

Aug. 5, 2020, Weekly Briefing Transcript

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and once again, I'm pleased to welcome you to this weekly briefing for the UT Southwestern community. As in past weeks, I'll take about half the time we have together this morning to provide an update of developments since our briefing last Wednesday and then turn to your questions which will be posed by Jenny Doren from our communications group.

I'd like to begin by thanking all of you who submitted nominations for our 2020 Leaders in Clinical Excellence Awards. All told, 170 nominations I think in itself speaks volumes in terms of the great work going on on the campus. Now our Faculty Awards Committee has their work cut out for them to look through and assess all of those nominations to identify those who will be honored this year in the various categories. And I look forward to sharing those awardees with you after the Faculty Awards Committee has made their recommendations.

Turning to the topic of the year, COVID-19, I'm pleased to report that both here on the campus and within the region more broadly we do appear to be in the midst of a moderating and even a slightly declining trend of COVID cases and hospitalizations. Having said that, I have to underscore how essential it is that we remain as vigilant in complying with the nonpharmacologic behaviors such as physical distancing, masking, and hand hygiene because that moderating effect, without question, reflects the greater discipline we've had as a community over these past few weeks.

Seeing a most recent update completed by our terrific UT Southwestern modeling group late last night – and that update will be posted publicly after some refinement to make it more user-friendly in the next day or two – I see that we can anticipate a continued path of flat to declining numbers of patients requiring hospitalizations, numbers of patients requiring ICU care, and the overall rate of positivity of those who are being tested in hospitals for COVID-19. In fact, over the past week, the percentage who have tested positive has declined further, having been a few weeks ago in the very high 20s and bumping up on 30 percent of those being tested and declining to 22 percent when we had our briefing last week. In this week now, I can report it's at approximately 19 percent. A very encouraging sign, at least encouraging to me, is seeing in this recent update from our modeling group, at least in looking back over the past two weeks, the R_t – that is the measure of just how the infectivity rate, as it were, of individuals who've been diagnosed with COVID-19 – has declined to be below 1 in both Dallas and Tarrant County.

Of course, as I'm sure everybody now appreciates as we've followed this R_t now for months, an R_t value below 1 means the overall scope and scale of the pandemic in terms of numbers of infections is on the decline. We know though from this experience over those months that that is not a fixed number and it reflects our behavior. If we become less observant of that need for physical distancing and the use of masks, sure as night follows day, we know the R_t value will increase and we'll be back in the circumstance which we certainly want to do everything we can to avoid of an expanding pandemic and the potential stress that puts on all of our health care systems and more importantly – and most importantly – the human toll that will take.

In terms of the census here on campus, as I already alluded to, it has been largely stable, remaining in the mid-40s for this last week at Clements University Hospital. As of yesterday afternoon, there were 46 COVID-positive patients in Clements. I'm sad to say that among those were some of our own colleagues from UT Southwestern who had acquired the infection in the community, including one of our colleagues who sadly passed away over this weekend. Just to remind us all that this pandemic is not some far away thing, but lives right here in our community. And I extend my condolences to the family, and also the colleagues and friends of that colleague who was lost.

At Parkland, the numbers of patients have declined since last Wednesday. At that time, I reported that there were about 127 patients at Parkland. As of yesterday afternoon – 97 patients. I think this is the first time in several weeks, actually, that the number of patients that have required hospital care at Parkland for COVID-19 has been beneath that 100 mark. And so again, a reflection of what we're seeing in the region as we continue to be attentive to the things we can do to control the spread of COVID-19.

As in past weeks, I am going to share what we know about additional colleagues here at UT Southwestern who have tested positive for COVID-19. As of the most recent update, which was Friday, and a new update will come on Friday this week, there had been 17 new cases over the campus in the preceding week, all of them acquired in the community. In tracking the cumulative total since the pandemic began, 224 members of the UT Southwestern community have tested positive. To put that in some perspective, that's a 10th of 1 percent. Of those 224, 190 of those infections were from community exposures. Eight from exposures to a fellow employee in a nonclinical area, 14 from exposure to a fellow employee in a clinical area, and in 12 instances, it was due to exposure to a patient we were caring for who had been diagnosed with COVID-19.

With that update on the COVID-19 related matters, let me turn to some other important developments here on the campus. On Monday, I had the great pleasure of welcoming the Medical School Class of 2024 as they have arrived to begin their medical studies. I know like past classes, it's an incredibly talented, accomplished group and a diverse group that I think we can all take great pride in and know that they, in following the steps of previous classes, will eventually join the ranks of outstanding health care providers to care for the people of this community or wherever they eventually pursue their careers.

