

April 15, 2020, Weekly Briefing Transcript

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I am pleased to welcome you to this third weekly briefing session for the UT Southwestern community. This period of social distancing and working remotely has made keeping in touch all the more important, and I continue to be impressed and grateful for the way that the entire UT Southwestern community is responding to the challenges posed by COVID-19.

Thanks to each of you, the work of delivering on our mission continues in all areas: educating our students, advancing research to discover new treatments, new preventions, and new cures, and providing care to those in need of our help and expertise.

Thank you also for your feedback on these briefing sessions and the questions that you are submitting. I expect to be responding to several of them following my update remarks as they will be posed by Jenny Doren from our Communications Department, as she did last week. Beyond the ones that I have the time this morning to address directly, please do check our COVID-19 website, where we will respond to all questions that have been submitted over the past week.

So let me fill you in on the activities of the past week and where we are in our challenge with COVID-19. For those of you who follow our website, you will know that the number of patients we are caring for in Clements University Hospital has remained relatively steady – if anything, slightly less than they were a week ago.

As of yesterday evening, there were 11 COVID-19-positive patients in Clements University Hospital; seven of those are in our intensive care unit. In addition, there were five patients who were persons under investigation – that is a possible infection with COVID-19 but for whom test results are not yet available. I would hesitate to draw any firm conclusions on the impression looking back over this past week, but it is at least encouraging to me that the number of admissions that we are seeing here – and as I have seen in other hospitals in the area – generally seemed level, to suggest that perhaps we're seeing a point at which there is a flattening of the curve of the prevalence of COVID-19 infections.

To help us understand where we are and what the future may hold, I am very pleased to let you know that we have a team that has joined forces between our Department of Internal Medicine Division of Infectious Diseases and Geographic Medicine and the Lyda Hill Department of Bioinformatics and other collaborators to develop models specific to the experience here at UT Southwestern, but also looking more broadly in the region, and I hope next week to be sharing more details of those models with you, including what they say about what we can anticipate in the weeks ahead.

Another topic that I know has been on many of your minds and certainly very much in the news is that of testing and the capacity for testing. We are continuing to expand our capacity here at UT Southwestern, and I've also now been able to accelerate the notification to patients about testing outcomes. Our patients are undergoing testing in three different venues, as it were. We have the drive-

up site in the visitor parking lot of the Bass Center, which requires authorization from a UT Southwestern physician and for which a patient can schedule an appointment and be very quickly in and out of that testing site.

We're also doing testing at Clements University Hospital for patients with scheduled appointments, and we are doing rapid response testing for those in the Emergency Department and in other emergency situations, as in those anticipated to undergo emergency surgery, as one example. As of yesterday, all testing results are now immediately being released to patients through the MyChart function of our electronic medical record. Work is ongoing in developing the additional capacity to measure antibodies for COVID-19, and we hope in the next week or so to be able to add that capability to our ability to detect the COVID-19 virus itself.

Last week I mentioned that we would be forming a UT Southwestern virtual care clinic. I'm pleased to tell you that is now up and running and is available to UT Southwestern employees and their families irrespective of whether you have been a patient at UT Southwestern. It is staffed by physicians from the Division of General Internal Medicine and Department of Family and Community Medicine.

As of yesterday, it was expanded to provide access for patients of UT Southwestern specialists, whether or not they have a primary care physician at UT Southwestern. With a referral from the specialist, virtual visits will likely be scheduled on the same day that the visit is requested.

I know the concern, particularly in our health care facilities, has been the risk of exposure and infection in the course of caring for our patients, and you've asked about what our experience has been with respect to members of our team being found to be COVID-19 positive.

I am pleased to say that as of last evening, the number relative to the scale of the UT Southwestern health care team and to the intense work that they do caring for patients has in fact resulted in relatively few known infections among our health care providers. As of yesterday evening, a total of 21 UT Southwestern employees have been found to be positive for COVID-19, as assessed through our Occupational Health colleagues. Of those, the great majority had acquired the infection in the community setting. One individual was known to have acquired it as transmission from a patient, and then, unfortunately, a colleague who had become exposed in the community transmitted to three or four other colleagues before it became known that this first individual was positive.

I am pleased to say all are doing well, and the fact that we can find only one instance of a member of our health care providers to have acquired the infection from exposure to a patient is a testimony to the rigor by which the team is approaching its safety measures, proper use of PPE, proper use of hand-washing, and, as a result, fortunately we have seen few colleagues who were removed from the fight because of exposure to COVID-19.

A question that has been raised on a recurring basis is the availability of our PPE. We remain well supplied and certainly adequate to what we see as not only the current challenges, but by what we can best anticipate the needs in the days and weeks ahead.

