

May 12, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. And I'm very pleased to welcome you to this 45th update for the UT Southwestern community since the pandemic first landed here in North Texas. And let me begin with the pandemic as I have in each of those previous 44 briefings. And I'm pleased to say that in the two weeks, since we last had an update, we continue to see the same relatively low level number of new cases. Low level compared to what we saw in the surge in the winter with respect to new transmission, and also as our come to just in a moment numbers of patients in our hospital. With respect to positivity, although Dallas County reports about 11% positive tests from Dallas County hospitals. Actually here at UT Southwestern our positivity rate is about 2%, and I understand about the same as also the experience at our partner Parkland.

When it comes to hospitalizations at UT Southwestern Clements University Hospital, we've been hovering about 10, actually most of the past week and single digits at times, and low double digits, but really at a consistent plateau really for the last two weeks. And the same is the case and the patients we care for at Parkland, where they've been in the low 20s. All of this of course has compared to about 120 at Clements back in January and up to 170 or 180 at Parkland during that same time period. So it gives you a sense that we are at a substantially, a better place in terms of our ability to care for these patients. Indeed at both hospitals, given the modest number of patients we have transitioned away from the need for dedicated intensive care units in floors so that we can make maximum use of our capacity for all the patients who we care for.

And I might add for those working in the health system, particularly in the hospitals, but also the clinics, the feeling that you are very busy is for very good reason. We found ourselves at, actually, a much higher levels of both census in our hospital and numbers of patients being seen in our clinic than at any time pre pandemic. Which of course is great in so far as it means the number of patients we're helping and also obviously supports the robustness of our overall institution.

I had the opportunity to review the latest update from our UT Southwestern modeling group, which they shared late last night and we hope will be posted on our public site later in the day. It suggests that we can expect over the next two or three weeks, largely the same number of patients requiring hospitalizations and new cases, despite a RT which is hovering about one. This may be reconciled by the fact that many of those who are experiencing COVID-19 now are in age groups which are less likely to become severely ill and require hospitalization.

The projection as you will have an opportunity to view for yourself, does suggest the opportunity to see further declines in the numbers of new cases and patients in hospitals over the course of the next several weeks, depending on the rate of continued uptake with vaccination. This is a dynamic balance between the penetration in our region of the more highly transmissible variants and indeed our own laboratory groups and our clinical labs and the McDermott Center suggests now that more than 80% of the new infections are by variants. Most of them, the UK variant, and then a mix of others, of these more highly transmissible forms of the virus. So that's on the one side of the equation.

On the other is the continued uptake of vaccine, which protects individuals from infection. And if we continue on the current pace, as I suggested, the model predicts a further decline to very low numbers by July. On the other hand, that's dependent on that continued pace of vaccination. We have seen in our own centers and really this has been seen across the region, the state and most of the country, a slowing of the number of people taking advantage of access to vaccine.

Let me speak to the operations on the campus and then come back to vaccines to round out the update on the things COVID related. We are now 10 days since our official transition from phase two to phase three operations. Although, there was never the expectation that on May one it would be a abrupt change across all aspects in which we were expanding the capacity to operate, but rather that it would be a steady increase over the course of some weeks. I'm very pleased to say that it has gone smoothly. Great to see more of our colleagues back on campus and I hope you are also experiencing the satisfaction of having the interactions with your colleagues, which are in a real direct way that I think has been always one of the trade-offs for the necessity of remote work. Which nonetheless has allowed us to carry on through the pandemic.

We'll continue to progress in that implementation of phase three, but monitoring all of those metrics that our EOC had established as benchmarks to guide our decision making and was the basis for that decision to transition from phase two to phase three. All of the internal external metrics remain green, so that's encouraging with the one exception that the RT calculated by our UT Southwestern modeling group has been hovering around one. Where ideally we'd like to see that below 0.7, we'll continue to monitor that very closely. But other metrics, as I've said, have all been well within the green zone.

Given that progress and given the overall manageable state that we find ourselves in the region, I have asked Dr. Daniel, who's been leading with Bruce Brown our EOC, and the EOC, to develop a similar set of benchmarks that would help guide us towards expanding beyond phase three towards phase four. Now, let me emphasize that is not imminent. And as I provide this update, don't have a specific timeframe in mind. It will be guided by the metrics that that group will develop. But given the progress we've seen over the last months and particularly last few weeks, part of which I think we can attribute to the deployment of vaccines, I think we can hope and in fact anticipate that we will, in the months ahead, find ourselves able to safely expand even more towards a more normal state of operations.

