to arrange for testing as appropriate based on the evaluation by, again, Occupational Health or the provider. I would refer anybody who's looking for the most current information to our employee health website for guidance related to screening for possible exposure and continue visiting the travel section on our COVID-19 website for updates.

The final comment I will make is that there is a bit of a paradox in being concerned for travel. If someone is going to an area of the country which may have a lower prevalence or incidence, rather, of COVID-19 than here in Dallas, there are some intrinsic higher risks that you may encounter just in the course of travel, such as being on a potentially crowded airplane, even if every passenger is now masked. And – as was pointed out to me by someone yesterday – that plane will be filled with people from Dallas, so coming from a population that we have to acknowledge right now is an evolving hot spot.

Jenny Doren:

Some really important information there. So we are now in the month when annual re-enrollment of benefits takes place. Can you please comment on health benefits, dates, any new changes expected, and on the extended timeline to use our FLEX savings money?

Dr. Podolsky:

So annual enrollment for the fiscal year '21, which begins in September, will run from July 15 to July 31 as it has in past years. Please monitor your email and our benefits page, which requires the VPN, for more information in the next couple of weeks leading up to your enrollment, including the dates for virtual benefits, fairs, and information sessions with live Q&A. As I have made note of, there will be no premium increases for our health plans for this coming year. Regarding the FLEX savings accounts, the deadlines and rules are established by plan documents managed not here at UT Southwestern, but by the UT System Office of Employee Benefits and by federal guidelines. And we're simply not able, we just don't have the authority to legally make any changes to the time frame for use or reimbursement of unused amounts. So to the extent possible, you have until the end of August to avail yourselves of the access of those FLEX accounts.

Jenny Doren:

Got it. So we're going to end with this question, and I know you spoke about it during your opening remarks, not sure if you have any additional information to add. Of course, if you follow any media, you will hear numerous references about the increase in COVID-19 cases among young adults, specifically those between 18 and 40 years of age. Does this group account for the increasing number of cases at CUH?

Dr. Podolsky:

In brief, it accounts for a significant part of the increase in our inpatient population at Clements. And just to give you some more specific numbers than when I touched on this earlier in my update, now more than 45 percent of our hospitalized patients are under the age of 50, and that is also the case of the patients who are in the ICU. So that is clearly a significant change from the mix of patients who we cared for in April compared to now in July.

As we come to the end of our time, I do want to, before we close out, mention one other thing to the campus community, and that's to call your attention to what I think was a very creative initiative. A site has been set up on our UT Southwestern COVID-19 website where all UT Southwestern employees are invited to describe their experience with COVID-19 in stories, thoughts, feelings, poetry, or prose, but in just 19 words. So have a try at that. I think we'll see the full force of the creativity as well as the depth of feeling here on the campus. And there are already a number of submissions and I hope many more to come. So with that, I hope everybody has a very safe week, and we look forward to being back with you next Wednesday.