

Dec. 9, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. And I thank you for joining us on this biweekly campus briefing for the UT Southwestern community. This is the 30th of these briefings for the campus. And as in the prior 29 briefings, this morning, we'll spend about half our time together with an update on developments since our last briefing. And then I'll turn to Jenny Doren, director in our Communications group, who will pose questions that you have forwarded for me to address this morning.

To turn to the pandemic, I think nearly everybody, if not everybody, who will be listening this morning will know that we remain in the midst of a surge here in North Texas. And one that's really pretty much nationwide. And as I will come in a moment to the numbers of patients we're caring for here on the campus, we, like others, are at a, if not a historic high, certainly hovering around that.

Having said that, in reviewing the update from our modeling group, which I received very early this morning and will be posted publicly in the next day or so, we have seen a little glimmer of some breathing room here, at least in Dallas County, over the past four or five days. The number of patients in hospitals in Dallas County is down slightly during that time. And also, the number of admissions.

On the other side of the balance, we continue to have relatively high positivity among those being tested, 22 percent. It was 20 percent when I reported to you two weeks ago. The modeling group foresees, actually, a slight reduction in the number of patients requiring hospitalizations in Dallas County over the coming two weeks. The picture is not quite as rosy in Tarrant County, where they project a continued increase, if somewhat slowed in the rate of increase from what has been experienced over the past weeks. All of which is to say that while there is some flattening, at least here in part of North Texas, we will continue to be in the midst of a really significant number of patients being diagnosed with COVID-19 and numbers requiring hospitalization.

That experience, as I touched on just a moment ago, is reflected in our experience here on campus. At Clements University Hospital, we've been caring for about 60 or low 60s of patients at any one time over the past week or so. Caring for patients of Parkland at about 100, 110 during that same period of time. And so, clearly still remains a very active time for us in providing care to COVID patients, while we continue to care for all of those with other medical needs.

Turning to the matter of the UT Southwestern community itself and diagnosis of COVID-19. We continue to see increasing numbers of our colleagues on the campus who have acquired COVID-19 through community transmission. Since we last had an update, there are 50 community acquired infections in this past week. That's actually somewhat down from the prior week, but still a significant number, I think in anybody's judgment. And we've had one instance of transmission on the campus, just within the last a few days, and that is from a patient to one of our employees.

And the circumstances of that instance, prompt me to make a point that I've made before, but I want to underscore. We have been, I believe, a relatively safe environment. When we look at the small number

of individuals who have acquired COVID-19 through exposure on the campus. Going back to the earliest days of the pandemic and as I have noted many times, that does reflect, I believe, the great attention that the campus has given to compliance with nonpharmacologic interventions, masking, hand hygiene, physical distancing.

In fact, as I believe is exemplified by this one instance of transmission, the instances where we have found transmission on the campuses are exceptions, which prove a rule. As I've looked back on each of those, they have each been associated with some lapse in one of the policies, or one of the non-pharmacologic interventions, which we advocate on the campus. In this instance, in a clinical setting, it was... transmission occurred in the absence of maintaining protective eye gear while caring for a patient who, as it turned out, had COVID-19. And as I said, this example is really pretty representative of what we've seen on the campus.

So take home message is, if we do wear a mask, if we do maintain physical distance, if we do wash our hands and take care in all the other ways which we have discussed, one can be confident. Never complacent, but confident in the safety of the time that they spend on a campus.

So with that, I do want to touch on another aspect, which I mentioned briefly in our last briefing. And that is not just those who are diagnosed with COVID-19 and the small number acquiring that on the campus, but the impact it has by virtue of exposure. So while there's a small number who have been found to be infected, there are a much larger number who, out of prudence, necessarily have to quarantine because of an exposure on campus. Currently, and for the past number of weeks at any one time, that's in the hundreds, about 300 to 350.

And I mentioned that because to the extent that would become a greater, an expanded number, we could be concerned about the ability to really kind of feel the team that we need to take care of all of our patients and to carry on the work of the campus.

So a little bit in that context, and also in noting a changing guidance from the CDC, our Occupational Health colleagues have suggested, and this has been endorsed by [eROC 00:07:20] and accepted by the executive vice presidents and myself reviewing those recommendations, a change in this campus policies regarding quarantine after an exposure. So to provide you with current guidance for all high-risk exposures that currently lead to a self-quarantine for 14 days, we will now be expecting one of two options for that period of quarantine. The first is a 10-day quarantine, down from 14 days, from the last contact with a COVID-19 positive individuals. You might ask, "Why are we confident in going from 14 days to 10 days?" Or, "Why was the CDC confident in making that recommendation?" There's now greater data to show that at that 10-day threshold, the likelihood of someone actually being infected and capable of transmission is very, very low. As an alternative, individuals may quarantine for seven days, with a COVID-19 test being performed within the 48 hours prior to the release from self-quarantine in seven days, and of course stipulating that COVID-19 test is negative. So 10 days if there's no test, seven days if there's a test and that test is negative. There will be further ... to the extent there are questions, I would ask that you all consult the website, or for really specific instances, Occupational Health, as we evolve our practices here on the campus.

