

## June 29, 2022 Monthly Briefing Transcript

Speaker 1: Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. And I welcome all of you who are joining me this morning for this monthly campus briefing. To begin with, I had the opportunity earlier this morning to see the weekly update from our multidisciplinary modeling group, which anticipates the trends that we can expect to see in the pandemic. And that update I expect will be posted on our website by this afternoon. But to summarize, it anticipates what we are already beginning to see, which is a rise in both the broad number of new cases of COVID-19 out in the community and with it, and perhaps inevitably, some increase in the numbers of patients hospitalized here in North Texas.

Speaker 1: Dr. Podolsky:

Certainly this is already reflected in the experience that we're having on campus, as we've seen significant rates of positivity in those coming to our testing sites and also being seen in our emergency room and in the census in both Clements and, to actually a lesser degree, in Parkland. Indeed, over the past week, since I last provided a briefing, we have gone from a census in Clements University Hospital from the mid-single digits to yesterday in the mid-twenties. For the first time, really that I can recall since the pandemic began, we actually have a notably higher census at Clements than the patients we're caring for at Parkland.

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Although in truth, the exact reasons for that crossing of trends remains a bit unclear. Nonetheless, this is reflective of what is happening in the community broadly, and also what we're seeing within our own UT Southwestern community as there was a 30% week over week increase in the number of our UT Southwestern community who have tested positive for COVID-19. Virtually all of those were to the best than we can determine community acquired. Of the 224 or so, about three were instances of known transmission on campus between employees, two in a clinical setting and one in a nonclinical setting. All of this is to say that clearly there is an evolving trend of the penetrance of COVID-19. This seems to correlate with an evolution of the nature of the Omicron sub-variants, which are being detected by our own teams that have paired up from our clinical laboratories and our McDermott Genetic Center in which increasingly we are seeing the Omicron variants four and five in addition to the earlier variants, which I have reported.

Speaker 1: Dr. Podolsky:

While we are seeing these trends, I do not believe we have reached a threshold which requires us to retrench in our current policies and practices on the campus, but I think is a reminder to all of us to be that much more circumspect, I would say, particularly when we're out in the community and to be alert to circumstances where transmission is particularly possible. Large gatherings, particularly indoors,

where as much as mask wearing has clearly declined over these last months, that I would urge you to consider those circumstances where maybe you've not worn a mask recently, but you would reconsider that given what's happening around us. Clearly, we will continue to monitor this very closely and adjust our campus policies and practices as circumstances may warrant.

Speaker 1: Dr. Podolsky:

Now with that, let me turn to other campus matters. And one that's certainly I know on everybody's mind, the impact of what is happening in the economy around us. Certainly we see that at the institutional level. And I know it's impacting everybody at the individual level, as I commented upon in my briefing last month. As to the institutional level, I will tell you that earlier this week we finalized and submitted our fiscal year '23 budget. Our fiscal years, for those who aren't aware, begin at September 1st along with all other agencies of the state of Texas. In that budget, we anticipate that with discipline we will be able to once again maintain a positive margin. But I will tell you, it is an especially modest margin of one and a half percent. A priority in setting the budget was to maximize our ability to provide merit increases to those working at UT Southwestern.

Speaker 1: Dr. Podolsky:

And we have done that, as I believe everybody now will be aware, on average at 3% with some additional albeit somewhat limited amount of funds also available for market adjustments as necessary. I would make note that we have been really, of course, inescapably attuned to the impact of market forces, really independent of our yearly budgeting cycle and have tried to address those and have done so over the course of the past year. But we'll also note that there are limits to what we are able to do and have pushed to really achieve that limit. And at the same time, maintain a modest margin, which is really necessary for the long-term financial stability and strength of our institution and our ability to carry out our mission. To put some context of why that's a challenge for us at this institution, we have a variety of sources of revenue that support our activities.

