

July 15, 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 session for the UT Southwestern community. As in each of the past briefings, I'll take about half the time we have together to provide an update on events over the past week and then turn to Jenny Doren, a Director in our communications office, who will pose questions that we've received from you since that last briefing.

I'll begin with a high-level view of the COVID-19 pandemic as it has evolved in the week since we last held this briefing and to say that within the last four to five or even six days, we have in fact seen some leveling off in the number of individuals requiring hospitalizations, even if the number of newly diagnosed test cases remain significant at 1,000 or more each day. While the leveling off of the number of patients in hospital is welcome news, I do note that there has been some evolution in the balance of the severity of patients who are requiring hospitalization, so that now generally in the area – and this is also true here at UT Southwestern – a slightly higher proportion of those who are hospitalized are requiring ICU level care.

Still, this remains within the capacity of the collective health systems of our region, who continue to work and collaborate and communicate closely on more than a weekly basis.

To give some of the specifics here on campus, as of yesterday morning at Clemens University Hospital, there were 51 patients being cared for. You may recall that a week ago, that number was in the low 60s. And at Parkland, we are caring for nearly 160 patients as of yesterday morning. That's about the same level, maybe slightly less than it was one week ago. As I've said, this is an experience that seems to be shared across the region.

Another thing that we have noted as things evolve from one week to the next is that we are seeing the average age of the patients requiring hospitalizations now going up. You may recall that I've commented that over the past few weeks, in contrast to the early weeks of the pandemic, we were seeing more patients who were in that 20 to 40 age bracket, as opposed to those 60 and older earlier. And while we haven't returned to quite where we were in those early weeks of the pandemic, we are now seeing that there is on average a slightly older group of patients who are being admitted for care in our hospitals.

Our modeling group continues to provide very valuable information and regular periodic updates. I had the opportunity to see the most recent update very late last night that – after its been appropriately modified to make it user friendly for our public website – should be posted within the next day or two.

That model does, first of all, acknowledge what I've shared already: the relative flattening over this past better part of a week in number of hospitalizations and some moderation, although modest, in the total number of new cases. And, for the first time in a few weeks, it suggests that we may even see over the course of the next few weeks the possibility of hospitalizations declining. That is to say, it's within the range of the possible projections over these next two weeks.

Some of the encouraging signs underneath that prediction has been the observed reduction and continued fall in the frequency with which people are going to nonessential retail locations, the more limited mobility in the sense of distance traveled, and also the apparent attention to maintaining distances, at least between cell phones. So to the extent that that all foreshadows what we can anticipate, we can hope that we will see the possibility of at least gradual decline in the increase in hospitalizations.

Of course, all of that presupposes that we're each doing our part to adhere to the directives to wear masks in public or in any space where you can't maintain an adequate physical distance, to maintain an adequate physical distance, and other measures – like the use of hand sanitizers – that we know are important in affecting the likelihood of transmission, should somebody be in contact or nearby somebody who is in fact infected. Also, we are hoping that we will yet see some further impact of the Governor's most recent executive orders, which closed bars, of course, and directed other moderations of where we were in terms of opening in Texas.

So with that, I want to turn to the very important topic of what's happening on the campus, a concern I know for everybody. I hope you are all aware, and I'll remind you that on a weekly basis we are posting the numbers of those who are employees of UT Southwestern who've been diagnosed with COVID-19 and then our best determination of how it is they acquired it.

As of the most recent update, which was last Friday – another will come on Friday this week – there were a cumulative 152 individuals, out of about 19,000 employees, who have been tested positive since the pandemic began. That's 31 over the week since the prior update to that number. Again, the great preponderance of these infections have been acquired in the community – that is to say 127 out of those 152 – with the remainder being exposures on the campus. And to be more specific, in four instances, it appears that an employee here at UT Southwestern in a nonclinical setting acquired the infection through a contact with another employee. That's four individuals, again, over the course of these months, 13 in a clinical setting during that same interval, and then eight individuals who were caring for a patient with known COVID, who were later tested positive with the presumption that that's where they acquired it.

So those numbers, I think, reflect the continuing compliance that we are all exhibiting with the kinds of interventions, which I've touched on already and I remind you every week are keeping us quite safe. That is not something that one can rest on past history. That's something we need to be continuing to do and in as rigorous a way each day. And so I look at each of you to not only comply, but be an example of that in protecting yourself and your community and ultimately the people who are close to you when you leave this campus. And I would also emphasize that attention to using masks, to keeping a physical distance, and the like is something that I would strongly urge all of you to be as equally attentive to when you are home and off the campus as keeping yourself safe and keeping our community safe.

