

## June 10, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I'm pleased to welcome you to this weekly briefing for the UT Southwestern community. As in past weeks, I will plan to spend about half the time we have providing an update on the past week and some issues that we will be looking at in the weeks ahead. And then I'll turn to Jenny Doren, a Director in our communications department, for her to pose questions that you've submitted over this past week. Before I focus on COVID-19 issues, I do want to return to the critically important issue that I raised in my comments in last week's briefing, and that is the need for us at UT Southwestern to confront the scourge of racism and inequality which continues to plague every institution in this country, and we cannot assume that we at UT Southwestern are immune from that and therefore are obligated to identify where it exists, even in its most insidious forms, and do everything we can to address it.

As I mentioned last week, I will be looking to our President's Council on Diversity and Inclusion to play a key role in identifying where we have work to do and to devise concrete, active measures to address them. I'll be meeting with this group on Friday and intend to keep the UT Southwestern community apprised of our thinking and plans as they develop. There have been a number of opportunities on the campus in this past week to really come to grips as a community with this enormous challenge – a pandemic of a very different sort and one that's much more long-standing than COVID-19. That included a gathering on our Seldin Plaza for the White Coats for Black Lives event, which was a national event against racism inequity last Friday. That brought more than 100 UT Southwestern students, faculty, staff, researchers, and institutional leaders to the Plaza to kneel and remain silent for 8 minutes and 46 seconds as a tribute to George Floyd.

And I note that this Friday, June 12 there will be a webinar at noon on recognizing and addressing racial bias in health care. The program has been planned by the Office of Faculty Diversity & Development and the Office of Women's Careers and will hopefully be a program which will further galvanize our efforts to identify and address racial bias in health care. There are other activities that also provide opportunities for us to gain greater insight into where the challenges exist within our own community. But more than anything, personally, I look forward to the opportunities to really listen in meeting with groups on the campus, to not only learn of experiences here at UT Southwestern that should inform our actions, but also I hope to hear really good ideas of what we can be doing to address those. We know that racism exists everywhere, as I've said, and UT Southwestern has to acknowledge that it is no exception, but we do bring to that challenge the commitment that in any of its forms it's intolerable, and we will address it wherever it's identified.

So with those comments, now let me turn to the status of our challenge of COVID-19 and to note that we have seen over this past week a slight uptick in the number of patients we're caring for at Clements University Hospital admitted for treatment of COVID-19. It now is in the high teens and has been in that ballpark for the last week or so. Our census at Parkland has seen a more significant increase, going from the mid to high 50s to the low 80s. And obviously this is of concern to all of us, and it is something that

we will continue to monitor quite closely. I do want to emphasize that within the context of that slight to moderate increase, we are well within the capacity to adequately care for those patients in a safe fashion and, as well, provide the much needed medical care for patients with other challenges who are coming to us for our help.

We continue to follow the model developed by our UT Southwestern colleagues as a means of guiding our decision-making and our plans for whatever we may see over the next two weeks. The most recent iteration – and again, you can be following this on our COVID-19 website – has first of all confirmed just how accurate the group has proven to be when looking back 14 days to see what was predicted then has turned out to be within 5 percent of that projection. It's on that basis that I take some confidence in using that model to inform our own decision-making for the next two weeks. And with that, we show that the  $R_t$  value currently and as projected remains within a level that is what we would call manageable to somewhat encouraging. And that is to say that the  $R_t$  value has hovered at about 1 or slightly below for all four of the most populous counties making up North Texas, including Dallas County.

Now let me turn to a status report of where we are on our operations currently and our plans for the coming week and the week after. We have seen significant return to near normal operations within our Health System. Surgical procedures are now unrestricted, and operations and other procedures are at approximately 90 percent of their pre-COVID level. We are nearly at that same level in providing care in the outpatient setting, though a significant proportion, out of patient preference, has continued to be delivered through our digital telehealth platform – nearly 30 percent. As I've said before, we see that as one of the positive transformative changes that was catalyzed by the necessity of moving to more virtual operations early in April. But in the aggregate, as I am trying to summarize, we are nearly at 90 percent of our pre-COVID activities, and that's meaning that many patients who have deferred care are getting the care that is important to their future health.