As you are aware, we instituted a policy last week of resterilizing N95 masks as a conservation measure. In this process, the mask of an individual is sterilized by exposure to hydrogen peroxide. At the conclusion of that process, the hydrogen peroxide breaks down to water and oxygen, so there is nothing left on the mask itself, and the mask is returned to the individual from whom it was taken. And with this, we believe we can not only ensure the adequacy of our PPE availability, but at the same time ensure the safety of those working within our health care facilities.

We have been very fortunate to continue to have donations that have supported that supply of PPE, in addition to the outstanding efforts of our supply chain team led by our Charlie Cobb and Donny McLaughlin. In addition, our community has stepped forward to help those at the front lines with meals, with support for child care – and for those who are still in need of the latter, please know that there applications are still being accepted for that support.

I want to take a moment to acknowledge also both the spirit and ingenuity of our medical students. They have stepped forward to volunteer in many ways, even as their own education has in other ways been disrupted because of the adjustments necessitated by COVID-19.

They have helped us in screening at the entrances to our health care facilities. They have backstopped some of our front-line workers by helping and supporting them in their child care needs, and at the same time they have found ways of completing their degrees so that our fourth-year students will graduate on time on May 2 – just in time to undertake their training, when that could not be more critical. I want to both salute and thank our students for the way that they have shown the spirit that no doubt first took them to medical school has survived over the course of their time as part of our medical school community.

Turning for a few moments to our ongoing commitment to research even if our laboratories at this point – outside of those which are directly working on COVID-19 – are not active. We are nonetheless positioning ourselves to try to contribute to advance our knowledge of the pandemic and to learn from our patients. Just yesterday, our Dean and Provost, Dr. Lee, sent an announcement to the campus of the formation of two very important initiatives. The first is to create a COVID-19 patient registry. This will allow us to gather together all that we are learning about our patients to gain greater insights into the most effective ways in which they can be cared for.

In parallel, we are establishing a SARS-CoV-2 biorepository, SARS-CoV-2 being the actual virus behind the COVID-19 disease. By collecting biological specimen such as serum, it will allow many, many investigators to begin to understand various dimensions of the SARS-CoV-2 infection and how it leads to the COVID-19 disease.

And I would like to acknowledge that this innovation goes well beyond the work in our research community. I was pleased to see this week a manuscript to be published in the *Journal of Neuroscience*

Nursing by a number of our nursing colleagues in the medical ICU and the neuroscience intensive care unit at Clements University Hospital detailing all the innovative ways in which our nursing colleagues in the face of the challenge of COVID-19 have found ways of reducing unnecessary use of personal protective equipment and promoting staff safety and readiness. So the spirit of innovation, which is a core value, really part of the essence of UT Southwestern, continues to manifest itself despite the challenging circumstances in our research community, but really across the campus.

Last week I did mention that – which everybody would, I realized, appreciate without hearing it from me – this is also a period of financial challenge for UT Southwestern. The decision to cancel or postpone elective procedures ahead of the anticipated surge for COVID-19 patients was a natural impact on our revenue and, as I mentioned last week, to the extent of \$2 million to \$3 million a day. I'm pleased to say that last Friday, we received from the federal government an aggregate payment of nearly \$26 million in partial offset to that loss of revenue and to the additional expenses that we've incurred. \$26 million is of course a lot of money but a fraction of the amount that it's so far been necessary for UT Southwestern to cope with as a way of responsibly addressing the COVID-19 challenge. Nonetheless, it is a welcome offset even if only partial. We remain hopeful that there may be more support forthcoming, but in any case, I want to assure you as I have in each of the past two weeks of briefings that we remain committed to protecting the jobs of our current employees and have no plans for layoffs or furloughs.

So before concluding and turning to Jenny and your questions, let me spend a minute or two on what we can expect in the weeks ahead. Certainly as I've already touched on, we will be expanding our testing capacity not only in the scale of which we may be able to test for the virus itself, but hopefully the additional capability to test for antibodies which would tell us who has been exposed, perhaps without even knowing it, to the SARS-CoV-2 virus and to know whether they may be protected by it. As you may have seen in the local news either yesterday or this morning, we are also in conversations with the county to undertake a responsibility for broad screening to understand really what the prevalence of the virus and the antibodies may be within, to begin with, the county of Dallas, and we hope eventually to expand beyond that.

So expanded testing both for the purposes of our own community and in supporting the needs of the community outside of our campus are certainly important events that will occupy our energies in the weeks ahead. As importantly, and I would assume as even more welcome news, we are beginning to develop our plans for how do we begin to return to more normal operations. I will tell you that this will not happen all at once. It will require at a minimum, patience, but even as we are still needing to be vigilant and caring for those with COVID-19 and doing what we can to keep our colleagues and our community safe, we do want to begin to develop the means by which we can, at least in steps, return to the broader mission of UT Southwestern, in opening up its research laboratories, in continuing and expanding on the education of its students and training of its trainees, and of course caring for the patients, many of whom have had to defer elective, but that's not to say unnecessary, care. And so I will be reporting to you next week as those plans develop.