Let me turn to an important topic that is directly relevant to the issue that I've just been discussing. And that is the procedures that our Occupational Health colleagues have in place to, in fact, be sure that when we do identify someone who is an employee at UT Southwestern as having been infected by COVID-19, the process that they follow in order to keep everyone safe. And I touched on this last week

as a kind of a redoubled effort by our Occupational Health now with a dedicated component to address COVID-19 issues while the other work of Occupational Health that is important to this campus at all times continues to go on.

So if we do become aware of an individual at UT Southwestern who is COVID-19 positive, even if the majority, as I've just discussed, are acquiring that off the campus, Occupational Health will identify all of those on the campus who may have been in contact with that individual, and they will be asked to take a test. And if the test is positive, obviously that individual will need to be quarantined at home and obviously get appropriate medical follow-up. If an individual's test is initially negative, but by Occupational Health's estimation the contact was sufficiently close so that person may be at high risk, they will also be required to maintain a self-quarantine.

In the meantime, Occupational Health will encourage everyone who is in that latter category – that is, has had a negative test – to be tested for a second time around day seven. And if there are negative results from tests at both day one or two and day seven, we can all be more confident that the virus is not spreading on campus, and that individual is certainly safe to return to their work on the campus.

Although privacy regulations preclude us from disclosing the identity of a given individual, we do inform supervisors of a given area where there has been somebody diagnosed with COVID-19, that in fact there has been an infection and that there will be appropriate follow-up by Occupational Health to ensure those who need to be tested are tested.

So with that, let me spend just a couple of minutes on some non-COVID-19 related matters before we turn to your questions.

First, I will make sure that you're all aware that as of the 15th of July, we have our annual open enrollment for our fiscal year '21 benefits, benefits which will start on Sept. 1. That enrollment period goes until the end of the month, July 31. As I mentioned in past briefings, I'm pleased to be able to say that there are no changes in the premium rates for the benefit year, and employee-only health coverage will continue to be at no cost for full-time employees who select either the UT SELECT or the UT CONNECT medical plans.

Also as I noted last week, we're very pleased by the response rate to the employee engagement survey, and I will be sending out an overall summary of the responses either later today or tomorrow. My letter will be followed by other communications from our HR functions to supervisors and to employees. Please look to that communication as we try to learn from you how we can make UT Southwestern a better place for all of us to work.

I also want to remind you of the opportunity to nominate a faculty and teams for our Leaders in Clinical Excellence Awards for 2020. I hope you all take the opportunity to recognize some of the great care being delivered by our physicians and teams and take the opportunity that these Clinical Excellence Awards provide to celebrate that care.

I also am pleased to acknowledge the activities of our Employee Advisory Council, which I had the pleasure of meeting with last week, and I take this opportunity to make you aware of a special blood drive that the EAC is sponsoring that's going to be held from 10 to 3 p.m. today. The EAC is sponsoring this activity to help meet the critical needs for blood, and if you wish to participate, please check the COVID-19 website for information about locations and how you can make an appointment.

And finally, before some concluding comments, I'm happy to say that I'm looking forward to celebrating Employee Recognition Week in August this year. You will all appreciate this is later than our usual practice when it would have been in May, but in the midst of COVID-19, we felt it was prudent to delay, but with all things considered, we don't want more time to go by without really recognizing the outstanding work of employees and particularly those who will be joining the Quarter Century Club, having worked at UT Southwestern for 25 years, or celebrating a milestone anniversary at UT Southwestern. As part of that, I am personally looking forward to a small lunch with appropriate physical distancing with several of our colleagues who are celebrating 40 and 45 years of service here at UT Southwestern.

So I want to conclude with essentially comments that I shared with the Employee Advisory Council, who I met with, as I mentioned a moment ago, and that is just how proud I am of what I've seen over the past 4 ½ months as the UT Southwestern community has adapted to the challenges of COVID-19 and has kept UT Southwestern moving forward, delivering on our mission to all of our stakeholders. I will tell you, our patient satisfaction scores have never been higher and our patient outcomes remain at the very top. Our learners are now back on campus, including hundreds of new residents who joined us on July 1, and our research is flourishing with over 180 research projects related to COVID-19. So I thank you all for your continued commitment and accomplishments, and now I'm going to turn things over to Jenny to pose the questions that you forwarded to us. Jenny?