Speaker 1: Dr. Podolsky:

But as you look to each of those, they are essentially largely fixed in the increases that we can achieve. So in our health care services, naturally we are tied to contracts which are established with the insurance companies and the other payers, including the government in the form of Medicare and the Medicaid programs. And the rates of increases for those do not nearly match what is being seen in the economy broadly. Similarly, we have the benefit of a state appropriation, which was set a year ago, but it is fixed for the next year as the state sets a budget for a two-year period with each of its legislative sessions. And in the funds that we receive to support our research activities for the NIH, similarly, the federal government has limited the amount of increase. So I share this with you to give you some appreciation for the constraints we have in trying to achieve the goal of ensuring that our UT Southwestern community, with the incredible work they do and the dedication to our mission, we endeavor to support to the greatest extent possible, but within those realities.

Speaker 1: Dr. Podolsky:

I will certainly keep you updated in my subsequent monthly reports as to how we are doing relative to all of those challenges. With that, let me then turn to other important developments on the campus. One I'd like to mention because I suspect many of you have not yet had a chance to see it is a wonderful new installation in our south campus, specifically on the D1 level. It is a permanent exhibit that has been created to really highlight all of the remarkable contributions made in particular by our women

colleagues at UT Southwestern. The walls celebrating breakthroughs together features 60 of our women faculty, as well as staff who have made notable contributions across a number of arenas - certainly as our faculty members, as researchers, as teachers, as clinicians, but also in leadership positions which move the entire institution forward in its administrative functions - which are necessary to advance those core missions.

Speaker 1: Dr. Podolsky:

The wall is located near the McDermott Lecture Hall in D1, as I said, and it's a wonderful tribute that I hope all of you will have a chance to not only look at, but to experience. Because in addition to seeing the portraits of these many women colleagues, there's a video stream which highlights many of their contributions and a website which has been developed that features even more of our women colleagues and that I refer you to at [breakthroughs.utsouthwestern.edu](http://breakthroughs.utsouthwestern.edu). I want to especially thank Dr. Helen Yin, Associate Dean, Office of Women's Careers and Faculty Diversity Development, and Professor of Physiology, and Julie Mirpuri, Associate Professor and a then Ambassador in the Division of Neonatal and Perinatal Medicine in the Department of Pediatrics, further leadership in this really wonderful addition to our campus.

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Speaker 1: Dr. Podolsky:

In past updates, I have reported on the progress in some of our significant investments in future capital projects, which will allow us to grow our mission - provide, I will say also, some of those financial resources that allow us to make that possible. And just consistent, in line with our overall commitment to all of our stakeholders.

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So I'll highlight two especially important ones that will soon be part of the UT Southwestern Enterprise in the near term. The first of those two is the clinical facility at the Redbird Mall reimaged down in the southern area of Dallas that will open later this summer and allow us to bring our clinical care in a more convenient place to the communities of south and southwest Dallas. It includes both primary care and multiple specialties, as well as imaging and cancer care services such as infusion therapy. Next month, we will hold an open house for the community so they have a chance to see the investment that we've made and the opportunities to access UT Southwestern care in that location.

Speaker 1: Dr. Podolsky:

And then just a little later this summer, we will be anticipating the completion of the Peter O'Donnell Jr. Biomedical Research Building on the North Campus so that by the end of the summer initial faculty and laboratories will be moving in there and advancing, especially the research dimension of our Peter O'Donnell Jr. Brain Institute, but also other key research programs.

Speaker 1: Dr. Podolsky:

Just to note that later in the fall, we will see the opening of our outpatient cancer care building that will provide new and expanded cancer care services, and also an environment that really enhances the experience of our patients who trust us for their cancer care along with their families. And I'd like to take this opportunity to thank Juan Guerra, our Vice President Facilities Management; as well as Becky McCulley, Vice President Clinical Programming and Facilities Development; and Dr. Dwain Thiele, Vice

Provost and Senior Associate Dean for Faculty Affairs and Initiatives, who have really each played an incredibly important leadership role in these really important new facilities. And as I've said before, that's never losing sight that it's not the buildings which are the goal in themselves, but the work that they will enable in serving our patients, carrying out research, and teaching and training our learners on the campus.