With respect to our educational and training mission, we have now seen the return of our fourth-year medical students to clinical rotations, and by the end of the month, we expect to have fully reengaged also our third-year students in their clinical rotation. The office of undergraduate medical education is working closely with the clinical departments to determine when learners can return safely, and the pace may increase or decrease as a situation with COVID-19 evolves. To protect the safety of students, residents, and fellows, and to conserve PPE, our learners and trainees will not be involved in working with suspected or confirmed COVID-19 patients.

In the research arena, our laboratories are continuing to operate at approximately 50 percent of their pre-COVID level, with those working in the laboratories using social distancing and wearing masks to further ensure the safety of everybody in our research operations. We are asking our PIs to monitor the staffing schedules for their laboratories as needed and to work out combinations of on-campus work and work-from-home schedules for their lab personnel. And in the broader context of advancing our research operations, I am pleased to note that Dr. Andy Lee, our Provost, and Dr. David Russell, our Vice Provost, announced on Monday that the COVID-19 Patient Registry is now fully launched as a collaborative project that brings together data on the patients we've cared for at Clements, at Parkland, at Children's Health, and also our patients cared for at our partner, Texas Health Resources. It is intended to provide an insight into the long-term outcomes from the care of these patients as well as to

generate a resource for our clinical investigative colleagues more broadly. This is in conjunction with the Biorepository, which will provide access to many research groups to specimens from patients who have been diagnosed with COVID-19.

I was impressed and a bit surprised to learn just within the last week that over the course of these two months, we now have fully 54 projects related to COVID-19, ranging from very basic studies of the underlying mechanisms of the virus infection, to approaches to identify new therapeutic paradigms and agents, to clinical trials aimed at helping our patients as we care for them across the various venues where we work.

Now let me come to the topic of what we see going forward and a transition from phase two to phase three operations. As I mentioned last week, with the criteria established by our emergency and now restoring operations committee, we have determined that we can safely expand the number of our UT Southwestern community who can work here on the campus. As a snapshot, and to put that in context, it might be of interest to know that from the institution of phase one on March 16, of the 18,500 employees of UT Southwestern, 11,400 have been continuing to work on the campus. When we moved to phase two in mid-May, 2,500 of the 7,100 who had been working from home have returned to campus, some full time, others on a rotating shift basis. So at this point we have approximately 14,000 back on campus and 4,500 still working from home.

Although I mentioned it last week, I have been asked, again, to share the criteria that were recommended as the basis for making a safe transition to expand the number of our UT Southwestern community working on the campus. Those criteria are a Clements University Hospital census averaging 18 or under for the past seven days, a PPE supply of 60 days or more, and a number of metrics related to occupational health that ensure that there is a, if you will, sufficiently low number of instances where a member of the UT Southwestern community has been identified as being exposed to COVID-19, where we have the resources to undertake a thorough contact tracing so that we can effectively protect that person and those they were exposed to. And all of those criteria have now been met. A further criterion is to look at the  $R_t$  in the community, with the threshold being at 1.2 or below. And that threshold has also been met.

Now, having said all this, this is a dynamic picture, and we are aware that it is quite possible that we may see that some of those parameters move out of that approved zone. And when that happens – I should say if it happens – we will make the appropriate decision to pause or, if necessary, to step back from the degree to which we have opened our operations. And that's the basis for the decision-making and the paramount consideration in this: What are the conditions that we believe are safe for our community members to return?

So with that, we are laying the groundwork for the return of many of you who are still working at home on June 15. We have, as I emphasized in an email that went out last Thursday, subsequent to my briefing comments, placed a lot of flexibility at the means of the supervisors and managers to identify what is appropriate in their work here, where they have the greatest familiarity with the specific conditions. So it will be influenced by how dense or not the work environment is, the ability to stagger work shifts, and to take into account other considerations from employees, including whether there are

existing reasons why they are at higher risk of complications with COVID-19, should they become exposed.

