

July 1, 2020, Weekly Briefing Transcript

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and once again I am pleased to welcome you to this weekly briefing for the UT Southwestern community. Today is a bit of a milestone: July 1, our 14th weekly briefing, and now entering the fifth month since the pandemic of COVID-19 landed in North Texas. I know that this has been a very long haul for everybody, but I also know that you have shown and will continue to show the incredible commitment and resilience which has made it possible for us to deliver on our mission throughout that time, be here for our patients, see that our learners are advancing in their education and training, and that we are making discoveries that will change the lives of people here in North Texas and around the world.

As in past weeks, I'll first take about 15 minutes to share with you an update of events since last week's briefing, and then I'll turn to Jenny Doren, a Director in our communications [department], and she's going to pose the questions which you have forwarded over the course of this past week for me to address.

So it will be no surprise to anyone listening to this, I'm sure, that we are seeing a significant increase in the number of new cases of COVID-19 really across the state of Texas, and North Texas and Dallas are no exceptions. I do note that there are some areas of the state, Houston for example, which are even more severely impacted. But nonetheless, it's clear that we have a greater challenge today than we had just a few weeks ago. As you undoubtedly also know, in response to that, Gov. Abbott issued two executive orders last week, pulling back on some of the reopening that he had approved just a few weeks ago in early May. And I'll return to the other order with respect to elective procedures in the course of my comments.

You may also know from the media that Vice President Pence visited Texas last Sunday. What you may not be aware of is that following his visit to the First Baptist Church, he visited UT Southwestern, along with Gov. Abbott, Sen. Cornyn and Ambassador Dr. Deborah Birx, as well as other leadership for both the state and federal government. Having had the chance to hear about our efforts on the campus and to discuss the evolving and concerning circumstance here overall in North Texas, it was a very substantive and constructive discussion that included also the means by which the federal government may be able to help as things evolve over the next weeks.

What was picked up by national [and] local media is that the Governor and the Vice President held a press conference while they were on campus. And while that conference was not focused on UT Southwestern and did not include any UT Southwestern participants, they used the UT Southwestern backdrop so that anyone who saw video footage on the conference on TV saw our name and logo. And I'm especially pleased that that logo was the backdrop to hear from the Vice President and the Governor just how important it is for individuals to cover their faces, to wear masks as a means of preventing illness and helping curb this pandemic.

So, where are we? I want to turn to the most recent updates provided by our modeling group. In fact, we've just posted, I believe yesterday, an update from Saturday evening. And I've just seen an update that was completed last evening and will be posted in another day or so, as soon as it's put in proper form. Those updates do show, of course, a substantial increase in the number of hospitalizations and new cases. What they also show and is reflected in our experience here on the campus is that a lot of this increase is among those who are in the 20 to 40 age bracket, which is a significant change from what we were seeing in April and early May. Indeed 50 percent of the hospitalized patients in North Texas are now under 50 and 30% of patients in the ICUs also in that younger group, compared to what was seen, as I said earlier, in the hospitalization. To give a sense of the pace of increase, hospitalizations have gone up by more than 30 percent in the course of a week and almost doubled in the course of a little more than two weeks.

I will share what I saw this morning as a glimmer of hope in the most recent update yet to be posted in which the rate of increase, particularly in Dallas County, seems to have moderated a little bit. I think it's too soon from what I've seen to know that this is a continuing trend. We can hope it reflects the impact of the county order, directing businesses to require masks for those in the stores, and as yet to see what would be the hope for impact of the Governor's rollback in his executive orders.

Nonetheless, I think we still remain highly concerned, and especially as we head into this high holiday weekend, that our fellow citizens may not show the level of restraint in terms of interactions and in terms of compliance with masking and other nonpharmacological interventions, which clearly are essential in determining whether we are going to get to the other side of this rising tide of cases or not. So I would make a personal plea to you to enjoy this Fourth of July weekend, but do so always mindful of your role in helping to stem the pandemic by not compromising the physical distancing, the use of other interventions, like masking, the hand sanitizers, and not only for yourself, but encourage all of those around you. This will only come under control when we collectively have really engaged that, and each one of us has our role to play. And I think each of us at UT Southwestern especially, being dedicated to the health of people in our society, really have a special responsibility to set that example.

With respect to the specifics on our campus: In fact, at our Clements University Hospital, the census of COVID inpatients has been relatively stable this past week in the 30s. It was 30 yesterday afternoon. Although there has been a notable increase in the number of patients hospitalized at Parkland – where it was in the low 90s when I briefed you last week – as of yesterday, there were 130 patients there. In our hospital and our partner, as well as those around North Texas, as I've already noted, we have seen this evolution to numbers of patients of a relatively younger age, and I would also say more household clusters – multiple members of a household and family coming to be admitted – which I take as only further reinforcement of how vital it is for any one person to not only be protecting themselves, but to know that in doing that, they're protecting those who are nearest and dearest to them.