Speaker 1: Dr. Podolsky:

I know that nearly everybody, if not everybody, on the campus will be concerned to understand what the impact of the decision recently by the Supreme Court, which overturned Roe v. Wade. And I would just say that we are anticipating getting guidance from our legal affairs group, led by Erin Sine, to understand what the implications are. I certainly appreciate that across this campus, there are a variety of views on the underlying issues and strong feelings about the impact and the implications of this decision by the Supreme Court for the health of women and around the issue underlying that of abortion.

Speaker 1: Dr. Podolsky:

Now, whatever our views are, we as an institution are committed to following all of the legal requirements that apply to the services that we provide, as well as all the other activities on campus. And so our responses to this will be grounded in understanding what those legal obligations are. When we fully have understood those, we certainly will be sharing those with all those who might be directly affected, our clinicians, and to the extent that applies also more broadly to teams who are involved in care wherever we are providing it. And so there will be further follow-up once we have that understanding.

Speaker 1: Dr. Podolsky:

I would also take this opportunity to make note of an appointment, which was announced broadly to our pediatric community at UT Southwestern early in the week, that announcement coming from Dr. John Warner, our Executive Vice President for Health System Affairs and CEO of our Health System, in a joint statement with Children's Health. That announcement was to share the news of the appointment of Dr. John Brennan as the first President and CEO of our Joint Pediatric Enterprise, or JPE, as we typically refer to it by its acronym. For those who may not recall, the JPE was formed more than two years ago by UT Southwestern together with our partners at Children's Health as a better way of aligning our efforts to deliver in our commitments to our pediatric patients and their families, as well as our commitment to advancing pediatric medicine through teaching, training, and research.

Speaker 1: Dr. Podolsky:

And in the Joint Pediatric Enterprise, we have the framework for UT Southwestern participating along and equally with Children's Health in the governance, and ultimately the oversight of the management of the pediatric services that we provide across the landscape, but especially here on the Dallas campus. And Dr. Brennan will be the inaugural CEO reporting to the board, which is jointly appointed by myself on behalf of UT Southwestern and Children's Health. That will also be the framework for proceeding with the development of the new pediatric campus, which I have mentioned in previous briefings.

Speaker 1: Dr. Podolsky:

And just on that last topic, to remind you that new pediatric campus, including a replacement for the current Children's Medical Center here in Dallas, as well as outpatient and support buildings, will be

located where currently the Bass Administrative and Clinical Center is on the North Campus. And that is to say, also directly across from Clements University Hospital. And as we are far along in relocating all of the activities that have been located up until this point at the Bass Center, and indeed already taking the initial steps towards the demolition which will follow the completion of that relocation to make way for the new campus, we are creating a roadmap for really an exciting new future of what we can do to deliver on our commitment to the health of pediatric populations.

Speaker 1: Dr. Podolsky:

As I near the completion of my update remarks and before turning to your questions, I do want to call your attention to announcements that you can find at various sites along the campus, making note that the nomination period for the 2022 Leaders in Clinical Excellence Awards are now open. I hope that all of you will take a bit of time to stop and think about some of the great work that you have seen by our clinicians, those as individuals, but those also as teams, and to consider nominating those who you see embodying and exemplifying the excellence that we aspire to in all of the care that we deliver along with all of the other activities and all of our other missions of UT Southwestern. The nomination period is open through August 3rd and anyone at UT Southwestern can nominate an eligible clinical faculty member for any of the awards, including the Patricia and William L. Watson Jr. M.D. Award for Excellence in Clinical Medicine, which is our highest clinical award. For more details, you can visit the Leaders in Clinical Excellence Awards website.

Speaker 1: Dr. Podolsky:

So as I conclude, I'll make note that my next campus briefing is scheduled for Wednesday, July 27th, and I'll finally just take this opportunity to wish everybody a very happy and safe 4th of July weekend coming up. And with that, I have the opportunity to turn to the questions that you've submitted, which will once again, as in all past briefings, will be posed by Jen Doren.