So I want to emphasize that the June 15 is a threshold in which, subject to those conditions, that review, it will be permissible for those who are currently working at home to return to campus. We fully understand that there will be instances where, because of those considerations, it will be perfectly reasonable for many who are working remotely to continue to work from a remote location.

Finally, I do want to emphasize what I said just a few moments ago: We consider this a dynamic landscape, one in which we will be guided by the criteria established by our experts, and with the commitment to take whatever, maybe difficult, steps, should they be warranted, by the changing realities in terms of those four criteria that I've summarized for you.

Before I conclude my comments and turn to Jenny Doren to hear your questions, let me touch on a couple of other matters that I thought would be of interest to the campus.

The first of those is an upcoming employee engagement survey. As all nonfaculty employees now know, I hope, we have launched our annual employee engagement survey this week, and everyone should have received an email from Glint, our third-party vendor, with a link to the survey. We are eager to hear from you and hope you will make it a priority to respond. The survey will be open for responses until June 28. And I want to assure you that, in fact, the leadership really – including those I work with most closely, directly, as senior leaders on the campus, down to your managers and supervisors – are looking very carefully to understand from your responses how we can make UT Southwestern a better work environment for you. So do be assured that your participation is essential to our ability to do whatever we can to improve UT Southwestern as a place to work.

The last topic I will mention before turning to your questions is really for those of you who may be golf fans and for others who may not be golf fans so much as sports fans starved for national events. Tomorrow will launch the first large national professional sporting event. It's the Charles Schwab Challenge golf tournament, which will be taking place in Fort Worth at The Colonial. And I wanted you to be aware that the PGA in planning for this event, at the request of Mayor Price of Fort Worth, reached out to UT Southwestern to provide the medical expertise, should it be needed, for the golfers, their caddies, and the other participants in the tournament. And if you are seeing the opening ceremonies, which will be televised, you'll see some recognition of colleagues here at UT Southwestern in appreciation, along with other health care providers, for all that's been done over these months to care for the community. So with that, I will thank you for spending this time once again with me this week and turn to Jenny Doren for your questions.

Jenny Doren:

Good morning, Dr. Podolsky. We received a very large number of questions since we met last Wednesday. We also saw an uptick in the number of people writing to simply say they appreciate you taking the time for these briefings and providing fact-based information to "quell rumors and speculation." Repeatedly, they thank you for your transparency, and today they look for a continued clarity. The bulk of this week's questions stem from reaction to our conversation last Wednesday in the anticipation of June 15 in the next phase of restoration of operations. You mentioned earlier the criteria

for the decision to initiate phase three. So I think you did a really great job tackling some of the questions that we've received.

But numerous people are writing us concerned that what they're hearing in media reports doesn't jive with the plan to return to campus. For example, they're reading and hearing of new records of COVID-19 cases in a single day. A lot of that from last week. Cases rising, not falling, as well as forecasts of 800 new cases daily come July. So is there anything else that you want to add as to why it is safer today than it was a month ago to return to campus?

Dr. Podolsky:

Well, I appreciate the question and understand why that would be a concern on people's minds. So let me address a few points beyond the criteria that I've mentioned and to a degree explain why it's been those criteria as opposed to being guided by what we read in the paper. One is what we have come to realize are, if you will, the vagaries of the daily case reports that are reported in the paper. There are at least two issues that make it hard to really use that with confidence as a true indicator of what's going on today or yesterday or the day before. And those two variables are the wide range in the delay between a positive test when it was performed and when it's reported.