With respect to the safety on the campus. I want to mention, as I have in past briefings, we have not had any on-campus transmission now in non-clinical environments for more than five months. Even the clinical environment, although we did have one instance about a month ago, with that exception we have not seen any transmission on the campus, as I say, in several months. And the number of community acquired infections, very new ones, remains very low. One in the two weeks since we last provided this update.

That is a natural transition to where we are with vaccines, because it's hard not to conclude, although providing a cause and effect in a obvious way can be a challenging. That the progress we've seen in the reduction in the number of UT Southwestern community members affected and also what's happening in the region and our patient census reflecting the positive impact of a vaccination. At this point, our teams, that we can all be proud of, have provided more than 300,000 vaccinations. That includes more than 175,000 individuals fully vaccinated by UT Southwestern. And that's in keeping with the efforts of others throughout the county and the region, which has gotten at least Dallas County to the point where

50% or more, 16 years and older, have received at least one vaccine and nearly 80% of those 65 and older have received one vaccine. In excess of 60% of those 65 and older are fully vaccinated at this point. And the numbers are quite similar in Tarrant County.

In talking about vaccines, I'm sure many will be aware of two significant updates since the last briefing. One is our perspective, why not come to that second? But the first is of course the approval by the FDA under an emergency use authorization of the Pfizer vaccine for those who are 12 to 15 to extend those eligible. I want to take this opportunity to let you know that our healthcare team with great leadership from our health system, our group are very close to being able to open our portal for our UT Southwestern community to register their children who are in that 12 to 15 age group. And we'll also make the same available for the children of our patients.

It's not yet open as you're listening to this on Wednesday morning, but it's our expectation that it will be open for registration of those 12 to 15 year olds by the end of today, Wednesday. So, much as I've encouraged you to take advantage of the access to vaccine for yourselves and for all of those around you, I would now encourage you though it's obviously a very individual decision for a parent to consider having your children, if they're in that age group, take advantage of this new access.

The other development, which is not yet actually settled is the anticipated full approval by the FDA of at least the Pfizer and we would expect the other vaccines as well. We don't know exactly when that will happen, but it's maybe within the next few weeks. I'm told likely by the end of June. I think with that at the very least, it's a stamp of approval in terms of having run the gauntlet of all of the scrutiny that these are safe and effective vaccines. And we'll obviously continue to follow that all very closely.

And with that, I'm going to turn to campus updates looking beyond COVID-19 and begin with a really great day on the campus last Saturday when on the McDermott Plaza with Mass, we graduated 210 new medical doctors from our medical school who will, of course, now be going on to their residency training. Many of them right here in our own programs, but others throughout the state of Texas and across the country. I want to thank the entire medical school student affairs team, including the deans, marshals and facility's teams who helped ensure last Saturday was a great event for the graduates, for their guests and for our institution.

I'm looking forward to another commencement event which will be held also on the McDermott Plaza on May 20th and that's for our graduate school. So we'll see approx 90 individuals receive their doctoral degree after their intense study these past several years. So two really important annual milestones and very satisfying that this year that they were in person where last year we had no choice but to make those virtual events.

A matter that I assume many of you are following in the media that has importance for us as citizens of Texas, but I'll say specifically for those of us in the UT Southwestern community for our institution is this Texas state legislature as it progresses in its work. It's now slightly less than three weeks from the conclusion of what is the 87th session. And so nothing is yet carved in stone, so to speak, but we remain optimistic that the priorities that we had going into the session will be supported by the final decisions of the legislature. That does include the formalization on an ongoing basis of a Research Operations Performance Formula.

That may sound a little obscure to many of you, but I will say that that would be a replacement for what has been an alternative mechanism for much of the funding that's come to UT Southwestern over the years called Special Items, which was always vulnerable from one session to the next for significant cuts. So that this research formula would provide more consistent and predictable funding based on how we as an institution perform for the state in our research operations. And as I say, I'm optimistic that that goal of having a sustained, predictable source of funding that also, if you will, rewards our community for its success and performing for the state of Texas will be approved by the end of the session.