Naturally, this year for them will be somewhat different than those of previous incoming Medical School classes. But I really congratulate all the terrific work being done out of the Dean's Office to be sure that our students nonetheless will get an outstanding foundation for their careers in medicine. This will include the use of our Simulation Center for instruction as an especially important linchpin in ensuring that they are able to get the curricular substance that they need in a very safe environment. And so I want to also thank the creative planning and faculty generosity that has at the same time ensured that all of our third- and fourth-year medical students and students from the School of Health Professions are set with their clinical rotations. So notwithstanding the challenge of COVID-19, we will continue to deliver on the core responsibility we have, which is to prepare caregivers and scientists and other health care professionals for the needs of Texas and beyond.

A topic that I don't think I previously commented on, but I'm pleased to do so today, is wonderful work coming out of our Communications, Marketing, and Public Affairs group in developing multilingual public service announcements, particularly in providing guidance on the proper use of masks and other interventions that can limit the risk of COVID-19. And at this point, I'm really truly proud to say that those public service announcements, those PSAs, are now available in nine languages, having just this week added Korean, Urdu, and Vietnamese to ones that had already been developed in Arabic, French, Hindi, Spanish, of course, Yoruba, and Telugu. That just tells you how diverse and culturally rich a community North Texas, and Texas more broadly, represents and our efforts to make sure that whatever your first language may be, that we could provide useful guidance in trying to keep you safe as a member of the community. I hope you'll let any family or friends who would benefit from listening to these know that they are available. You can access them all through our UT Southwestern COVID-19 website. They will also be distributed more broadly in media, including in some instances already beyond the borders of the United States.

Another resource I want to be sure that everyone who would benefit is aware of is a back-to-school guide. It's also available on our UT Southwestern COVID-19 website. And it's a back-to-school guide for parents of children with underlying health conditions that put them at higher risk of complications from COVID-19. This was prepared by specialists from UT Southwestern's pediatric group in conjunction with Children's Health, and it is focused on helping parents decide whether to send their children to school, keep them at home, or try a combination of both.

And now I want to turn to the outlook for the weeks and months ahead. We've been actively engaged in the challenge of COVID-19 since March. I will remind you that we initiated phase one of return to operations on March 16 and two months later, that is on May 11, transitioned to somewhat expanded operations of phase two. We certainly had hoped that circumstances would have permitted us to expand to phase three, but as many will recall, while we were planning for that, it became evident that that was not really something that we could do safely. And in any decision-making about our activities on the campus, the safety of the UT Southwestern community has been paramount.

At this point, it appears that until the vaccine is developed and widely available, or there really are definitive treatments for those who are infected with COVID-19, we, and I have to say the entire country, are likely to go through the kinds of cycles we've experienced over the past several weeks. Thanks to the dedication of all of you, our faculty and staff, UT Southwestern has adapted remarkably well to this new reality. And as you will know from previous briefings and the messages that have come from our EROC, we had planned to remain in this phase two state of operations until at least Labor Day. After a great deal of thought and consideration, I have accepted the recommendations now from the EROC and endorsed also by our Executive Vice Presidents that we will stay in this extended mode of phase two through the end of the calendar year. That is to say until at least Jan. 1.

If circumstances make it necessary to us to actually pull back on the degree of operations, we will certainly be ready to do that. But realistically, we do not see the likelihood, for the reasons I've already touched on, that we will be in a position to expand beyond what we are currently doing. So that means that employees who are currently working from home may, with their supervisor's approval, continue to work remotely. Alternatively, if there are any employees currently working at home who would prefer

to return to campus, they are welcome to do so, but only with their supervisor's approval and as long as they can observe physical distancing in their work area.

Our laboratories will continue to remain functioning at the approximately 50 percent occupancy level, with staffing being worked out for each lab by the Principal Investigator. And I will say that we may look to some further refinements to ensure how that 50 percent is maintained in a way which is safe for everybody working in the laboratories, through the offices of our Vice Provost, Dr. David Russell. Our hospital and clinics will remain operating at full capacity, ready to accommodate increases in COVID-19 patients as needed. Our gatherings or meetings across campus will remain limited to five or fewer individuals and can only occur in spaces that allow for physical distancing. Our masking policy will also remain intact.

In conjunction with extending this, our phase two mode of operating until the end of the year, we will also extend the current recommendations from our Travel Advisory Committee, which would limit domestic travel, at least institutional domestic travel, to that which is critical to the UT Southwestern mission and not permit international travel again, looking at least until the Jan. 1, 2021.

So as things evolve and we are in the fall and we now begin to think beyond Jan. 1, we'll of course be communicating our plans, what we decide is in the best interest of the campus and its safety. But we hope that in extending to Jan. 1 that gives some greater certainty to all of you in making plans in terms of your family and home life.