Many of the cases, for example, which were reported yesterday were from tests that were as long ago as early April, and even at least over the weekend, ones we identified as being from March. And so, it's a real mix that makes it a little difficult to know how much emphasis to put on at least that number alone. The other is the expansion of testing. Without question, there has been a significant increase in testing. I've seen the estimates ranging from 35 to 50 percent more testing and with that identifying more cases which have gone undiagnosed up until now as opposed to what may have been a true increase.

That's not to say that we know that there is not an increase. I'm just trying to underscore some of the uncertainties with the number. So we have placed more emphasis on numbers of patients in the hospital, and as you've heard, in particular in our own hospital, but we also track on a daily basis the number of patients hospitalized with COVID-19 across all the hospitals in North Texas. And the reason we put some more emphasis on that is that actually is from day to day an accurate number.

And in those numbers over the past really couple of weeks, we've seen real stability with the possibility though, in the last couple of days, that there has been an uptick. It's not clear how significant it is, but enough that we are certainly going to be that much more vigilant in the days ahead. And if we see that that is a continuing trend, it will be reflected in that  $R_t$  value. And when we see that  $R_t$  value increasing, meaning the epidemic or the pandemic is expanding as opposed to shrinking, that will warrant a change in our plan. I appreciate the disconnect as it may seem. I hope that provides some insight into some of the uncertainties in how to interpret the publicly reported numbers and some of the reasons why our experts have led us to focus on the four criteria which I've already described for you in my initial comments.

Jenny Doren:

Thank you. That's definitely helpful context. Dr. Podolsky, all of us have no doubt seen or heard about protests happening in our community and across the nation. Many of our colleagues, learners, and trainees have participated. Should they get tested for COVID-19 as a result? What is UT Southwestern

policy or recommendation on this, and where are the testing sites that allow you to get tested when you're asymptomatic?

Dr. Podolsky:

As for anybody else, employees and students returning to campus having been involved in the protest activities, but just as an across the board rule, are expected to monitor their symptoms and to report any concerns to Occupational or Student Health via phone, email, or the COVID-19 screening form. Additionally, I do want to emphasize that everyone on campus is masked and their temperature screened before entering buildings where care is provided and, as I've touched on briefly in my comments, also masked in our research laboratories. We encourage everyone to wear a mask where social distancing may not be ensured, and that would certainly include when participating in a protest and large crowds where that clearly would be the case.

If you have specific concerns or feel you should be tested, you should speak with your primary care provider. North Texas testing sites locations are available through the Dallas County Health and Human Services website [[dallascounty.org/covid-19/testing-locations.php](https://dallascounty.org/covid-19/testing-locations.php)]. You can call ahead or visit the testing site website for information such as screening criteria and operating hours. And for anyone who is also receiving their care through a UT Southwestern provider, there would be the means to contact a provider at UT Southwestern to arrange for a test in our own drive-up testing center.

Jenny Doren:

We're also fielding numerous questions about procedures and policies when returning to campus. In particular, how to effectively social distance during meetings, riding elevators, using the bathroom, getting temperature screens, buying food from the cafeteria, and so on. Is there a place where this information is provided for employees returning to campus?

Dr. Podolsky:

Yes. I'm glad the question is asked so that everyone will be aware that employee information and frequently asked questions regarding return to campus can be found on our UT Southwestern return to campus website [[utsouthwestern.edu/covid-19](https://utsouthwestern.edu/covid-19)]. I'll take the opportunity to emphasize that, of course, all employees should follow social distancing guidelines, including floor markings and elevator recommendations. For those who have not been on the campus, when you return you'll see that signage has been placed really throughout the campus to help guide maintaining that safe social distance. I would encourage everybody to speak with your immediate supervisor to discuss specific plans for your department regarding concerns on social distancing, meeting, and masking.

Jenny Doren:

The CDC recommends that HVAC systems of commercial buildings be tweaked and/or updated to prevent the spread of disease. Can you please elaborate on what maintenance is being done to our HVAC systems?

Dr. Podolsky:

Our HVAC systems in all of our buildings are monitored monthly and have a regular filter maintenance and replacement cycle. The HVAC coils are also assessed monthly and pressure washed and steam cleaned on an annual basis. Finally, drain pan tablets are placed inside drain pans to help eliminate any growth or a bacterial buildup.