As a last COVID-related topic before coming to the one that I expect is foremost on people's mind this morning, I did want to mention the great progress that is being made in our Prevalence Study, being led

by Dr. Amit Singal and done in a collaboration partnership with Texas Health Resources. Now well past the 10,000-participant milestone, and indeed next week, we'll be sharing publicly some of the provisional insights gained from that very important study. And now to the last and perhaps the most salient COVID-related topic, and that is the status of the vaccine. For those of you who are following media at all, you will likely be aware that just yesterday, the FDA's internal experts provided an endorsement of the Pfizer vaccine, which had been submitted for consideration for emergency use authorization.

Tomorrow, the external advisory panel convened by the FDA to look critically at the data will meet. And it is expected that within a few days after that meeting, the FDA will render a decision as to whether to approve the emergency use authorization. I think all of us can be hopeful, and I think legitimately optimistic that there will be, in fact, approval of that authorization. I want to assure you that in anticipation of that, there has been a tremendous amount of work going on on the campus to be really ready to deploy the vaccine if the data warrant it. And we'd mentioned three work streams, so to speak, that have been ongoing. First, a work group, which I believe I mentioned at my last briefing, which was convened. That was multidisciplinary, including our experts for epidemiology, from infectious diseases, and our ethicist, to develop our campus policies towards prioritization of vaccine deployment with the assumption and the virtual certainty that supplies of the vaccine that will be made available to us on campus will be initially limited, and therefore we will have to have decisions.

And the charge of this group was develop policies which were both appropriate with respect to having the greatest impact and equitable in giving access to the vaccine. We will be sharing those priorities very shortly, within the next few days. They parallel quite closely what national advisory groups have formulated, beginning with the National Academy of Medicine, also our own state authorities under the group which goes by the acronym EVAP, the Emergency Vaccine Allocation Policies, and focus first and foremost on those on the front lines who will be exposed to COVID-19 patients. That includes, of course, physicians and nurses and others, but really everybody who are involved in environments where COVID-19 exposure is not only likely, but virtually certain, whether that's up on the floor or in our emergency departments.

So that is one work stream. The second, and as a group who have really gone to work in the last day or so, there's a group of experts who we've convened as a scientific review panel. Again, multidisciplinary, to assess ourselves the data which were posted two nights ago from the Pfizer studies that serve as the basis for the FDA review. We have confidence in the FDA and its scientific panels, but we also feel that we have an obligation to our community and to our patients to also look at the data and know when we recommend the vaccine, if we do, that it is based on our looking objectively, rigorously, and not necessarily just depending on the judgment of others. So that group is hard at work now with the data that's been provided, and we look forward to their recommendations within the next days as to whether they would also endorse, assuming the FDA does, this vaccine for deployment on our campus.

And third is a tremendous amount of work that's going on to actually be ready with a plan to begin vaccinating within a day or two after we receive the vaccine, which we expect will be within a few days, if not sooner, after the approval of the vaccine. A tremendous amount of work going on by many in our university health system, and I will say with good communication and collaboration, coordination with our partners at Parkland and at Children's Medical Center. For those who will be amongst those who

were at that initial priority group, you will be contacted. We will be scheduling a vaccine administration for individuals through our My Chart function. And the mechanics of that will be certainly communicated over the next days. To give you some sense of scale, and this is a matter of public record now, we will be receiving 5,850 doses initially. We hope to receive additional doses later in the month, although we remain uncertain as to exactly when that will occur and what the amounts will be.

And those are the amounts that we will then match against the sequenced priorities using those principles that I've touched on already for our campus community. So please look for ongoing communications, including one which I hope to send broadly to the community as an overview later today, and that will be followed by certainly the additional details as the mechanics, if you will, of the deployment are finalized, and you can be assured they will be shared with you. So let me just take a few moments. There was a lot of news there related to the pandemic, to provide updates on other matters going on the campus last week. I hope everybody took note of the special experience we had in having three milestone events, our celebration of the Leaders in Clinical Excellence Awards which really celebrated both individuals and programs who exemplify all we aspire to in providing outstanding patient-centric care to our patients and their families. Also, the topping off of the phase six, that is the project on North Campus, the two towers, one to be the home of our outpatient cancer care services and the other, the home to the expanding research programs the Peter O'Donnell Brain Institute.

