

# September 30, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. I'm pleased to welcome you to this biweekly briefing for the UT Southwestern community. On this last day of September, I hope you're all enjoying the cooler fall weather. And in this morning's briefing, I will plan, as in past briefings, to spend about half of our time together, providing an update on COVID-related matters and other general activities on the campus. And then the remaining of the time, I will turn to Jenny Doren, a director in our communications office who will pose the questions that you have submitted ahead of this morning.

So turning to COVID-19, I think the past two weeks here in North Texas have seen a relatively steady pattern of new cases of COVID-19 and patients requiring hospitalization. Having said that, I think there are signs that are emerging of a growing, if slight increase, in the pace of those new diagnoses and the anticipation of an increase in hospitalizations that follow. Earlier this morning, I had the opportunity to see the most recent update from our UT Southwestern modeling group. That update, as in past, will be posted publicly on our website in another day or two.

And while the past two weeks has, as I have said already, have been relatively flat, the projections from the group do indicate an almost certain increase in the number of cases in both Dallas and Tarrant County. I will say the increases in Tarrant County are especially notable. And along with that modeling prediction, the calculation of the  $R_t$  value, which as all will know by now, is an important barometer as to whether the pandemic is on a path to expand or to diminish, is showing that in the last several days, it has been significantly above one. What are all the factors are contributing to that unwanted pattern, I think, remain to be seen. Certainly, early element would have been the expanding return to in-person instruction on countless campuses. But it also is ahead of what we know we'll be seeing in the next days and weeks is expanded in-person instruction in our public schools.

That, together with other events like the coming Major League Baseball activities here in our region, I should think would be concern for all of us. And I think only underscores that, as much as we have been on a relatively steady state for a number of weeks, there is no room for complacency or to relax our guard in maintaining physical distancing, wearing masks and all the other nonpharmacologic interventions, which have been essential to this relative stability that we have, in a sense, enjoyed these last several weeks.

To get to specific numbers on the campus, as of yesterday afternoon, we were caring for 17 inpatients at Clements with COVID-19 and that number has been pretty much within the high teens to very low twenties now for a number of weeks. Similarly, at Parkland, the number of patients we are caring for there, has been in the low forties, specifically 45 as of yesterday. Another factor, which is also suggestive that all of that stability may be fragile, is the rate of positivity for COVID-19 testing at Dallas and Tarrant County hospitals. Still at a notably lower level than it was back in June and July, it nonetheless for the first time in a number of weeks has taken a slight uptick in this last week. So all the signs are suggesting

that we collectively as a community, and that certainly includes the community of UT Southwestern, needs to continue to stay laser-focused on what we can do to limit the transmission of COVID-19.

Now, on the topic of transmission here on the campus, I'm very glad to be able to say that this last two weeks has not seen a known instance of transmission, either from employee to employee or from patient to employee. So that since the beginning of March, when the pandemic arrived in North Texas, the sum total of the number of UT Southwestern community members who have been diagnosed is at 306, of which 271, or the vast majority, from community exposures. Indeed, now, it's been about six weeks since we've seen an on-campus transmission.

Notwithstanding that, seeing the concerning signs that I've already shared about the possibility of another increase over the weeks ahead and coming on the, if not the cusp, coming at the same time as we are about to enter into the flu season. We have made the decision on the recommendation of our EOC to add another layer of protection to the campus by the deployment of a UT Southwestern app called UT Southwestern Protect, UTSW Protect, which you should have received information about in the form of emails and notices from the campus updates over this past week. It will be officially deployed tomorrow, Oct. 1st. This is an added safeguard for the entire UT Southwestern community. Using UT Southwestern Protect to monitor for COVID-19 symptoms and consider any possible exposures, is a quick but important daily action we can take to redouble our efforts and keep each other safe.

So, each of us, beginning tomorrow, will be required to complete a COVID-19 screening prior to starting our workday or other activities on the campus. The UTSW Protect screening can be submitted online, or by calling (214) 645-5100. The screening process itself should take approximately 20 seconds and certainly less than 30 seconds. If you are working in a clinical facility here on the campus, you will continue to be screened at the entrances when you start your shift, as has been the case now for the last number of months.

