

May 6, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I'm pleased to welcome you once again to this weekly briefing for the UT Southwestern community. As in past weeks, I'll plan to take about half the time to share with you developments since we last gathered for this briefing and then turn to Jenny Doren, a Director in our Communications department, to pose questions which you have forwarded in the meantime. But as also in past weeks, I wanted to begin by thanking everybody for their continued commitment to doing everything we can to both keep our UT Southwestern community safe while delivering on our mission to our patients, to our learners, and to our determination to advance medical science including the COVID-19 challenge.

Before turning to COVID-19, I'll take two minutes to highlight a couple of very happy events. The first was our virtual Commencement for our Medical School class of 2020. It took place this past Saturday and notwithstanding the fact that it lacked the experience of being all together in one space, it was still really a wonderful experience, and I think it let our graduates make this transition to the next exciting phase of their career in a way that was especially meaningful. We were joined, as our Commencement speaker, by Dr. Roy Wilson, who leads the Wayne State University in Detroit, and he was quite eloquent in speaking about the special privilege of being a physician.

The other event I would like to note begins today, and that is National Nurses Week for 2020. It's held every year from May 6-12, the 12th being the commemoration of the birthday of Florence Nightingale, who was really the founder of modern nursing. I think in any year we are delighted to take this opportunity to thank our nursing colleagues for the outstanding care they provide for the patient as we work together as a team. But it's especially, I think, poignant for all of us in this year, where whether they're on the front lines taking care of COVID-19 patients, meeting the needs of our other patients, or working to support those efforts, we are very grateful and fortunate. I give a special thanks to our Chief Nursing Executive, Susan Hernandez, who's provided such outstanding leadership to our nursing colleagues.

So with that, let me turn to the weekly update on COVID-19. I would say as an overall statement, the number of patients that we are seeing and caring for at Clements University Hospital – and for that matter, Parkland – remains about on par with where they were last week. We have continued at Clements to have at any given day about 12 or so patients, the majority of those in the ICU but some in our regular nursing floor. Parkland also, as I said, as I follow the numbers there, is relatively stable, though at a significantly higher level than Clements with a typical census in the low 70s.

We continue to work on expanding our testing capacity and capabilities. We are at this point not only supporting our own Health System patient needs, but some of the other health systems in the region, as I mentioned before, and now on a daily basis carrying out tests for other parts of the state which lack the access that we can provide, and we hope soon to also be doing so for the county, particularly in the southern area of Dallas.

I'm pleased to tell you that at this point, we have now also added the capability for serology, or that is to say antibodies for the SARS-CoV-2 virus. This is a test which can be used to confirm whether somebody has been exposed and infected in the past, even if it hadn't been diagnosed by an actual virus test. I will tell you – because I know there's great interest in this – that our capacity right now remains limited, and so we have had a group establish a priority for how we deploy that limited testing capability. It's our hope – and really our expectation – that by the end of May, we will have substantially increased both that as well as our ability to carry out the test for the virus into the thousands per day. So I will keep you posted on that as that develops.

I'm also pleased to be able to say that we have made a lot of progress in developing plans for restoring in stages our operations on the campus. And when I say we, this is really the outstanding group of the what was the EOC and now is concurrently the ROC, the Restoration of Operations Center. And we overall envision, should circumstances permit, to have a stepwise return to normal function in four phases – beginning with the phase we've been in these last eight weeks, where we've obviously all been, as much as possible, working remotely and had really limited our actual operations to those that are essential.

It is our plan now to move to a phase two which is a limited return to campus, and with that to begin next Monday, particularly in our research operations. And I'll go through each of our areas at least broadly speaking here in just a moment. But in phase two it's a limited return to campus, but with a continued strict attention to nonpharmacologic interventions – that is to say, safe distancing, hand sanitizing, masking, etc.

Should we see overall progress in the state of the pandemic around us, as well as the implementation of phase two, we would hope (without a date certain yet) to be able to move through a phase three, where there would be a full return to campus, although still with some of those distancing measures expected to be in place. And ultimately phase four – and it can't come too soon for any of us, but it's at this point not possible to know when we might get there – would be a return to what our new normal would be in full operations.