Also encouraging is support in both the House and Senate of the legislature for the launch of a school of public health by the UT Southwestern. We are hopeful that even though we had not requested it, there's some interest in providing some seed funding which can just help accelerate launching that really important new chapter in UT Southwestern's history.

And finally, although not a UT Southwestern priority, but one for the community that UT Southwestern will take the lead on and one that we have been working over the past two sessions, so more than four years, it was great efforts by our Vice President for Government Relations, Angelica Marin Hill, it would be funding to construct and then of course operate a psychiatric hospital, the state psychiatric hospital for the incredible unmet need that we have here in Dallas and north Texas. Although nothing is settled, there is the... We have seen strong indications of the readiness to finally fund this really important need for this region.

Turning from the legislature, I realize it's been some time since I've made a comment about our various major capital projects. Of course, the Clements third tower was completed and not a moment too soon given that it enabled us to care for the surge of patients with COVID in the winter and now is allowing us to care for really new records of patients because of the increased capacity. Anybody on the campus will see the progress that's being made on the North Campus for the two towers there, the one for the brain research tower, the other the outpatient tower for the Simmons Comprehensive Cancer Center. Those are a little more than a year away from completion. They're just about dried in, meaning all of the exterior shell is complete.

And with that, it was to me a bit of a moment of mixed emotions when I saw the third or fourth of the tower cranes dismantled, which is the first time in 12 years we don't have a tower crane on the campus as we grow. But be assured it won't be for that long. Just last week, our regions gave final approval to proceed with construction of a biomedical engineering building on our East Campus. This is an exciting project for us that we're doing jointly with our colleagues at UT Dallas, bringing their bioengineering capability. This will provide a new home for our new department of biomedical engineering. And with that, we expect to break ground just later in the summer in the preparatory work for that new project.

Although it's not as obvious from the outside, tremendous amount of work is going on in the Aston Center to renovate that, to really make it a better environment, particularly for our patient care. Many of those being our clinics related to the Peter O'Donnell Brain Institute, but also supporting some of our clinical research activities. Essentially complete is our expanded radiation oncology facility. This is back on the East Campus. We reached the stage called substantial completion just within the last few days. That's in anticipation of the first patients being treated there about in several weeks with a progressive availability of the really fantastic technology for delivering cancer care to our patients that will become available over the course of the summer at that site.

And finally, not able to be seen from our home campus, work is progressing now at RedBird for our new medical center there. We did have some delay while we waited for the city permitting process to give us the go-ahead for the internal construction, but having received that go ahead earlier this month, we are now in full speed ahead for that facility, which will be complete in about a year and provide a whole range of specialty services and easy access for the communities of South Dallas.

I'll finish with this review of our various facilities and the investments that we're making for the future of our institution by touching on the decant, as we refer to it, of Bass. This is the relocation of all of the many departments in the Bass complex, 72 in all. And I know many of you are affected and we will be sure that we are providing regular updates as plans are finalized for the relocation across a number of sites. Given the scale and scope of all of the activities at Bass it's not been possible to find a single site to relocate them, but a number of sites, including our building on Brook River which is already housing many of our colleagues working in the health system support areas, but also the new Pegasus development on 35 at Trinity Towers, also just on the other side of 35, and for our psychiatry department and its activities facility up on Empire.

All of this is scheduled to be accomplished between the fourth quarter of 2021 and the first quarter of 2022, we will be, as I said, doing our best to keep you fully up to date as those are finalized, not only as to the relocation, which is in terms of where people will go, which is largely set, but then the actual events around the moves to those new sites. I encourage each of you to visit the My UT Southwestern intranet page and click on the Bass relocation banner to learn more, including a map of the new office and clinic spaces in buildings in this immediate vicinity of the campus, which I've described for you.

All of this is in anticipation that once we've gotten people safely and well settled into their new locations, to demolish those aging structures for the redevelopment of that part of campus, and I look forward to sharing the plans for that later in this calendar year. I think it's an exciting opportunity. I want to just conclude these comments about the past relocation efforts to thanking Juan Guerra, our VP for facilities and the entire facilities team for their efforts and stewardship of these projects, which total 2.9 million square feet of facilities under construction, 1.4 million square feet in various stages of renovation, and more than 500,000 square feet in planning or design. That's all in addition to the 14 million square feet of buildings that they maintain to allow us to carry on the work of the university.