I do assure you that notwithstanding this higher number of patients relative to where we were two or three weeks ago, it remains well within our capacity and with plans well in place led by our EVP for Health [System] Affairs, Dr. John Warner, to really accommodate a significantly greater number of

patients if that becomes necessary, as it may well be in the next couple of weeks, and to do so while maintaining the safety of our care environment and the safety of patients needing other care who are still coming to UT Southwestern.

There have been adjustments to make that all possible. For example, some services that were at Clements have now been transitioned to Zale Lipshy: our geriatric service and soon to be our otolaryngology service. We are also now performing a greater number of procedures for our patients in our new Frisco facility and have made plans to develop a dedicated UT Southwestern unit on the Texas Health Dallas campus, as we may need to accommodate more volume here. So, we are well prepared to meet the challenges that we see in the weeks ahead.

I do want to come back to that executive order of the Governor because I think that some of the coverage of that did not fully address, if you will, the nuances of that. The Governor clearly was concerned that there would be the discipline to limit elective surgery as might be necessary for accommodating a surge in COVID, but the most important thrust of that was to ensure capacity for COVID-19 patients. We have continued to do that and acted in a manner to ensure that all through, and will continue to do that, and have been, really, essentially in compliance with what that executive order detailed really all along. So, I want to assure the community of this.

I've mentioned, now turning to another topic, our intention to carry out a large-scale Prevalence Study. I'm very pleased to say that it's really just around the corner, with the intention to actually be launched next week. Remember, this will sample up to 44,000 individuals across both Dallas and Tarrant counties. I can say, taking from the private briefing that I referred to earlier in my remarks, that in hearing about those plans, Dr. Birx, along with the Vice President and Governor, really celebrated it as a very important and potentially really impactful initiative that UT Southwestern was undertaking that they would hope would be certainly of benefit to our region, but also in what it would tell us well beyond. In particular, what we expect it will show us is where there may be, and the extent of, asymptomatic infections, which clearly are a really significant element in what overall is shaping the number of new cases in our community and I think communities worldwide.

Now, to address another important topic, I wanted to make you aware of some changes in the approach our Occupational Health group is taking in terms of added vigilance among potential exposures on the campuses. The practice now will be to immediately test all employees and students who have been exposed to COVID-19 and not to stratify them by the degree of that potential exposure. So even with what we believed all along are very minimal exposures, we are going to err on the side of testing. If the test is positive and the individual is determined to be high risk, they will, of course, be expected to self-quarantine. Occupational Health, I want to reassure you, will be reaching out to those on campus known to have been in contact with affected individuals.

I know that there's great concern to know who on the campus might have been diagnosed with COVID-19. I need to point out that privacy regulations do not allow us to disclose the identity of anybody who has tested positive without their consent. I show you two things: One is, if anybody who has been diagnosed was within your sphere, or you may have been in contact, you will be contacted by Occupational Health. We are alerting supervisors of units, not of the individual, but that there has been

a case, to know that it's an area of concern. Again, our priority is to ensure the safety of everybody at UT Southwestern who wanted to know of those approaches which are designed to do just that.

As I noted last week, just to get into a little more of the specifics, we are now posting the number of UT Southwestern employees who have, in fact, been diagnosed with COVID-19, and we're updating that once a week. So, the numbers I'm about to share with you can be found on our website. For last week we had 25 new cases, which brought us to a cumulative total of 87 cases out of the campus population of approximately 19,000 UT Southwestern employees.

Now, of those 87, and this is over the course of the past 14-plus weeks in total, 71 were infections known to have resulted from a community exposure. Three were from exposure to a fellow employee in a nonclinical campus setting. Seven were from employee to employee in one of our clinical settings. Finally, six were employees whose exposure appears to have been from a patient. So, those are the numbers. Eighty-seven is still 87 too many, but I do think put it in the perspective of the scale of the community we're concerned about, over the course of four months. I take this as evidence of just how much this community has seriously committed to compliance with the nonpharmacologic interventions that we've touched on each week.

Before I wrap up on the topic of COVID and its many dimensions, I did want to touch on some of the remarkable energy and momentum, at least in my mind, of our research community in rising to the challenge of this as a scientific and, obviously, ultimately the health challenge it presents. I want to note that the Dean's Office has created a new website on COVID-19 research, which can be accessed through our UT Southwestern COVID-19 website, and it provides references to ongoing research projects, as well as funding opportunities, campus resources, and faculty publications related to COVID-19. I was certainly, well, I'll say amazed to realize the last week that there are in excess of 145 research projects focused on COVID-19 now in progress on the campus, ranging from very basic efforts to understand how this virus infects cells and causes cell damage to new and novel approaches to therapeutics and their evaluation in clinical trials. Already those efforts have led to more than 70 publications by our research colleagues.