The triggers for each of these phases is a matter of where we're seeing new cases in the community and in our own facilities. Because an overlying principle is not only to keep our campus safe, but be prepared to deal and address the needs of our community. And so, if we were to see a significant surge in the number of patients requiring care in our hospitals, that would significantly impact our plan of restoration over the course of time. So we will be guided by what's happening in terms of the pandemic itself and also, of course, by the authorities. With the state having expanded the permissible amount of activity, we will stay in reasonable sync with that. I would point out that even as the Governor issued his executive orders last week and expanded them further yesterday, he has given really the discretion to the health care providers to know at what pace and in what scale is appropriate to return to the clinical operations.

So with that, let me talk about what phase two looks like, which will begin next Monday, as I've said. Right now, we have in phase one had about 1,300 members of the UT Southwestern still working on campus outside of the health care environment. With phase two, we expect there will be about 2,000 additional staff as academic departments return to 25 percent capacity. As with phase one, there will

still be required badge access to campus buildings, screening for all those entering clinical buildings, and the need to maintain that 6-foot physical distance.

If this physical distancing is not possible, a mask will be required. So even if one might be working in an environment where there is sufficient distance, getting into an elevator, for example, would require that you have a mask and put it on in that instance. We are looking back, excuse me, looking forward to welcoming these additional colleagues back to campus, and we'll have, as it were, a welcome back gift that is suitable to the COVID-19 era. And that will be a weekly allocation of personal protective equipment, which will be distributed to each department. That will include a mask for the week, for all those who are now back on campus, as well as hand sanitizer and cleanser for sanitizing surfaces.

Further details will naturally be forthcoming on our COVID-19 website and by the daily communications from our ROC group. We will be opening up some of the common areas, such as our food courts, but we'll maintain a greater distance between any of the food services there, and we'll maintain the capacity at no more than 50 percent of what it has been prior to the COVID-19 era.

Further details for opening our labs, which would entail the return of approximately 25 percent of maximum occupancy, will be forthcoming, as I have mentioned, from the ROC and really guided by our Executive Vice President for Academic Affairs and Provost, Dr. Andy Lee, and our Vice Provost for Research, Dr. David Russell.

As far as the Health System goes, last week we began to call back patients who had much needed procedures or surgeries but had been deferred in the early days of our transition to phase one of our operations. They have been now returning, and we expect that over the course of the next two weeks to three weeks that we will return to 50 percent, and then, subject to conditions, ultimately to 100 percent by mid-June.

Nonetheless, telehealth will continue to be an important component of how we deliver care, even as we are also opening up our ambulatory facilities and expanding the number of patients that we'll be seeing in person.

In terms of education, our Medical School planning has developed priorities for students returning to clinical rotation, starting with our rising seniors and our MSTP students. Having our students return will depend on, as everything else, the pace of the number of patients that we are seeing with COVID-19 and the practical reality of ensuring that we also maintain an adequate supply of PPE to meet all contingencies over the weeks ahead. This will be developed in conjunction with our partners, where many of our students and trainees, of course, carry on their rotations.

So that's a very high level view. As I said, details will be available on our COVID-19 website and also forthcoming on a daily basis from the ROC. I do want to then also underscore that this still remains a challenge that I know is weighing on all of us. And I hope that, as we make this transition, for those who are coming to campus and for those who will continue to do their work remotely, that you take advantage of the wellness resources which have been developed to support our community.

These include wellness resources that you can find on our COVID-19 website. And I would encourage you to go there, just to take your own temperature as it were, and finding there a quick two question self-assessment that leads to support and suggestions. For those of you who go there, that will enhance

your ability to navigate the stress that we're all feeling. I also want to remind you that there is help for child care available, and on the website you can find options for resources for child care.

I also want to remind you that we have our behavioral health response team that was developed early in phase one by our colleagues in the Department of Psychiatry. I remind you that it's a source of support for dealing with stress. It is confidential, it is free, and it is also a resource for referring those who may need more than that level of advice to formal support through mental health services. So please, be aware, if not for yourself, then for your colleagues as you watch out for them.

And with that, I'm going to conclude my remarks. One, I guess, final pleasant note, this may be especially meaningful for those who look forward to the late spring on South Campus, those who have been off the campus, when you come, you'll find that this year it's 18 ducklings in the pond on the South Campus. So with that, I'm going to conclude my comments and look to Jenny Doren to pose the questions that you forwarded to her.

Jenny Doren:

All right. Good morning, Dr. Podolsky, and good morning to all of you joining us in listening. As always, we appreciate and thank you for your questions. So Dr. Podolsky, over the past several weeks, you have mentioned efforts by the Bioinformatics and Infectious Diseases teams to create models for the spread of SARS-CoV-2. Are these data and models available for the UT Southwestern community? And if so, where can they be found?