Speaker 2: Jenny Doren:

Well, good morning, Dr. Podolsky. As I know, you will absolutely understand many members of our campus community are still struggling with the tragedy at Robb Elementary School in Uvalde and since then there have been

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additional mass shootings, including one at a hospital in Tulsa. How is our institution thinking about and addressing employee safety concerns?

Speaker 1: Dr. Podolsky:

I appreciate the question, because I understand that this is on many's mind and certainly on my own. I want to assure our employees, our students, trainees, our faculty, that while we hope we never have to test our training, our campus actively prepares for such emergencies on an ongoing basis.

Speaker 1: Dr. Podolsky:

Before telling you a bit about what our university police do in the course of that kind of training, make note that we also offer a variety of courses at no cost to enhance your safety on and off campus. I'll also make note of the willingness of our university police, led by Chief Marcus Lewis, to visit with

departments who would like the opportunity to talk about concerns that may be specific to your own area here on the campus, and to hear about those preparations directly from them.

Speaker 1: Dr. Podolsky:

So with that, let me highlight a few of the kinds of efforts that help us prepare for the worst. First of all, our university police conduct active shooter training and site security surveys for all departments. And that is, as I say, something that you can request. The active shooter training can be applied in any environment, not just at work or school.

Speaker 1: Dr. Podolsky:

Similarly, the Office of Safety and Business Continuity provides STOP THE BLEED education, coping with obviously the need to support victims in the immediate aftermath of a terrible event like a shooting. And so you can learn important techniques to help if someone suffers a life threatening wound.

Speaker 1: Dr. Podolsky:

Additionally, all university police officers receive ongoing advanced law enforcement rapid response training, also known by its acronym ALERRT. They have the necessary tools and resources to prevent and defend against an active shooter threat. They themselves are also skilled in STOP THE BLEED and carry equipment for that purpose.

Speaker 1: Dr. Podolsky:

I know some of you, in response to this question, I'll address what I know is a question that some of you have posed to me in the past, and that is whether we would consider installing metal detectors on campus. We have thought about this and decided on balance that this was not a worthwhile investment for us. There is a challenge just in terms of the means of deploying it. Each metal detector would require a minimum of three staff to operate. And given the size of our institution, the hours we work, and the number of buildings and entry points, this would be a considerable undertaking.

Speaker 1: Dr. Podolsky:

But having said that, it would be certainly be something that we would nonetheless pursue if we thought it would significantly enhance the safety of our campus. But there is a growing body of research indicating that those who are intent on causing harm simply are not deterred by metal detectors. And indeed, we've learned that many institutions have discontinued using metal detectors due to their lack of effectiveness in preventing this type of violence.

Speaker 1: Dr. Podolsky:

I would say to some degree, each of us plays a role in creating a safe work and learning environment. And that means reporting concerning behaviors, so that they can be addressed in a manner that prevents escalation and promotes safety and wellness.

Speaker 1: Dr. Podolsky:

And finally, I would suggest that everybody have ready access to the contact information for our UT Southwestern police. I know I put that into my phone as a contact and could encourage you to do the same. The number of our university police is 214-648-8911.

Speaker 2: Jenny Doren:

I just programmed that number in my phone earlier this week. So I appreciate that. This next question, I can tell you from experience as a mom of young children, I'm hearing a lot of. Earlier this month, toddlers and infants as young as six months old became eligible to receive a COVID-19 vaccine. Some parents and caregivers are a little apprehensive about vaccinating their small children and question whether it's necessary, if most kids who test positive for COVID have mild illness. They're also concerned about rare adverse vaccine effects like the risk of heart inflammation. So what is the advice of our infectious diseases experts?

Speaker 1: Dr. Podolsky:

Well, thanks. I certainly appreciate the concern, not as a father of a young toddler, but as a grandfather of young toddlers. I do appreciate the concern and the interest in this guidance.

Speaker 1: Dr. Podolsky:

So our infectious disease experts understand that parents have questions and that they are doing the research much like they do when examining a new car seat or a new brand of food for their children. The formulation of the vaccine for this younger group of children is the same as has been given to older children and adults, just in smaller doses that stimulate appropriate immunological reactions. So, basically, sized for the children.