A tip sheet and answers to frequently asked questions about this new requirement are posted online and a virtual Q&A session will also be available beginning Oct. 1st and continue through Oct. 7th. If you have additional questions, please contact the UTSW Protect team at [utswprotect@utsouthwestern.edu](mailto:utswprotect@utsouthwestern.edu). I thought I would also take a moment to make sure that the full campus is aware of just the robust research activity that is now being focused on COVID-19. And I think we can all be immensely proud of the UT Southwestern research community, as it has risen to the challenge to better understand the underlying mechanisms of COVID-19 infection and the illness that results, as well as approaches to better prevention and treatment. At this juncture, there are more than 220 COVID-related research projects underway at UT Southwestern and the progress in those studies have already resulted in nearly 170 publications in peer-reviewed journals and generated \$7 million in grant support to advance that work. One of the notable engines for that progress has been the establishment of a patient registry, which brings together the experience that we have gathered from the care of patients with COVID-19 at Clements University Hospital, at Parkland, at Children, at the THR hospitals. And that data registry now encompasses nearly 18,000 patients with nearly 3 million data points from which 35 research teams are extracting new insights into what have been the most effective ways of caring for our patients with COVID-19. So I think an impressive effort by our UT Southwestern colleagues and one that really

advances the mission of UT Southwestern, which is to improve the health, in this case, of those affected by COVID-19.

So having touched on matters related to COVID-19, let me turn to other important activities on the campus. I mentioned in our past briefing, our plan to initiate and update of our Six-Year Strategic Plan. This is an effort we undertake every two years to be looking at least six years ahead, as we prioritize our efforts and our resources and that effort has now been actually launched with the inaugural meeting of its steering committee being led by Drs. Deb (**Diercks?**) Dirks and Dwayne Tealy. It comprises 12 subcommittees that really will look at every dimension of UT Southwestern's activities, ranging from the advancing infrastructure to support our research, to clinical transformation, to physical facilities, and technology infrastructure.

In this update, I have also asked each subcommittee to consider their area of responsibility with two important additional dimensions. One, to really stop and consider what will be the long-term impact of COVID-19 and in what ways can we be working in different ways than we have historically to really benefit the institution as a whole and advancing that mission? And the second is to really take this opportunity to look in every aspect of what we do to find where there may be opportunities to enhance our commitment to equity, diversity, and inclusion on the committee.

And in that vein, we've also established, for the first time, a subcommittee which will look specifically at that broad, important area in a comprehensive way across the campus. And I look forward to sharing the results of that when the process concludes, hopefully before the end of this calendar year and when we have the final report that pulls together the wisdom of the 200 or so people who are directly involved, representing all aspects of the campus, we will be posting that on the intranet site so that the entire campus community can have a clear understanding of the directions ahead for us.

Let me turn now to another topic that I know will be important to many and I hope, actually most, if not all, in the course of time. And that is a new feature that we have put into our electronic medical record called Break The Glass. In addition to your health and safety, UT Southwestern is committed to protecting the privacy of your personal medical information if you give us the privilege of your trust for your medical care, because we recognize that many of you are not only our employees, but our patients too.

While medical records were already highly secure, we have added an additional layer of protection for employees' patient medical records with Monday's launch of Break The Glass. This is a highly reliable added security measure designed to help ensure that only health system employees with authorized reasons can access a patient's medical record. And I want to especially thank Abby Jackson, the UT Southwestern HIPAA officer and Natalie Ramello, our Vice President of Institution Compliance and the entire Break The Glass team for ensuring the successful implementation of this extra privacy protection.

A topic I touched on in the last briefing remains one that should be among the things that are front of mind, and that is the coming flu season. And I'm very pleased to have heard, as of yesterday, that more than 2,500 members of the UT Southwestern community have already received their vaccination ahead of what would be our typical launch on Oct. 1st. And I would encourage each and every one of you to be sure that you arrange to have that vaccination. Scheduling is easy and the feedback from those who have been vaccinated and my own personal experience would suggest that it's a very positive

experience as an important way of protecting your health and they offer those around there. And I want to thank the Occupational Health team who've been working so hard in the context of COVID for the additional work they have done to, once again, ready us for the flu season.

And speaking of that, I encourage you to watch a recent What To Know episode hosted by Dr. John Warner, our Executive Vice President for Health System Affairs, who discusses navigating the flu season during the pandemic with two of our infectious disease experts, Dr. Julie Trivedi and Paul Sue. And also in a recent episode, we hear from a patient on our COVID recover program, a really terrific program for those whose recovery from COVID infection has lingered, which is being led by our physical medicine rehabilitation team.

Fall is in any case, in any year, actually a busy season for many different reasons, but I want to highlight a couple of those which continue to be, I think, important things for us to look forward to in the next month or so, notwithstanding the circumstances of pandemic. And the first is to make everyone aware that a Diversity Week and National Hispanic Heritage Month. National Hispanic Heritage Month continues from Sept. 15th through Oct. 15th and celebrates and honors the cultures and contributions of both Hispanic and Latino Americans. Our Hispanic/Latino Business Research Group has worked hard to create opportunities and experiences to help each of us recognize this heritage month at UT Southwestern, even in the midst of the pandemic and that BRG has several virtual events planned, including two different speed trivia sessions, a session with Layla Cooper from our employee assistant program, entitled Understanding Mental Health and Depression Impacts on Hispanic Latino Communities, and a fireside chat with Ruben Esquivel, our VP for Community Relations, as he shares his journey to America and the challenges and opportunities he faced. You can learn more about each of these events on my UT Southwestern intranet page.