Dr. Podolsky:

I'm glad the question is being asked. We continue, the team, that is, continues to update that model two or three times a week. We have so far limited their distribution to sharing them with policymakers off campus and certainly with those on campus involved in formulating our plans, particularly as we now move toward expanding operations. However, it is my intention, given the interest that I'm hearing in learning more about those models, to proceed to post at least the key findings and the key updates developed by the team on our website, and look for that within the next days ahead.

Jenny Doren:

Excellent. I know a lot of people will appreciate that information. This next question is a heavy one, but important nonetheless. Excuse me. We know that mental health is an area of immense interest right now, especially in light of news late last month that a medical director of an emergency department in Manhattan took her own life. Her father has told reporters she struggled with what she was witnessing during the pandemic. Are there any specific phone numbers or telehealth connections that our campus community may turn to when they are feeling overwhelmed? I know, certainly, you mentioned those wellness resources, which are incredibly invaluable right now, but what else exists?

Dr. Podolsky:

Well first of all, I'd like to acknowledge that, as especially challenging as it may be to be on the front line as this physician was, the stress lands everywhere. And so I would say, first of all, for those of you who are not there directly on that front line and may be wondering why you are nonetheless feeling

stressed, that is entirely normal and expected. And the question is how to cope with it. So as I mentioned, we do have a number of resources. The first, just to go back to it, is the stress management hotline, and the number there is a 214-645-5686. It's available at 7:30 in the morning to 6 in the evening, and it's staffed by members of our Psychology and Psychiatry Department. It is supportive, as I mentioned. It's also confidential and free, but also a vehicle for referrals to higher levels of care. You can also reach that hotline, as it were, by email, and you can find that on the website.

There are also existing resources through our Employee Assistance Program, that EAP, and I would encourage you to turn to that as a parallel or complementary resource, and the email there is behavioralhealthresponseteam@utsouthwestern.edu. And although I've mentioned it in my own initial comments, I'll take this opportunity to reemphasize: Consider that both for yourself but also be aware that those around you are maybe struggling. And if you see that in our concern that they themselves are not reaching out, I would hope that you would do what you could to help them make that connection as well.

Jenny Doren:

Thank you for that. So switching gears, is there a specific policy for UT Southwestern in terms of travel and when we are able to use our discretion to safely travel again with the slow reopening of the economy?

Dr. Podolsky:

So at present, we have had an institutional ban extended to the end of May on any UT Southwestern sponsored travel. We still have in place the requirement for anybody who leaves the area on personal travel to notify Occupational Health on their return and be guided by their recommendations as to whether there is a need to self-quarantine or at least remain off campus, or whether it is in fact safe to come to campus. We will be reviewing that policy later in the month, and certainly when we come to judgments as to whether it should be extended in whole or in part, we'll be sharing that with the campus. We certainly will expect that for some period of time, any institutional sponsored travel – when that's permitted – we'll require review by our Travel Oversight Committee.

Now, this Committee has actually been in place for many years but had been really exclusively focused on international travel. With the advent of COVID-19, we've added to its responsibilities review of all travel, whether international or not. So at this point, I am really not sure whether we will feel comfortable after the end of the month to at least allow some institutional travel, but it will require a case-by-case review until we are at a place where that scrutiny is not necessary to ensure the safety of our community.

Jenny Doren:

And of course we will email any updates as soon as we get those. So when you drive around campus, you see all sorts of signs of development. What are the leadership thoughts moving forward with growth initiatives and the strategic plan in the next fiscal year?

Dr. Podolsky:

Well, yes. Notwithstanding all of the challenges of COVID-19, I think people should both be reassured and I hope take a great deal of pride in the fact that we have not stalled in our mission or in laying the groundwork for continued momentum of UT Southwestern through and beyond the COVID-19 era. We are at the cusp in this phase one of completing a strategic plan for our University Health System. Naturally, there will be practical adjustments necessary as that is finalized, hopefully in the weeks ahead, as to how it's executed.

But in some ways, the COVID-19 challenge has only accelerated some of the key components of it. For example, one of the pillars was a development of a robust digital health platform, and necessity being the mother of invention, we have accelerated that beyond any expectation as the strategic plan was shaping up just prior to the COVID-19. We will need to look at what our financial resources are to determine what is the pace of some of the expansion of our services that we contemplated. The general theme being to make access to UT Southwestern care easier for the broad community of North Texas. Some key components of that have already been, of course, discussed. For example, the Red Bird Mall initiative and that, in particular, it continues to move ahead. I can tell you that we are actively working on the design and finalization of the programs that we will provide there that best meet the needs of the community.