Jenny Doren:

OK, thank you for that. Dr. Podolsky, I'd like to return to a question we field every single week but clearly remains of high interest. What is the possibility of UT Southwestern entertaining the idea of allowing remote work in some capacity in the future seeing as many employees were and are able to perform their jobs at full capacity from home?

Dr. Podolsky:

I certainly recognize that for many, remote work has been efficient and productive, and we will be reassessing our policy on telecommuting over the coming weeks. Managers and leaders must work with their teams to assess which employees to bring back, in what order, to ensure everyone's safety. Given the complexity of this change for many of our employees, we want to be flexible and provide time for you to make arrangements as needed for child care, transportation, and other issues, while still meeting institutional operational needs.

Flexibility also extends to consideration for those at higher health risks, but we do appreciate that we have learned lessons about how work can be done effectively, and we'll certainly expect that that will be a greater part of our normal way of working in the future. I will note though, at the same time, we have been operating under extraordinary circumstances. With the exception of the last week or so in our health operations, we have not been operating at full capacity and so are not yet, I think, in a position to know exactly what is going to be that balance of effective work from home to support the overall operations of a fully active campus.

Jenny Doren:

Understood. Another popular topic every single week: parking. Dr. Podolsky, you mentioned last week that parking fees would begin again on July 1. However, some employees will continue working from home for a variety of reasons. Will they still have to pay for parking fees?

Dr. Podolsky:

It's an issue that we have certainly spent time discussing, and I can understand kind of depending on whether you will be coming to campus or maybe staying home, your views may differ on this. Where we have landed is that, as of June 15 – assuming again, circumstances allow us to continue on the path we're on – parking fees for all employees will be reinstated as of July 1. However, for FY21 and, tying this question to the previous one, we will be working with HR to develop procedures to provide significantly discounted parking options for those with approved telecommuting plans.

Jenny Doren:

So this is a new one. Is there a plan to bank immune plasma from recovered patients?

Dr. Podolsky:

So UT Southwestern itself is not banking plasma, at least not for the purposes of then being used for treating patients with active COVID-19 infection. We are actively working on an IRB using a clinical approved plan to collect plasma from patients as a tool for supporting many of those research projects I referred to earlier in my comments. With respect to banking plasma for the purposes of being used in treatment, we are working with Carter BloodCare, who serves as the main organization to do that, really, in the North Texas area.

Jenny Doren:

So we have just enough time for one final question, and I'd like to end with the budget. Although UT Southwestern is unable to support a merit program this year, will promotional opportunities still be available for those who inevitably have to take on more job responsibilities? Additionally, in past briefings, you mentioned should the financial situation improve, it is possible we will not have to wait for the subsequent year to reinstate merit. Is that still true?

Dr. Podolsky:

So let me take the second question first. And yes, if conditions permit, we would reexamine our ability to put in place some merit program. I don't want to raise false hopes in that right now, that is not what we forecast for next year. Our hope is through hard work and diligence that we will, however, return to a small operating positive margin, as we come back from what we still expect will be a significant loss in the current fiscal year, which ends on Aug. 31. But if conditions permit, nobody would be happier than I to be able to share that exceptional performance financially with all of those who are responsible for generating it through their hard work on the campus.

With respect to the promotions, yes, we expect there will continue to be promotions just as we said, that subject to the needs of the University, we will be continuing to hire as needed. It's just that we will be applying an extra level of scrutiny to any of those decisions insofar as we are challenged financially, as I've shared with the campus. But as we need to expand responsibilities, or more properly, as roles have opened up which are an opportunity for promotion for those who fill them, yes, those are still going to be part of our operations for the next fiscal year.

Jenny Doren:

Well, we tackled a lot this morning, and as always, appreciate your time. Thank you.

Dr. Podolsky:

Thank you, Jenny.