Speaker 1: Dr. Podolsky:

In the U.S., more than 200 million individuals have safely received a COVID-19 vaccine, including millions of children, albeit older than those who have recently been approved for access to the vaccine. COVID-19 vaccines, have undergone rigorous clinical trials, as well as FDA and CDC scientific reviews for all age groups.

Speaker 1: Dr. Podolsky:

As far as the side effects for the youngest cohort, parents should expect similar side effects as when administering other vaccines for their infants - fever, redness or warmth at the site of vaccination, and possibly just general fussiness. Myocarditis, which has gotten attention because there have been a number of cases, and for those who may not be familiar with the term, this is referring to inflammation of the heart, has simply not been seen in the Moderna or Pfizer clinical trials of young children. That is, this group who are six months to four or five years of age.

Speaker 1: Dr. Podolsky:

Now, it is true that the number of subjects in the trial is smaller than in the trials for older age groups. But this is also a phenomena seen most commonly independent of a vaccine in adolescent males. So there's been no signs, but surveillance is ongoing for the clinical trial participants.

Speaker 1: Dr. Podolsky:

It's important to note two additional things. First, studies have shown that whatever the incidence of this myocarditis is, that's been seen particularly in adolescent males or young men, it is much more common to have heart disease after natural COVID-19 infection than after COVID-19 vaccination. Also, young children or infants may more often have a mild illness, but when hospitalized with COVID-19, they are more likely to need oxygen and intensive care, due to infection of the lungs.

Speaker 1: Dr. Podolsky:

Infants and young children also are not old enough to utilize masks in public places and daycares to avoid passing infection from child to child. This is a means of protection that certainly supersedes what might be arguable - might be - just to emphasize that word might, in an older aged group, who are able to effectively wear masks, where that's just not a reasonable expectation for these infants and youngsters.

Speaker 2: Jenny Doren:

Appreciate that. There has been a lot of talk in the media about the so-called great resignation. What are we doing here at UT Southwestern to attract and retain employees and address burnout?

Speaker 1: Dr. Podolsky:

These are of course very important questions. I appreciate the opportunity to talk a bit about our institutional efforts. Let me start by recognizing the work of our human resources teams, ultimately led by Holly Crawford, our Executive Vice President for Business Affairs. From a recruiting standpoint, we continue to hire about 16% more staff each year. That reflects both as some leave the organization and need to be replaced and the need to grow our staff as we grow as an institution. And in fact, we are trending to hit a new high this fiscal year with nearly 9,000 new hires altogether. These new hires align with our institutional growth and strategic plans, but do reflect a certain level of, as I've said, routine turnover.

Speaker 1: Dr. Podolsky:

Fiscal year to date, we are seeing a little over 16% turnover amongst our staff, which is up 2% from the prior year, which was about our historical norm, maybe 12%, 13%. That is consistent to a degree, somewhat lower than other academic medical centers. And when just looking specifically in the health care arena, lower than other health systems in the region.

Speaker 1: Dr. Podolsky:

We expect that that percentage will level out by the end of the year, but we follow that very closely.

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Speaker 1: Dr. Podolsky:

And as ever, whether it's in the context of a somewhat higher rate of turnover or not endeavoring to make UT Southwestern a destination for people looking to work and to work in a meaningful environment. I should note that looking specifically within our faculty, our turnover rate has really remained essentially unchanged from what it was pre-COVID, at about the 5-6% range. And a component of that, I will point out, is the natural consequence of particular members of our colleagues who are in the earlier parts of their career going on to a next phase and an opportunity even for further training elsewhere. And for many to really get the opportunity to take on leadership positions at other peer institutions around the country.