Jenny Doren:

Well good morning, Dr. Podolsky. I always appreciate this opportunity to join you. So the vast majority of our questions over the past month – we're talking 25 percent – focus on remote work and our different phases of operation. So I have a two-part question for you: Given the decision to remain in phase two, may employees continue to work remote? Is there some sort of threshold that will determine returning to phase one, and if so, will it affect the entire campus as a whole?

Dr. Podolsky:

Well, I appreciate those questions are on most, if not everybody's mind. First of all, for those who may not have listened in last week, as I mentioned at our July 8 briefing, we have made the decision to continue at our current stage of operations, phase two, at least through Labor Day. In the meantime, we will continue to monitor and, if circumstances warrant, consider pulling back on some of our operations to our stage at phase one.

We do not have a plan to do that presently, but we have established criteria which we're using as a guide – not as a strict rule, but as a guide – to making those decisions as to whether circumstances would make us less confident than we are now about the safety of the campus. And those factors include, with respect to the campus, the ability of our Occupational Health to adequately follow up on

any individual who is identified so that we can ringfence that in the manner that I've described during the course of my update. Also, a consideration is the sufficiency of our supply of PPE and the overall level in terms of the numbers of patients being cared for with COVID-19 in our facilities.

And by all of those benchmarks, we remained within the, if you will, safe harbor of staying at our phase two. But if those should change, and also if there are significant inflection points in the course of the pandemic outside our campus, we would certainly reconsider that. In the meantime, yes, individuals who are working on a remote basis are able to continue in that mode of working.

So in that context, I do want to also let the campus know, given the experience that we have had now over these months and seeing what work can be done remotely, albeit in extraordinary circumstances, that we are undertaking a comprehensive review of our remote work policies and programs and hope to arrive at what is, in our best judgment, an appropriate adjustment of those on an ongoing basis in the months ahead. I want to be sure that we do that in a very thoughtful and careful way, reflecting the great diversity of work that goes on in this campus and work environments.

Jenny Doren:

Certainly. Well thank you for that. While you talk about some leveling happening this week, last week, we did see the number of COVID cases reach an inflection point. So the question arose, how many ICU beds do we have available for COVID-19 patients?

Dr. Podolsky:

So without in any way wanting to sidestep the question, I should note that there's actually a fair amount of elasticity to the number of ICU beds that we can make available as needed, because in designing Clements University Hospital, it was designed to create the ability to convert many patient care floors that in normal circumstances are used for non-ICU care to ICU-level care. And so I would just say, as a working definition, we remain well within the capacity of our ICU facilities to care for certainly the patients that we're seeing now and a significant increase should we need to do that.

Jenny Doren:

We're certainly very lucky to have such a new hospital too. So during one of our recent Q&As, we talked briefly about how buildings are ventilated, which prompted more questions about minimizing the spread of the virus. Are all the buildings on campus ventilated with external air, or is there recirculation? And if there is recirculation, is it HEPA filtered?

Dr. Podolsky:

I'm going to, in responding to that question, give a couple of highlights, and then I'm going to be sure that we post on our website the kind of detailed nitty-gritty that some may want to know more about from our Facilities, led by Juan Guerra. The HVAC systems in all our campus buildings, first of all, are being closely monitored on a regular basis for proper operations. And we do that as a standing process, COVID-19 or no COVID-19.

Actually, the great majority of campus buildings are ventilated using 100 percent outside air. There are a few, which are predominantly administrative spaces, that are ventilated using about 20 percent return air. And as I'm sitting here, I can't give you the formal list of those latter, it's, as I say, a minority of the buildings.

All campus buildings are equipped with pre-filters as well as secondary filters that are on a scheduled maintenance and replacement cycle. And here, I'm going to demur on the specifics of the filters but to say they include MERV 11 and MERV 15 filters with a high degree of efficiency and ability to filter at the 0.3 to 1.0 micron size particles. Which is to say, highly efficient in really being able to screen out the variety of potential infectious agents, not only including a virus like a COVID-19, but also fungi and bacteria. And all these, as I hope everybody would appreciate, are always at least at code requirements, and we continue to monitor those as those may change along with CDC recommendations.