That topping off represents about a halfway point to completion of those facilities, and we look forward to the summer of 2022, when we'll welcome our first patients to the Cancer Care tower and research will begin in the Brain Institute tower. And the third event at the end of the week was the cutting of the ribbon for the Clements University Hospital third tower. We welcomed our first patients there on Monday. As is the case in my view for the two towers of Clements that we've had the privilege of working in these past six years, the third tower is also just an outstanding environment and in particular provides the place for us to deliver comprehensive neuroscience clinical cares under the aegis of our Peter O'Donnell Brain Institute.

And I would say at the risk of stating the obvious, having the additional capacity at this point in time couldn't be more timely as we both care for our COVID patients and have increasing numbers of others who come and provide us with their trust for their other medical needs. Let me just say, in each of those three events, if you haven't had a chance to see them, I hope you'll go and look at the link which you can find on our webpage. I think they should be in their own way, each distinct but each inspiring for all of us who are part of the UT Southwestern community.

A few other topics before wrapping up. I'm very pleased that more than 6,000 of you have completed the VIP Pulse survey. I want to remind you that that Values and Practice Engagement Pulse Survey is open through Dec. 13th, and those who have not yet completed, I really, really hope you'll do that. It is tremendously helpful to those of us who want to make UT Southwestern the best environment possible for all those who work, irrespective of what your role may be, to have your insights and your candor so that we certainly can be aware of what we're doing right but really identify areas and ways in which we can improve UT Southwestern as a working environment, supporting our values, including especially inclusiveness, equity, and diversity.

Somewhat on the same lines or as a counterpoint to that, I also want to remind you that the State Employee Charitable Campaign remains in progress. It will conclude this Friday. For those who have the means, I hope you'll consider helping those who have been especially challenged and the needs in this year are almost in a category of their own because of the impact of the pandemic, superimposed on the needs of many in our community irrespective of a special challenge like the pandemic.

And I think with that, the only thing I will add is work has progressed in the six-year strategic planning, which will be our roadmap for the next six years, great work coming from all aspects of the community and do expect to see that process brought to a conclusion later this month. When that plan is finalized, we will share it as we did with the last update two years ago, and I would hope that all of you would take the opportunity once it is posted to look at that to be part of knowing which way we're rowing for addressing the mission of UT Southwestern. With that, I'm going to conclude my remarks, and with the time remaining, do my best to address your questions. Jenny?

Jenny Doren:

Good morning, Dr. Podolsky, and thank you for addressing upfront the many vaccine-related questions we received. I want to shift over to testing. Given the rise in community cases, has there been any discussion of having all employees on campus regularly tested to rule out if anyone is asymptomatic or pre-symptomatic?

Dr. Podolsky:

This is certainly a topic that we do review and consider from time to time over the course of the pandemic. Practically, we've not had the means to really test the entire UT Southwestern community on a regular, periodic basis. We are expanding our testing capability, and that may allow us to, if not, undertake routine testing in a truly comprehensive way across some segments of the campus.

On the other hand, to come back to a point that I've made this morning and I've made, I'm going to guess, in all the other 29 briefings that have gone before this one. The practical evidence is that we can be safe. We can be safe by wearing our masks, maintain a distance, our physical distances, the hand hygiene, and the rest of nonpharmacologic interventions. To belabor it, as I've said a short while ago, we've not seen an instance where that hasn't actually apparently been sufficient to prevent transmission on the campus.

And I would say that even with testing, there would be no letting up in the importance of continuing to that. So it's not that we have put off the table the possibility, if practically we can deliver it, but to the extent that people might think we were living in a more risky environment because of that, I would offer the perspective of what we can do that seems to be so effective to maintain our health and our safety.

Jenny Doren:

As a follow up to that, as you said, we can belabor, we can stress over and over again how critical it is that we remain smart with our behaviors; however, many of us have friends, some of us have relatives who say that since COVID-19 has a 99 percent recovery rate, we don't need to worry as much. Do you have advice on how to make sure people realize that importance of practicing social distancing and masking, perhaps people who don't work in the fields we work in?