And our second major celebration this month is diversity week. Our BRG groups have planned a daily webinar, and I encourage all of you to attend. Monday's webinar is a tribute to Justice Ruth Bader Ginsburg and a look at how she transformed gender equality and interpretation of the law. More information about topics and registering will be sent out in our campus updates. I hope you'll all join me in making time for these opportunities to celebrate and appreciate the rich diversity of experiences and backgrounds at UT Southwestern, a vital source of our communal strength.

In relationship to diversity, I'm very pleased to share with you a piece of good news that we received last week. For a second year in a row, UT Southwestern was named a top health professional institution for diversity by *INSIGHT Into Diversity*. We have been awarded a health professions HEED H-E-E-D, which is an acronym for Higher Education Excellence and Diversity. This award is given for making our commitment to diversity and inclusion a top priority across our campus. *INSIGHT Into Diversity*, you may be interested to know, is the oldest and largest diversity journal and website in higher education today.

I'll wrap up these comments by thanking everybody on the campus, as we have now gotten on the other side of the summer and while coping with a pandemic, really redoubling our efforts to advance our commitment to improving the health of every individual, and our commitment to a healthy society so everybody fulfills their full potential. And I know that is only possible through the efforts across the entirety of the campus, whether that's in our laboratories, our classrooms, our clinics, our hospitals, and in all the other areas that support those efforts, but often not seen, as they happen in the background,

and yet are so vital. And so with that, I am going to conclude this update and turn to Jenny Doren for your questions.

Jenny Doren:

Good morning, Dr. Podolsky. If the number of COVID-19 cases stays flat or better yet declines, what more would need to happen for the institution to have confidence that it is safe to rethink our masking, our NPI policies, for nonclinical employees? To be more blunt, can we expect to be wearing masks indefinitely?

Dr. Podolsky:

Well, I will answer a blunt question with a blunt answer. Yes, I think we all need to be prepared for the necessity of wearing masks indefinitely, but not forever. I think that any reasonable assessment of our circumstance and our capabilities, and the we in that sense is, we broadly as a community, and as a country, will understand that COVID-19 is among us and will be there as a continuing threat to health until we're able to get to the point where there's sufficient immunity, that transmission no longer continues to be a risk.

And it does not seem plausible, at least to me, that that will become a reality until we have an effective vaccine and it's been deployed to the point where there is that broad protection. And given that, staying safe will continue to require many of the interventions that we are currently using to operate safely as a campus. As I hope everybody on the campus is aware, we are committed to remaining in this phase two of operations through the end of the year. At that point, if things are going well, we will consider the possibility of expanding operations in some fashion, but I do not realistically see that that will be possible without continuing to use the only tools that we really have had available, such as masking and maintaining physical distancing.

Jenny Doren:

And I think given the RT value that you just went over, obviously the risk is still very much there. I appreciate your answer. As we continue our efforts to reduce the spread of disease, why are we not testing visitors of patients for COVID-19?

Dr. Podolsky:

So, first of all, visitors, and I'm talking primarily at our clinical facilities, which I think was the thrust of the question, visitors are screened at the door through a questionnaire. They're asked if they are symptomatic, if they have been exposed to someone with COVID-19, and soon, we will begin asking if they have previously been diagnosed with COVID-19.

We do not have tests that are reliable enough to use to screen on the spot. And there can be false reassurance in a person having a negative test that was completed several days prior to coming to the hospital. So as a practical matter, the tool we have to still allow at a very limited number of individuals, visitors, is still one per patient, is the screening as they're entering the facility.

For the safety of everyone, the expectation is that visitors will wear their masks at all times, once in the facility, even when they're in the room with their family members, who they may be visiting. And with all staff and employees wearing their mask and eye protection, we believe we have a practice which minimizes the chance of any potential exposure.

Jenny Doren:

Given the importance of eye protection and masking in preventing the spread of the virus, do we know if sweat droplets can carry the virus?

Dr. Podolsky:

So the understanding of where SARS-CoV-2, the virus behind COVID-19, can be detected and its relative infectiousness, continues to be an area of evolving knowledge, and no doubt there will be new data coming in weeks and months, if not days ahead. To date, the virus has been isolated in several bodily fluids, but transmission has only been documented by contact with respiratory secretion. So we are specifically unaware of any data demonstrating the virus in sweat. A recent study suggested the virus may be able to replicate in the brain and eye, but more definitive data is needed.

Jenny Doren:

So this next question we spoke about much earlier in the pandemic. This is a bit of a follow-up question. Is there any guidance from our infectious diseases experts about using portable HEPA air filtration systems in older buildings or clinical areas?