Jenny Doren:

And as you pointed out, we will post more information, the full answer to all of this reading material later today. Our next question recently reached the Faculty Senate regarding imminent changes to COVID-related accommodations for federally sponsored research. Is there any information you can share with investigators across campus who understandably are feeling anxious?

Dr. Podolsky:

I unfortunately don't have the information to share at this moment, but our Sponsored Programs Administration office, SPA, will be releasing guidelines later this week – so just in the next couple of days – regarding how investigators should interpret and respond to changes in grant funding brought on by the COVID-19 pandemic. Please continue to monitor your email for these guidelines, and do reach out to the SPA office if you do have questions.

Jenny Doren:

Thank you. Now to a clinical care question: Have there been any studies to support the claim that patients coming from the COVID unit who are now 72 hours fever free are no longer a health risk to others? What recommendations are we following regarding precautions and PPE?

Dr. Podolsky:

So as discussed in the Health System News Roundup communication – and I mention that so that those who may want to follow up on my response can go and follow up in reviewing that – which was on Friday, July 10, the guidance for removing transmission-based precautions for COVID-19 positive patients is 10 days from diagnosis and three days fever free and three days with progressive improvement in respiratory symptoms. The data behind this approach is based on studies that demonstrate the inability to culture out any virus after eight days of infection. We do know that there are some individuals who may continue to have a positive PCR after that date, but that is not reflective of intact and infectious viral particles or viral shedding.

There is one exception to those guidelines, and that is for patients who are immunosuppressed, who may not clear the virus for the reasons of that immunosuppression in the way that immuno intact

patients would. And for those, we are using a 28-day duration to be sure that we do have a safe interval before others may be exposed. Standard PPE when caring for any patient now, regardless of COVID-19 infection status – which includes eye protection and a face mask and requires that if there is a chance of exposure to blood and or other body fluids, a gown and gloves should be used – should protect everybody in any case. And again, I would emphasize that the very small number of individuals who we have found as having gotten infected by exposure in the clinical setting speaks to the efficacy of those measures using PPE.

Jenny Doren:

And as you mentioned, a lot of this information is available on our Health System Portal. Shifting now to parking, we are hearing from multiple people confused as to why they were charged for parking this month after contacting Parking Services to cancel it. Can they get a refund?

Dr. Podolsky:

Well, to acknowledge it, not everything works perfectly all the time. All employees who canceled parking by the June 22 5 p.m. deadline should not have been charged for parking on their July 1 paycheck. Unfortunately, we have come to learn that there have been at least several individuals who were incorrectly charged for parking. If you are identified as someone who should not have been charged for parking for July, Parking Services will refund those charges to you as a credit on your Aug. 1 paycheck. As a reminder, anyone is welcome to cancel their parking at any time. If you are not returning to campus and wish to cancel your parking, you may return your permit online. The permit return can be done through the parking portal on Parking Services' website. You need a VPN for that.

Jenny Doren:

All right. So Dr. Podolsky, as we learn more about how COVID-19 spreads, do we have any insights into how our employees who contracted the virus in the community got it? For example, family get-together, outdoor event, grocery shopping?

Dr. Podolsky:

Well, with the degree of transmission that's now occurring out in the community here in the greater DFW area, it's really difficult to pinpoint exactly in what setting the exposure occurred. Of course, as I've touched on a couple of times already in this briefing, when we identify somebody on campus, it's our Occupational Health who undertakes that contact tracing process. For someone who is an individual who acquired it in the community, the contract tracing is really in the domain of the county health system, who are being helped by some electronic tracking assistance by Parkland. Initial trends, having said all that, show that many exposures have been due to large gatherings and parties with an additional increase in cases in athletic teams and day care/child care facilities. So that's reflecting what's happening out in the community more broadly.

Jenny Doren:

Right. Well I would like to end, as I often do, sharing some positive feedback, because we do get a lot of people who write us and ask for us to share their compliments with you. So one person did say, “I don’t have a question but want to compliment and thank Dr. Podolsky and our leaders for their handling of the COVID-19 situation at UTSW. Compared with many other academic institutions across the country, we are indeed fortunate to have such supportive, thoughtful, and effective leaders.” So thank you.

Dr. Podolsky:

I appreciate the comment and the sentiment, but really this is a reflection of the whole UT Southwestern community, which each of us who may have some leadership roles are a part. But it is every single person’s contribution that has made it possible for UT Southwestern to remain safe, to be here for our patients, and to be a real source of help to our community. So I thank all of you.