And at this point, before turning things over to Jenny, I once again thank you for the exceptional efforts that I know are going on every day across the campus for those who are still here because their work is

necessary on the campus and for those who are doing incredibly important work but from a remote site. And so with that, I'm going to conclude my remarks and I'll turn to Jenny Doren for your questions.

Jenny Doren:

All right, well thank you so much, Dr. Podolsky. And good morning to all of you joining us, listening from home or here on campus. We appreciate your questions, so I want to dive right in and begin with testing and clinical trials. It's a topic dominating the media right now. First, how accurate are the tests? And second, can you please talk about the different experimental therapies that UT Southwestern is offering for patients who have COVID-19?

Dr. Podolsky:

Well, thank you for the question. Currently, UT Southwestern is using a test that has been approved by the FDA for COVID-19. To date, the FDA has issued 20 emergency use authorizations for diagnostic tests. Any test approved has been determined to provide accurate and reliable results. The main platform that we are using has been developed by the Abbott company, and as I've heard with very welcome confidence from our Dr. Ravi Sarode, who leads our clinical molecular laboratories, this has been validated to a high level of sensitivity and with reliability.

As new tests are developed such as the serologic test, that is the test for antibodies, we will continuously reevaluate those for the role that they would play in our own activities here. To date, there are no FDA approved evidence-based treatments for COVID-19. UT Southwestern researchers, that is to say, partners between our care giving physicians and their teams and investigators, are enrolling patients in three different types of clinical trials or clinical trials for three different types of intervention. The first category of intervention is agents that aim to inhibit virus fusion or entry, using a variety of approaches, such as a convalescent serum where the antibody would presumably bind to the SARS-CoV-2 virus and prevent it from attaching to cells and therefore limiting the infection.

The second category of treatment that we are exploring are agents which disrupt viral replication in the same way that there are medicines for other viral infections. An example here would be the antiviral remdesivir and, another, favipiravir. The third category of clinical trial that we are engaged in are modalities that aim to regulate the inflammatory response to COVID-19, as we have come to learn that particularly in those who have evolved to the very severe stage of the disease, often a significant attributing factor is our body's own inflammatory and immune response to the virus. And so agents that, for example, block a protein called IL-6, interleukin 6, a category of proteins called cytokines, which is key to the inflammatory response, have been launched in the hopes of blunting that immune response which ends up being injurious to the person who's infected.

Jenny Doren:

All right. Thank you for that response. I want to stick with the conversation on testing. Many major retailers are setting up drive-through COVID testing sites at their locations. And they're promising patients will be able to get results within minutes. Do we have plans to create additional testing sites? If so, where? And if not, can you provide some context behind that decision?

Dr. Podolsky:

We do intend to stand up additional testing sites. Exact locations and timing have yet to be settled. Part of this will be within the context of what I mentioned in my remarks, about working with the county to really extend beyond the testing of our own patient populations, to the populations of Dallas County more broadly and patients who are in circumstances where their providers have limited access themselves to testing. So yes, we will be expanding. And I look forward to updating you as to exact locations in future briefings.

We do have the point-of-care testing capability. That would be almost certainly what was referred to in the question, where it's possible to have a positive answer within five minutes, maybe take as long as 30 minutes, but clearly an order of magnitude sooner than the routine test turnaround, which is typically a day now for us. At this point, the limits of the number of machines to do that testing and the reagents to carry out the test has made it necessary for us to be selective in where we deploy them – in places where, really, the decisions to be made can be informed by the test, such as whether a patient should be admitted. So as you would follow from that example, our emergency department is a primary point for deploying that. As they become more available, we can certainly consider expanding them beyond those special settings.

Jenny Doren:

And I know our testing capabilities are evolving by the day, if not probably even more so by the hour. I want to shift now. Many people are writing in largely focused on life after COVID-19. People are really itching to get back to work. We have received numerous questions from researchers who want to get back into the lab, resume normal operations. While of course we know that a timeline is largely a moving target right now, can you please share with the community the metrics or perhaps the parameters that will be used to determine when University research will get back into full gear and what goals should be achieved before beginning to reopen operations?