Dr. Podolsky:

So, because it has been a while since this question has been discussed, let me provide as thorough an answer as I can. Our infection prevention team has performed walkthroughs of all ambulatory clinical areas on and off campus. If your clinic has not been evaluated by some oversight, and we're not aware of any by definition, please check in with infection prevention and ambulatory leadership so that we can ensure that there is a site visit. In that site visit, infection prevention makes a recommendation about whether a HEPA filter would be beneficial if there was concern about suboptimal ventilation, especially in the context of close contact with patients in a small space. As I noted the last time, this question came up and it was many weeks ago, the HVAC systems in all our campus buildings are being closely monitored on a regular basis for proper operation. The majority of campus buildings are ventilated using a 100 percent outside air and only a small number and those are primarily administrative spaces are ventilated using a mix of outside air and return air.

All campus buildings are equipped with pre-filters as well as secondary filters. They are on a scheduled and maintenance replacement cycle. With that, our facilities team, led by Juan Guerra, as well as infection prevention providing guidance, we are able to provide the safe environment that, in every sense for those working at UT Southwestern. With specific reference to COVID-19, coming back to the relatively small number of cases in which there has been apparent transmission on the campus, none of them can be seen to be an, a failure from our air filtration capabilities.

Jenny Doren:

That's good information. You spoke earlier about the flu, the importance of getting vaccinated. As we prepare for flu season, will UT Southwestern consider mandatory remote work for eligible employees to perhaps prevent an outbreak of flu cases?

Dr. Podolsky:

I am going to provide some context here, which I hope will not be misinterpreted to suggest that anybody should let down their guard. We have some reason to be hopeful. Based on what has been seen in the Southern Hemisphere, that doing what we are doing to prevent COVID, wearing our masks, being careful about maintaining our distance. In conjunction with flu vaccination itself will lead us to a much more moderate flu season than we've experienced in some years. The experience in South America has shown that, in South America, but in the Southern Hemisphere more broadly, many fewer instances of flu in this past season than in past years. The reason we point to the Southern Hemisphere is of course, our summer is their winter, and therefore they experienced the flu season ahead of what we experience in the Northern Hemisphere. Certainly, that means the United States.

We have every reason to believe that we can see the same experience if we, too, continue to maintain those interventions that we need to, to prevent COVID and really have an effective flu vaccine campaign. We really expect that we will continue to be in this current state of phase two operations, as I've touched on just a few moments ago, through January and do not anticipate that the overlay of whatever amount of flu infections that we see in our region on top of COVID will itself require a change in that policy. Having said that, our EOC continues to meet weekly and we will continue to reassess should circumstances surprise us and warrant a reconsideration of any of those policies.

Jenny Doren:

Shifting gears for a moment, there was a presidential debate last night. With the upcoming election fast approaching, will there be on campus early voting and if so, where?

Dr. Podolsky:

Well, I would say having watched it briefly, it was a pretty liberal use of the term debate, if we're calling it that. That aside and not pointing to any, either of the participants, I appreciate the question and the interest in the upcoming election, as we all have our responsibilities as citizens. However, UT Southwestern is not an approved county voting location, and indeed we're not allowed to be as a Texas state institution. However, Election Day on Tuesday, Nov. 3rd is nearly upon us. Well, or at least not that far off, and it's easy to register to vote, and you can do that on campus.

For those who have not yet registered, you can pick up a voter registration card at university stores and campus food courts and mail it in, no stamp needed, by Oct. 5th. For those in Dallas County, you can vote at any polling place station. Take your driver's license with you as you may not receive a voter ID card before election day. I'll remind you the early voting period runs from Oct. 13th, a Tuesday, to Oct. 30th, a Friday. You can get the details including mail and voting requests and early voting information at [voteTexas.gov](http://voteTexas.gov).

Jenny Doren:

Let me wrap with one final question. We have heard from a lot of our employees who appreciate the depth of information provided by you during these briefings to the UT Southwestern community. The question is, can they share this information and links to the briefings with their friends and families?

Dr. Podolsky:

Well, I appreciate the question. While these briefings are intended and designed for updating our UT Southwestern community. I certainly would hope that any member of UT Southwestern community would feel free to share our communications and COVID-19 websites with their networks and family. We also have informative What To Know weekly videos, medical blogs, social media postings, and other informational videos that provide high value. I would put those comments in the context that I do think that we, as an institution, collectively have a responsibility to be a source of information that helps the broader community certainly of North Texas as everybody is finding their way through this pandemic. If sharing this information might be helpful to those you know, I would encourage you to do so.

Jenny Doren:

Thank you.

Dr. Podolsky:

Thank you, and have a safe week.