So, the final topic I would like to cover before wrapping up and turning to your question is a non-COVID-19, and that is our Values in Practice or VIP employment engagement survey which ended on Sunday. I want to thank everybody who participated, and you really did turn out; 71 percent or more than 10,000 employees shared their views through this survey. We are still in the process of assessing all of the information that it has generated, but at a high level I can tell you that it shows a significantly higher rate of engagement since we first did that survey a year ago, and even since the intermediate pulse survey we did at the beginning of the year. We'll be sharing the details of that. You also shared more than 14,000 comments, so we're in the process of reading through those to really learn what you have to tell us so that we incorporate those into our future plans. But, I want to reinforce the assurance that you had in taking your time to complete this survey that this will be used in order to do everything we can to make UT Southwestern a better place for our entire community to work.

So I wanted to let you know what the next steps will be so that you can have that further confidence. First of all, we're going to follow up with managers whose engagement scores from those working on their teams were in the lowest quartile to really understand what it is that needs to be done to improve the environment in those areas of the campus, particularly in relationship to managing through this extraordinary circumstance of the pandemic. Just as importantly, we will be reaching out to those managers who were really in the very top of the engagement to make sure they know how much their leadership for their teams is appreciated and so we can learn from them what it is that has made them so effective.

We will be conducting more in-depth analysis on the survey to inform action planning recommendations, and we will be expecting manager action planning with a due date for plans for each manager no later than the end of August. As we are able to organize all the responses that we receive, we will be sharing these results with the campus overall and with individual groups. We'll be facilitating how results get disseminated to employees and work with our managers to help them really help all of those who are on those teams.

With that, I'm going to conclude, but for one last comment, and that is to come back to where I started. This is the 14th week, and I want to offer a special thanks to our AV team and to our communications. AV here with Hugo Parens and Javier Soto and Jenny Doren from communications. What you might not know is as we do this each Wednesday morning to get it out fresh by 9 o'clock, they're here with me in the B building at the crack of dawn, and I really appreciate that commitment week in and week out. So with that, Jenny, I'm going to turn to you for the questions. I know I've run a little bit long. I'll cover as many questions as we can within the remaining time, but as always, anything I don't get to will be answered more directly from our communications folks in follow-up.

Jenny Doren:

Thank you, Dr. Podolsky, and thank you for your continuous guidance and updates. I'd like to begin with concern about noncompliance, specifically when it comes to masking. We are hearing from multiple people who say they spot colleagues not wearing their mask or wearing them incorrectly all the time. What is being done to enforce the mask requirement and hold those accountable who are not following policy?

Dr. Podolsky:

Well, I'm glad that this question is posed because I have seen this myself and find it as disturbing as whoever posed the question. We do expect managers to be the responsible person to ensure that everybody in their area understands the requirements and complies with the requirements. We maintain several methods by which an individual who is seeing conduct or suspected noncompliance can forward that so that there can be action taken. Again, there is the normal administrative channel, that is reporting to your immediate supervisor to address or for that supervisor then to elevate to the next level of institutional responsibility. So I encourage you as an alternative – for whatever reason that either is not available or just as a means of ensuring that the message gets through – to turn to our

compliance hotline. Remember that number is (877) 507-7319. That does give you the option of anonymity if you prefer to do so, as we understand many may.

Also, you can email our Chief Compliance Officer or any other Compliance staff members who are tasked with really following up and addressing this with those who are not living up to their responsibility to their colleagues here on the campus, by failing to wear masks according to our guidelines or are otherwise not complying with our policies of nonpharmacologic interventions.

Jenny Doren:

And I think to stress some of what you said earlier, the importance of being very unified in the message that all of us send our community. Dr. Podolsky, we also received several emails since we met this time last week, asking for you to provide additional information on confirmed COVID-19 cases on our campus. What more, if anything, can you say, and also do the numbers provided for employee-to-employee exposures include UT Southwestern employees who work at our partner institutions, Children's Health for example?

Dr. Podolsky:

Thank you. Yes, our positive census numbers, the numbers I just shared with you, represent our employees, even if they're deployed elsewhere, as long as UT Southwestern Occupational Health is made aware, and that is the responsibility of every UT Southwestern employee, irrespective of whether the venue where they work is a UT Southwestern facility or one of our partner facilities. If we have non-UT Southwestern employees, such as residents who are employed by Parkland, if non-UT Southwestern employees are included in a cluster investigation at UT Southwestern, they are directed to their home institution's Occupational Health Department for notification and management. And likewise, if a UT Southwestern employee is involved in an exposure at another institution, as I already touched on, the employee's expected to report this to UT Southwestern Occupational Health. And just to reemphasize, we are reporting those employee numbers in terms of COVID-19 diagnoses on a weekly basis, but because it comes up so often, I'll just say again: Requirements for privacy preclude us from identifying specific individuals by name.