Speaker 1: Dr. Podolsky:

I cite these numbers in part to just share the magnitude of the challenge we face to continue to field the team we need to advance the mission in all of its aspects. The fact that our numbers are really, at least

somewhat, and in the instance of faculty, notably better than we see at other institutions, is reassuring to a degree that UT Southwestern is a place that people would like to work. But in no ways warrants any complacency. So we do focus on the benefits, which are important to everybody. Medical coverage, benefit pension plans - retirement benefits that is to say - which we believe are significantly competitive, as well as other components like longevity pay, to name a few, to help us remain attractive in the context of this great resignation, as the question referred to.

Speaker 1: Dr. Podolsky:

Other ways that we endeavor to make this a destination and a place to come and stay are self-care resources, childcare, pregnancy and lactation support, psychological/psychiatric training and fitness programs, among others. As a workplace culture, UT Southwestern consistently trends above academic medical center and health care organization benchmarks for employee engagement. And as I have reported, in past months, UT Southwestern's been ranked among the top 10 national employers - of large employers. That is those organizations with more than 5,000 employees. And actually, top five of health care employers in that *Forbes* survey. And that's not just regionally or even statewide, that's nationally. So we can take some reassurance in that. But not for a minute any possible notion that we can just sit back and just rest on those laurels. We will continue to look at opportunities to continue to enhance the work environment for everybody at UT Southwestern as a counterpoint, great resignation or no great resignation.

Speaker 2: Jenny Doren:

We received a lot of questions this month. I'm going to try to squeeze in one or two more. I may have us go slightly longer this month. We received a question about an influx of patients coming to the emergency department. What is being done to address wait times?

Speaker 1: Dr. Podolsky:

Well, I would say acknowledging the challenge, it's certainly not unique to UT Southwestern. We're hearing this is an experience across hospitals really throughout the region. And it's not just COVID, but that clearly does contribute. And certainly in periods like now, when we're seeing some uptick in the number of cases. So what we are doing is to redeploy, as it were, some of our staffing to really move the staff to the ED at times when there are particularly high volumes to improve our operational efficiency and to achieve the shortest wait times that we reasonably can. We continue to look for ways to provide our patients and their families with the best care and experience, and are always open for suggestions where anyone sees an opportunity for us to do just that.

Speaker 2: Jenny Doren:

And if we could end with a data question, are you able to share how many UTSW employees have had COVID-19 to date, and how many have had it more than once? Also, do we have any data on the asymptomatic test positivity rate?

Speaker 1: Dr. Podolsky:

So, I certainly can provide numbers on the first part of that question, how many UT Southwestern employees have had COVID to date. And tracking the numbers through our Occupational Health, as of Monday afternoon, since the very beginning of the pandemic, a little more than 7,500 employees have tested positive for COVID-19. That number includes all reported tests. So those administered by UT Southwestern, as well as employees' positive at home tests or positive test results that they receive

elsewhere. To the question of how many have experienced more than one infection, to the best of our knowledge, that's a little over 200, or to be a little more precise, 228 employees who have tested positive twice. And four employees who are known to have tested positive three times.

Speaker 1: Dr. Podolsky:

The asymptomatic community levels involve a bit more guesswork, and we estimate are about 2%. Of course, for many months on end, we were testing all of our patients who were scheduled for elective admissions or procedures, and who were ostensibly asymptomatic, and discontinued that practice when for months on end the level of positivity was in the 1% or lower range. We will continue, I should say on that point, to be attuned to whether or not we need to reinstitute that kind of screening to ensure the safety of our health care providing environment. But that is the best estimate that we have in terms of truly asymptomatic prevalence.

Speaker 1: Dr. Podolsky:

Just to round out the answer. If we look at the patients who are being tested in our emergency department, they have a positivity rate of 14%. Whereas, those without symptoms coming for testing are about the same. So it's to me a bit of a head scratcher. But that's reflective of clearly some distinction between those who are truly coming in for a screening process like we used to have in place, particularly at Bass, and those who for whatever reason are coming to an emergency department.

Speaker 2: Jenny Doren:

Well, thank you very much, Dr. Podolsky. And I appreciate your extra time this morning.

Speaker 1: Dr. Podolsky:

Thanks very much, Jenny.

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