Before wrapping up, I do want to touch on just a couple of other topics. And the first is to be sure that you are aware of what I believe is really an important program that's planned for Monday, Aug. 17, at 4-5 p.m. It will be a webinar, and the subject is "Recognizing and Addressing Racial Bias in Science." Registration and access information will be available shortly. And the program will include presentations on "An Introduction to Racism in Science" by Dr. Helen Yin, "Perspectives of an African American Scientist" by Dr. Russell DeBose-Boyd, "The Neuroscience Working Group on Diversity and Inclusion" by Drs. Joseph Takahashi and Ryan Hibbs, and a panel discussion including Drs. Ian Corbin, Rene Galindo, and Elizabeth Martinez.

I'm going to end my comments on a very sad note in sharing with you the tragic news that one of our colleagues, Sarmistha Sen, was a victim of a homicide while jogging over this weekend near her home in Plano. Our thoughts and prayers go out to her family, her husband, Arindam Roy, and her young boys, Neil and Ryan, and also to all of her friends and colleagues in the Department of Radiation Oncology, where she worked as a Clinical Research Manager.

So in the midst of the challenges, I think, of COVID-19, we nonetheless pause to appreciate that what by all descriptions was a wonderful young woman with a family and a great colleague has sadly been lost through violence. So with that, I'm going to now turn to your questions, which again, will be posed by Jenny Doren. Jenny.

Jenny Doren:

Yes. And I would like to extend my deepest condolences as well. Thank you, Dr. Podolsky. So there has been some recent national media around transferring patients from hospitals with capacity strains to

those that are less full. Is UT Southwestern going to take patients from other locations, including Dallas and other hot spots within Texas? Any plans for that?

Dr. Podolsky:

Well, let me first make note that we routinely take patients and transfer from hospitals within our own region, and from great distances even, in any time, and that includes during COVID-19. This has usually been when UT Southwestern is able to provide a level of expertise beyond that which may be available in the hospital where the patient is first cared for. Considerations are also whether the patient can be safely transferred.

As of this juncture, outside of the VA system, we have not – and the “we” here is the more collective area of North Texas – been called upon to accept patients in transfer for some of the other areas of the state which have also been even more severely impacted by COVID-19.

So the answer is we remain available as needed. As yet circumstances have not called upon us specifically to care for COVID-19 patients from distant parts of the state. We have accepted COVID-19 patients, again, from elsewhere in the region where they required a level of care, in part because of the technologies that we have at UT Southwestern which are not available in some hospitals, to care for those patients.

Jenny Doren:

Thank you. Now to an important question on mental health. We know that the pandemic is physically and mentally taxing. May sick time be used for a mental health day or a day of “physical exhaustion”?

Dr. Podolsky:

Well, UT Southwestern, of course, provides a number of leave options that include sick, vacation, and holiday to ensure that employees are supported for time off. And we understand that during COVID-19, there are many employees who have experienced higher than usual work hours or demands. And we have been encouraging the use of vacation time as scheduled time off to refresh and regroup. And I will repeat my urging that I’ve made in past briefings that you do take advantage of that vacation time for just that purpose. So vacation time is for more than just traveling, and I hope you will use it in that regard.

Regarding sick leave, the policy indicates that the purposes of using sick leave are not limited to their commonly understood meanings, but also include absences required for medical, dental, optical, or a mental health examination or treatment, or absences for physical therapy and laboratory work or test as ordered by a licensed practitioner. If an employee is unable to perform their required role due to one of these reasons, they should consider and would be able to use sick leave.

In addition, anyone needing mental health assistance during COVID-19 should reach out to our behavioral health support team, which I hope you’ll recall was set up in March with the anticipation that we would be seeing the burden of the stress of COVID-19 over the course of time. The team of advanced practice providers, psychiatrists, psychologists, and therapists who are behind that behavioral health support team are responding to calls and emails every day between 7:30 a.m. and 6 p.m. The service is

supportive, but they do have the ability to refer to higher levels of care, such as counseling or to a psychiatrist if requested.

I want to assure you that calls and emails will be treated as confidential and not shared outside the team, nor will they be billed or documented in Epic. The behavioral health support team number is (214) 645-5686. And its email is behavioralhealthresponseteam@utsouthwestern.edu.

Jenny Doren:

So since the very beginning of this pandemic, we have fielded numerous questions about the fiscal fitness of UT Southwestern. As we head into the new fiscal year next month, are we hitting our financial targets since elective or nonemergency procedures and surgeries ramped back up, or is it just too soon to tell?

Dr. Podolsky:

So as I shared with the campus, we did experience a very significant financial impact from COVID-19. A significant part of that was the loss of the revenue associated with scheduled or elective procedures, which were all put on pause for several weeks, as well as the added expense that we've incurred in being ready and caring for patients with COVID-19, such as the expense of PPE.