Dr. Podolsky:

Well, I wish I had a more satisfying answer than I'm able to give this morning. And I hope that the more satisfying answer will have more shape to it next week, when I will certainly plan to address the question again. We really are just thinking through those exact questions and including setting aside what would trigger a confidence to begin to reopen laboratories, what the steps are to do that in a safe fashion. For example, we would expect in the initial stages that we would again limit the number of individuals in a given space at a given time. We will consider whether having a mask will be necessary in that setting, as it is now across all of our health care providing settings.

But I hope those listening to this answer will take those as examples and not as decisions just yet. A part of this will also be within the context of what's happening more broadly because as much as we have the ability to define the operations within our campus, what's going to be going on in the community, in terms of lessening the social distancing interventions and other things which seem to have blunted the curve, will impact how comfortable we are or not about the relative risk of reintroducing COVID-19.

It's because of this, these important questions, that I am so grateful for the team that I've mentioned that is working on the modeling for us in terms of what we can expect in future weeks for additional cases of COVID-19 and getting beyond the surge. But a very, very important part of that work, which again, as it evolves we will be sharing, is to understand what are the consequences of reducing some of the social distancing measures that we put in place.

And I think everybody who has taken a moment to think about it will understand that as those loosen, there will be inherently the risk of a resurgence of the virus. And so as much as we will think about the steps to reopen the campus, we will be equally focused on how will we detect any backsliding as it were in the reemergence of COVID-19.

Jenny Doren:

We appreciate your honesty with that one. I know this one's probably also going to be challenging to answer. Do you have any idea of when workers who are considered at risk will be allowed to return to their jobs in patient care?

Dr. Podolsky:

Well first to acknowledge that we obviously do appreciate that there are individuals who have greater risk of complications from COVID-19 than others, and it's for that reason that we made the decision that certain individuals with those increased risks should not be involved in patient care at this point in time. We also want to do everything we can to ensure the health and safety of our workforce. Knowing that those individuals within those classes are eager to get back to the career they've chosen to help patients, we are going to be guided ultimately by the recommendation from our Infectious Diseases leadership and Occupational Health as to the prudence at a given point of now again removing some of those policy limitations that we put in place. There is not a time certain which we know that we can do that. It will be within the broader context of having the confidence that we can be removing the various nonpharmacologic interventions like social distancing in the more general context of where are we in this pandemic.

Jenny Doren:

Dr. Podolsky, there continues to be growing interest in patient care and what we are doing to protect the health of those who test positive for COVID-19. Are we keeping patients in an observation capacity if their symptoms are not severe, but they are in a high risk category for complications? And additionally are we referring patients to or utilizing the remote hospital – for those who aren't aware, that is the convention center – to make more room perhaps for COVID-19 observation units?

Dr. Podolsky:

As in other circumstances, the decisions regarding admitting a patient to the hospital or keeping them in observation status are made by our clinicians based on many factors, including underlying comorbid conditions, their health status, and other clinical factors. Yes, in some circumstances, even though the patient has not been yet identified or known to have COVID-19 disease, we are admitting them to the

hospital. That is that number that I referred to earlier in my remarks as persons under investigation. And that just reflects the general policy, that clinical judgment which takes into account all of the factors I mentioned and also, I should add, home circumstances – whether there are the supports at home versus not, which would influence what would be in the best interest of that patient.

It's not that there is a uniform policy, as in other clinical circumstances, based on the individual patient need. The hospital, the temporary hospital which has been established down at the convention center, as yet has not been needed. That is a reflection of the very fortunate circumstance that we've not seen the surge that unfortunately other parts of the country have seen. And so we, UT Southwestern and the other hospitals in the region, still have ample capacity to care for all of the COVID-19 patients until the point in which they're well enough to be discharged and continue to see those patients who are otherwise being admitted for other conditions.

Jenny Doren:

All right, well in the interest of time, I'm going to have to pause our questioning right now. I want to, of course, remind people that those questions we did not get to, we're going to use the answers to amplify our FAQs, our Q&As online. And some of the questions that we are receiving are very specific to individuals. Those questions, we're going to make sure that someone reaches out to them directly to get a response. And Dr. Podolsky, as you wrap up your closing remarks, I do want you to know that we have received also a number of questions from people who genuinely care about you. They want to make sure that you're hanging in there, OK? We know that this is a challenging time. We appreciate your leadership now and of course always, so thank you.

Dr. Podolsky:

Well thank you, Jenny, and thank you to those who may have reached out through this forum. I certainly have heard from a number of you. I want to assure you I remain entirely healthy. I feel blessed for that and am absolutely focused on what we can do to make sure that UT Southwestern lives up to its mission and will emerge from this as the vibrant, strong organization that it was when we first heard of COVID-19, however many months ago it was. I want to thank everybody once again in the UT Southwestern community for being a part of what makes us such a special place and for what you do to serve our patients, our students, and really the world broadly through the research that goes on on this campus.