Dr. Podolsky:

Yeah. I've heard this virtually from the beginning of the pandemic and the analogies that this is nothing more than the flu. I'll just take a 30,000-foot view of this. In the 42 years since I've been caring for patients since graduating from medical school, we've never experienced anything remotely like this in terms of the amount of suffering and death that we've seen from an infectious agent, and we've, we've had some great challenges in that time obviously, albeit of a different sort in terms of the nature of the infection. And it is a great thing that the apparent mortality rate is now substantially lower than it was in the early days of the pandemic. I would still say that that 1 percent number is probably the most optimistic. And even if you say it's 2 percent, you're talking about a lot of additional people at risk for serious complications and or death.

So I would say that even though you may be within a group who has a good likelihood of having a mild illness, maybe even being asymptomatic, you are going to be, I'm sure, almost without exception in contact with people who are not in that position with whether that's your parents or your grandparents, people you know with underlying conditions who we know have a significant risk of serious illness and death.

And so part of why we each should be following these interventions is not just for our own well-being, but our obligation to the community. And if it's not the community broadly, it's the loved ones that are important in your life. And you can see, if you go back to the numbers of where we are currently, and I didn't quite touch on this fact in my update about the regional pandemic, but we are at a point in some parts of North Texas, where there's very, very little inpatient capacity left as more and more patients are requiring hospitalization for COVID.

Fortunately here on the campus, we remain well within the capability of caring for all patients who need our help and who come to us. But broadly, our health system is stretched. We've seen other parts of the country where it's been somewhere between a challenge, a crisis, and a nightmare, and that impacts everybody who might otherwise require health care, medical care for some other condition. So for all those reasons, this kind of intellectual argument, as I will put it, around the 99 percent or even 98 percent needs to be viewed in the context of the empiric, the practical, the actual experience of what we're seeing in our hospitals, in our health care system and in the 280,000 Americans who have now succumbed to this.

Jenny Doren:

I appreciate your answer there and your honesty through just your experiences in general. I'd like to now move to a benefits related question, the CARES Act, including the emergency paid sick leave and emergency FMLA is expected to expire at the end of this month. Are there plans to extend it? And if not, how is UT Southwestern preparing to support employees who are exposed or forced to quarantine during this time?

Dr. Podolsky:

Well, I am concerned that borrowing an act of Congress between now and the end of the year that the act will expire and with these provisions, I think, following the news, what has been a very up and down issue, we're still hopeful that the Congress will act to approve an additional relief bill. Having said that,

don't know what the details of that are to know to the extent it will extend these particular aspects of the CARES bill. If there is not a bill or the bill doesn't include that, we will do what we can to help our employees navigate the challenges that that will present, including use of sick time, vacation time, unpaid leave time to support, time away for family or health reasons. And I would encourage anybody who does have concerns or has issues that they need to address, to speak with their immediate supervisor for guidance. And also of course our HR folks and the Employee Assistance Program, EAP, are other resources. But I would start with your immediate supervisor.

Jenny Doren:

Well, now to our final question for this morning, I know we've talked about this before, but curious if there've been any changes in thought with the increase in community spread and hospitalizations, will UT Southwestern roll back to phase one or adjust current clinical operations and non-COVID related research activities?

Dr. Podolsky:

Yeah. Let me just sort of get to the bottom line of that is that we do not have plans at this time. We do not see the need to either go back to phase one or moderate our clinical activities with respect to the latter and part, we have additional breathing room, certainly on the inpatient side to accommodate scheduled procedures because of the opening of the third tower. More broadly, we believe that we are still operating well within the parameters of safety, which we established early in the pandemic. And to remind you of some of what those were, they included having sufficient PPE supply more than 60 days, which we do. Having RT at a reasonable control. And I didn't touch on it in my formal remarks, but a part of that breathing room that I mentioned that I saw in the latest update for our modeling group, including a determination that the RT now in Dallas is one or slightly below one.

And then the third consideration is whether we had the capabilities within our Occupational Health to kind of keep sight of the possibility of transmission. And so all of those remain well within our capabilities. And I would say that beyond that in the months since the early days of the pandemic, we've also gained greater experience that is allowing us to be more facile and adjusting to an environment where there is obviously much more community spread of COVID-19 than there was in months past.

So the short answer is we are, of course, we'll put the safety of the campus, always at the forefront of any decision-making as circumstances change and if we were to see a significant increase in the numbers of transmissions on the campus, we would certainly without hesitation re-examine and as needed, roll back some of the operational activities that are currently enforced. So I'm sure I've used the time that we've had together this morning. I know I didn't get to all the questions; we'll be sure those questions nonetheless get addressed in the answers posted on our website. In the meantime, I thank those who are joining this morning and hope you will do everything you can remain safe, not just on the campus, but wherever you are.