I'm going to conclude with some reminders. I think they're important reminders. The first is that May is Asian Pacific American Heritage Month. Something that Congress officially designated first in 1992 to honor the contributions and achievement of Asian American and Pacific Islander Americans and the contributions they made to the United States as well as just to the world. On Wednesday, May 19th, so that's next Wednesday from noon to 1:00 PM the office of institutional equity and the Asian Pacific Islander BRG will host the inaugural Asian Pacific American Heritage Month celebration, featuring keynote speaker Anne Chow, who is CEO of AT&T Business.

I'd also like to take this opportunity to remind everyone that May is Mental Health Awareness Month. And I think this, thinking back on the last year and the stresses that it has placed really universally, it's especially salient for us to take note of the challenges of maintaining mental health and to remind you of the services that you have available to you to help support you and those around you. In collaboration with the benefits and wellness division, the employee assistance program, and the faculty

wellness, a number of resources have been created and are available. And I would just, again, refer you to the My UT Southwestern intranet to remind yourselves of what some of those resources are.

Finally, I want to congratulate all of our Spirit of Caring award winners. Now this new awards program was established to recognize the commitment to our frontline colleagues, certainly in the health system, but really across the entire institution who worked on campus throughout the COVID-19 pandemic to protect the health and safety of our community and our institution. We received more than 900 nominations of colleagues for these inaugural award. Of these 380 or so were selected and have been notified that they are being recognized and honored by their colleagues. These winners receive a certificate and \$150 thank you debit card, or not debit card, but a credit card as a thank you for their exceptional efforts. And I want to congratulate and thank each of you for your commitment to UT Southwestern.

Before I turn to Jenny Doren, let me conclude by noting that I will be holding another of these updates two weeks from now, but looking beyond that two weeks, it's my intention that we move to a monthly cadence as appropriate to the progress that's being made. Of course, if circumstances warrant more communications beyond that, we will address those. And I have no hesitation of returning to a more frequent update, but with the progress that we've made as I summarized this morning, I think that it makes sense for us to go to that monthly schedule. And I do expect as time goes by, much of it being spent, not so much on COVID, by all the other important things that are ongoing on our UT Southwestern campus and our activities actually away from the campus. So with that, I'm going to conclude this update and turn to Jenny Doren who's going to pose the questions that you forwarded.

Jenny Doren:

Good morning, Dr. Podolsky. And we always appreciate this opportunity to raise some of the questions. Many of us are following developments in India closely where the number of COVID-19 cases continues to climb to record highs while medical supplies remain in short supply. We've received a few questions regarding if and how UT Southwestern is providing aid. Are we offering any support?

Dr. Podolsky:

Well, first of all, I do recognize that we have many colleagues here on the UT Southwestern campus who have family and friends in India. And certainly in many other parts of the world, which at varying times have been severely impacted by COVID. But certainly it's heartbreaking to see the toll that the pandemic has taken in these recent weeks in India. And we certainly, our hearts go out to all of those communities that are affected and the people in India who are finding themselves as, at least reported in the media, in such desperate circumstances.

There are limits to what we as a state agency can do directly. You know, frankly, we are precluded from sending UT Southwestern resources directly to really any other organizations or locations as state property. That's just the legal requirements that we have, but we are looking for other ways to help and have reached out through our office of global health to partner hospitals in India, the Bangalore hospital and Medanta, which is just outside of Delhi to see how we can best support their efforts. We are aware of individual fundraising efforts on campus. And what we can do is help direct employees who are

interested to know how they can help to those resources, even if we are not able to undertake that fundraising directly as a state agency.

Specific contacts in the global health office, office of global health, rather, are Dr. Mary Chang, who's an assistant professor of emergency medicine or Erica Asante, who is a program manager of global health. Our licensed employee assistant program counselors are available to provide emotional support and counseling to employees and their household members who may be looking for someone to speak with, who may have been understandably distressed because of friends and family in India, or for that matter elsewhere, who are affected by the pandemic. There is, I'll remind you of 24-hour helpline operated by our EAP.