I am pleased to say that we have made significant headway in offsetting some of those losses, which as of early May, we estimated by the end of the year would result in a loss of \$130 million for the fiscal year. But with really the enormous hard work of the UT Southwestern community, and I'll say especially in our University Health System and our ability to return to provide the care, which was, while elective, very important and much needed care over the course of June and July, we have improved that outlook. Nonetheless, we still expect that we will finish this year with an operating loss of between \$70 million and \$80 million. That's much better than \$130 million, but obviously still a significant loss for us as an institution, which in the 12 years that I've been present prior to this has always been able to operate with a positive margin at the end of the year. With the discipline and I know the sacrifice that the whole campus will make because of our need to forgo merit increases for the next fiscal year, we will return to a modest operating margin. So we will be able to sustain that loss, but it is still nonetheless a significant loss, just not as large as it appeared it would be just a couple of months ago.

Jenny Doren:

Good, good. So let's shift tone and focus for just a moment. Despite all of the concerns with COVID-19, we are hearing from several employees who are incredibly proud of last week's news that UT Southwestern ranked as the No. 1 hospital in DFW for the fourth year in a row. As you have pointed out, this is the result of the hard work of all UT Southwestern employees. So that prompted this question that we received: What do we all need to do to make UT Southwestern No. 1 in Texas next year?

Dr. Podolsky:

Well, I guess to keep doing what we're doing to begin with. And first and foremost, that means coming to campus focused on doing everything we can to deliver on our mission, delivering the very best care we can for our patients, continue to do science which can transform the possibilities for treatment and cure and prevention of disease, and, of course, providing great training for the future caregivers and scientists. Because that really is what got us to where we are now, by focusing on quality. In fact, we will always be on that journey, but we have come a considerable distance. One of the things that does not become part of the general public capsule summary of that progress I thought would be of interest to the campus, which is, as judged by the terrific group led by Marcia Schneider, who's our Chief Strategy Officer who analyzes all of the data underlying these reports, at this point, UT Southwestern would rank No. 29 out of the approximately 5,200 acute care hospitals in the country.

So what do we need to do? We need to continue to work on quality, and frankly, part of it is now making sure the word is out. We have made such incredible progress because of the progress we made in the safety and the outcomes. Now there is a part of this which is also about reputation and that's the level of recognition of the great work being done at a given institution. So one of the things that we're going to be doing while we stay laser focused on quality is to be sure that the great work that's going on by everybody on this campus is in no way the best kept secret in Dallas.

Jenny Doren:

Very motivating. We continue to receive questions about vaccines. What do we anticipate will be the policy regarding the COVID vaccine if/when it becomes available to health care staff and the general public? If a vaccine is in short supply, do we have a plan for distributing it within the system based upon occupation, age, risk factors, and so forth?

Dr. Podolsky:

Well these are all extraordinarily important questions and first we'll all hope to begin with that there will be a safe and effective vaccine available and that it's available just as soon as that's humanly possible. Currently, there are none, even though a number are now entering phase three trials, which is the means by which you determine whether a vaccine is safe and effective. The decisions with respect to how those will be distributed and what order will be national decisions. We will ultimately be guided by what those national guidelines will be in terms of vaccine policy and the distribution plan. But at this point, I just have to say it's unfortunately premature because we don't have those vaccines. I will make note that we're going to be trying to do our part, and we will be participating in the trials of at least one of the vaccines, and that should be begun within the very near future here on the campus.

Jenny Doren:

I know a lot of people are very laser focused on making this happen. I'd like to end with a question on testing. We received an email thanking UT Southwestern for getting PCR test results very quickly, but this person is curious why community testing results take so long.

Dr. Podolsky:

Well, first of all, UT Southwestern invested heavily in building lab capacity to process PCRs for COVID-19, including physical resources such as lab space, testing platforms, equipment, as well as personnel to collect specimens, process them, and release the results. And we've had terrific leadership in doing that from Dr. Ravi Sarode and Dr. Dwight Oliver who lead our clinical laboratories, particularly when it applies to molecular tests, which is what a PCR is. Many other testing locations utilize commercial or public laboratories that have significant delays in turnaround time due to specimen transport and the processing of large test volumes.

In our platform, we're able to continuously accession, which is to say start the test as opposed to having to wait to do them as a batch. And of course, by setting up our own testing sites, in particular at the hospitals and at the Bass drive up, there's essentially no delay in getting them to the lab and then into the process of actually carrying out the test. I will say we are continuing to focus on how we can improve by finding means of expanding the scale of the testing that we can continue to carry out. But in the meantime, certainly we have put a high priority in making sure that test results are available in 95 percent of instances within a day, in most within eight to 10 hours, so that those being tested or the caregivers helping those patients have actionable information.

Jenny Doren:

That's tremendous. Thank you so much again for your time today.

Dr. Podolsky:

Thank you and I hope everybody on the campus remains safe another week and we'll see you next Wednesday.