Jenny Doren:

So sticking with this topic for just a bit longer, if an employee is instructed by UT Southwestern to refrain from coming to work due to a COVID-19 exposure, how is that time away from work categorized? Must personal sick time be used? If so, what occurs if an employee does not have adequate sick time to cover the time away from work?

Dr. Podolsky:

Well clearly we are concerned that someone may feel the pressure to work when clearly they should not be on the campus. And this was a concern of the federal government early on, and on March 19, the government passed emergency leave acts that became effective April 1. These new policies stated that any eligible employee who tests positive or is quarantined due to symptoms can apply for emergency paid leave and/or emergency family medical leave even if they don't have adequate sick time

themselves. Those policies, including eligibility criteria and rates of reimbursement, can be found in UT Southwestern's policy library under policy EMP262. That policy is for Emergency Paid Sick Leave and Emergency Family and Medical Leave. If you have any additional questions, please speak to your supervisor who can coordinate with Human Resources to be sure that you're fully informed of what's available to you.

Jenny Doren:

Thank you for that information. As we work to better understand this virus and who is most at risk, is there effective contact tracing happening in Dallas or Texas at large? In other words, are there statistics from the cases we have seen that could illuminate the most probable reason for the spread of the virus?

Dr. Podolsky:

Currently, there is contact tracing going on, both in Dallas and across the state. Clearly also this is being stressed by the increased number of index cases that require contact tracing. I've been informed by our public health that on average a positive requires eight contacts to be followed up with, but can be as many as 100 or more. So this is ongoing, but I have heard from experts, and here I'm not speaking about our own infectious disease experts on campus who have provided tremendous guidance, but some at the national level who expressed a concern and actually some doubt as to whether ultimately it's possible to do all the contact tracing around asymptomatic individuals. Just reaching them is a challenge, particularly if they're – as experience has apparently shown – in a younger age group demographic. So there is a supposition, I've touched on it just in a very brief way earlier, that there is a significant driver of asymptomatic infections out there that we're not seeing. And therein lies what I think will be one of the powerful insights that we should be able to derive from that Prevalence Study which we'll be undertaking. Still no amount of contact tracing or thoroughness of that should in any way diminish our attention on the focus of the things that we know work to keep each person as safe as possible, and those are those nonpharmacologic interventions.

Jenny Doren:

So, Dr. Podolsky, we are fielding numerous questions about the reporting of COVID-19 cases. So I'd like to spend our few remaining minutes discussing those. Is the uptick in cases, especially in the younger age group, related to asymptomatic cases? And are hospitalizations tracked differently for patients admitted due to COVID-19 versus admitted and found to have COVID-19?

Dr. Podolsky:

Well, let me take a couple of minutes, and I realize that will be all the time that's remaining to us, to address this question. And clearly there's a wide range of prevalence of the virus and asymptomatic infections among different populations. Over the past nine weeks, our cumulative COVID-19 positive rate here at UT Southwestern – asymptomatic patients – has been about 0.32 percent, or one in 300. And a lot of those are individuals who've come to be tested the day before they would be coming back for a procedure. And it's been about that rate, maybe slightly higher, but still well under 1 percent, even in the midst of these last couple of weeks as the broader number of positives has gone up. On the other hand, there has been a clear increase in these past two weeks, especially, in the number of individuals

or the percentage of individuals who are symptomatic being found to be COVID-19 positive, and that's on a statewide basis as well as a local basis.

And that is what really, I think, has been the figure as much as anything, perhaps along with hospitalizations, that has really told us that we are in a significant upswing here. So we have gone from positive rates that a month or so ago that were in the 5 to 7 range, to about two weeks ago to 12 percent, and recently 20 percent and more. And that's not only true here at UT Southwestern, but at hospitals across the county and really North Texas. So it does appear that a significant part of the bulge of increased cases is those who are actually symptomatic. Many of those who are asymptomatic, we can all suppose, are simply not getting tested. Now how much those individuals are still the ones behind those infections that have become apparent because the individuals are symptomatic, again, that's the question that needs to be answered, and we hope to be the ones to do that.

So clearly even 14 weeks in, this continues to be a highly dynamic and evolving challenge, and as I said in my very first remarks, one that UT Southwestern is built for because of the resilience, the commitment of everyone who makes UT Southwestern what it is. So I want to thank you for joining me. I hope you enjoy a very safe Fourth of July weekend. Remember your mission in being an example and passing the word so that hopefully we'll see this latest increase truly reaching a plateau and getting us to a downturn in the weeks ahead. So thank you.