Jenny Doren:

Appreciate that information and that reminder. Our next question is another one we received multiple times since your last briefing. Will UT Southwestern require COVID-19 vaccination for employees?

Dr. Podolsky:

Well, I will say that we've not considered making that a requirement as long as the vaccines were only being deployed under emergency use authorization. I do think the landscape changes when, assuming it does happen, the vaccines will pull a full FDA approval. In that circumstance, we would review it, much as we review the requirement for flu vaccine during the flu season. I'll come back to that in a second. I will say that we have no decision on that, and it will be guided by directives from the governor. Currently, the governor has in place an executive order that precludes any state agency for requiring vaccination under the EUA or making a distinction in the services it provides based on vaccine status. We don't know whether the governor will maintain that same posture and executive order once vaccines are fully authorized. If he does, that will have to govern our approach to this. If he creates at least the option of making it a requirement, we will revisit it. We'll take input from our experts.

I think a significant issue will be the evolution of new guidelines for the masks, just to tie that in. Of course, when we have our requirement for the flu vaccine, the requirement is to take the vaccine or wear a mask. Well, right now, of course, masks are required, irrespective of whether you have a COVID-19 vaccine. We have seen reports that the CDC is reconsidering the guidelines for requiring masks indoors, depending on vaccine status. If it does, that will be a significant additional consideration, as to vaccine requirements aside, what our own masking policy might be. So that's an important issue that we're going to be following very closely.

And it's within that context we might consider, if the governor allows it, the possibility. So this is the state of where we are now. I want to emphasize there are no decisions being made by the campus, but whatever decisions will be made, they will be made to comply with outside requirements, take into account guidelines from experts at the CDC, and a very careful consideration by our own multidisciplinary expert group, who have helped advise myself and the leadership of the institution as we've made decisions all along the course of the pandemic.

Jenny Doren:

Well, thank you for that. With COVID-19 cases decreasing here locally and more patients returning to in-person visits, are we able to add more chairs to our waiting areas?

Dr. Podolsky:

So ambulatory services is working closely with the team involved with space planning to review the furniture in each of our clinical building. It's our intent to continue to ensure sufficient seating and patient comfort as our clinics are getting busier and busier, as I noted in my update. But at this time we are still endeavoring to be sure that we maintain social distancing as a matter of safety, in particular, not knowing, and as per my last answer, not requiring knowledge of the vaccine status of the patients coming to the clinics.

I would encourage clinics to reach out to ambulatory services if they have special needs or concerns, knowing that they will be in some instances unique, given the configuration and physical space in which various clinics operate. Just to round that out, of course, a patient and a visitor from the same household do not have to maintain physical distancing.

Jenny Doren:

We're just over the 30 minute mark, but I want to squeeze in one final question because we are getting this one a lot. With our phase three transition underway, many people are reaching out, asking if they can go ahead and plan annual events. And some of these involve 100 plus, even more, person gatherings. Will events have to stay virtual? What guidance do you have?

Dr. Podolsky:

I wish I could give definitive guidance on this. I think we can be hopeful as we look into the late fall and winter that we will be in a place where we will have moved beyond our current policies that would permit in-person larger scale events like that. I just don't think we know enough exactly where we're going to be. And so I think we're going to need to think through how we plan events, with contingencies depending on what the circumstances warrant. Right now, the current limits are 10 or fewer individuals while maintaining safe distancing. We are moving the end of this month to say it's really as large a number of people as a given space permits with physical distancing.

So for example, in our Gooch Auditorium, one could of course accommodate many more people than in the average conference room. But I do hope we will be at a point, if not later this summer, as I've said, later in the fall and the winter, where it will be possible to endorse in-person gatherings. So try to provide guidance as we get into the summer for those planning events, particularly looking towards the holiday season. Although of course there are many, many, I realize meetings between now and then that ideally we would want to be held in person. But I think at this time, our policies are, as I've just described, requiring you maintain the physical distance and indoors masking.

There's more optionality for larger gatherings, as was the case for our commencement exercise last Saturday, if they are outdoors. And so we'll be certainly providing guidance to the campus as things evolve in the next several weeks to few months.

Jenny Doren:

Thank you very much for your time.

Dr. Podolsky:

Thank you, Jenny.