So the overarching answer to the question is that we will continue to move ahead. We will need to refine the pace of that and exactly the ordering of that, and I look forward to sharing that as that really takes final shape in the weeks and months ahead.

Jenny Doren:

Thank you. I know you spent some significant time during your opening remarks talking about phase two, phase three of return to operations, return to campus. Because we keep getting this question, if you have any additional comments, this is what people are asking. How does Gov. Abbott's decision to lift restrictions and allow businesses to open again impact UT Southwestern's stance on resuming in-person ambulatory visits before June 1?

Dr. Podolsky:

Well, I would actually separate out those two components, and I'll take the latter first. That is, where are we in our thinking about opening inpatient, excuse me, outpatient care? Given, as I mentioned a little bit earlier, that the Governor had essentially left to the discretion of health care providers as to what is the scale, scope, pace of services they offered. So as we are now returning to providing what was not emergent but yet still medically necessary care in our inpatient setting, we are going to be doing that progressively in an outpatient setting as well. So our intention is that by later in the month, do a return to a fully 50 percent of our ambulatory visits. This will need to be done in a thoughtful way that is specific to each of our ambulatory areas. So given the nature of the clinic and some of its physical constraints, there may be areas where we can expand that in-person care more rapidly than other areas. And we will be working with each clinic to really determine what is best for the patients of that clinic and for the safety of everybody working in there.

The other part of this question was related to the opening of businesses by executive order, by the Governor. And here I'll take a more general view of its potential impact. The real issue is what will be the evolution of the pandemic in the context of that greater opening of the economy. And as I've said in past weeks, it remains true today that it will be really essential that the UT Southwestern community broadly remains vigilant to really be alert to any increases in the number of new patients infected by COVID-19. And it's that backdrop that would influence what is appropriate and sensible for UT Southwestern.

I think all of us, I'm sure, feel a degree of relief, but I would also assume all of us – speaking for myself – are concerned as we open up that we don't know what the weeks ahead will show. COVID-19 is not going away. And so I would urge all of us to avoid anything that would have any degree of complacency about how we are attending to the physical distancing, the other nonpharmacologic interventions, and in our own behaviors outside of the campus. Be aware that there is still that risk, and it's in that context I would view the Governor's orders for its impact on all of us as an institution and all of us as a community.

Jenny Doren:

And I know while you mentioned COVID-19 is not going away, we want people to realize that it is still safe to come here for care. And there's a lot of tremendous effort that's being put into bringing patients back.

Dr. Podolsky:

Yeah. Yeah, Jenny, I'm really glad that you made the comment because first of all, this is a safe environment. I may have mentioned last week, but I'll say now, even if it's repeating myself: We do not know of a single instance of a patient becoming infected by virtue of coming for care at UT Southwestern, whether that's been inpatient or outpatient. We do have concerns about patients who out of concern have stayed away from much needed care. And this is a phenomenon that's been seen actually across the country and other parts of the world, where people with serious conditions, potential heart attacks, strokes, out of a free floating concern, have either not gotten the care or waited to a point where there was an unfortunate outcome. And so I would hope everybody would convey the message that underlying the question or the comment that you made, that if you need care, it's safe and don't delay.

Jenny Doren:

Thank you for that. In the interest of time, I think we're going to have to stop here today. I do know that we've been receiving other questions about parking rates, annual reviews. We will answer those online certainly and if you have any closing remarks.

Dr. Podolsky:

I know that there was one question: Parking is always of interest. Maybe in a way it's sort of hard to equate with anything else, but I know the question was what would happen with the parking rates and other fees. Given what I shared last week about the financial necessity of forgoing a merit program, and in that context, we will be holding all of those rates flat. There will be no increases in those rates. I know another question that I've heard raised, I'll take the opportunity to address, is whether in the absence of

a merit program, annual reviews are necessary. They are absolutely necessary. It's still important for people to have the benefit of the feedback and to acknowledge their hard work. Where there are areas for improvement, for those to be laid out. And, by the way, we're obligated as a state agency to do that for every single person. So that will continue. And with that, thank you for the time this morning with you again, and I look forward to being with you next week.