

Sept. 2, 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 session for the UT Southwestern community. And for those of you who might not have been keeping track, at least by my calculation, this is our 24th week of these briefings. And as in the prior 23 weeks, I will plan to spend about half the time providing an update of developments on the campus since last Wednesday, and then turn to Jenny Doren, a Director in our communications department, to pose the questions that you forwarded since that last briefing.

So turning to the topic of COVID-19 and what we have seen this past week and what we expect looking into the coming couple of weeks, I'm, again, pleased to be able to say that the overall trend has been positive in terms of the numbers of individuals in the region being diagnosed and the numbers of patients that we're seeing and caring for at UT Southwestern.

Just late last evening, I did have the opportunity to see the latest update from our UT Southwestern modeling group – which after some further refinement for ease of use, will be posted on our website in another day or two – shows that we have experienced, as they had predicted, a declining trend these past two weeks and looking forward, that that trend will continue, although the slope of the decrease is itself slowing, so that it will be decreasing at a slower rate.

It is encouraging that looking backward, the R_t suggesting whether the pandemic is waxing or waning has been well below 1 here in Dallas County and in Tarrant County. And that's of course encouraging for where we are now, and it's part of the reason why we can see that there will be a further decline in the number of cases. On the other hand, a forward looking view of the R_t based on their ability to draw in various factors, such as degree of mobility of people in the region over the past days, suggests that R_t going forward may be closer to 1 and therefore, really on the cusp as to whether the pandemic will continue to decline or in fact begin to expand.

For now, the positivity rate in Dallas County has declined to 11 percent, which is down from 13 percent a week ago, and you remember it was not that long ago when it was closer to 27 percent. Hospitalizations have declined 13 percent compared to a week ago, and that's almost a 30 percent decline from two weeks ago. So all of that is, of course, a positive momentum, but for the concern that the R_t may in fact be ever so slightly increasing and for what that will predict looking beyond the next two weeks.

And of course, all of us are aware that there are some additional variables that could substantially impact that – most especially, the number of colleges and universities, which are now having in-person instruction here in the Dallas-Fort Worth area and to the extent that there are some school districts having also some in-person instruction, there's the opportunity for transmission in those environments. We know that in the younger age groups, often the children, if they are infected, may be very mildly symptomatic or nonsymptomatic at all, but they still represent the possibility of transmission to the teachers and other adults that they will be in contact with, if not just in the school environment, in their home.

So there are reasons that we could see increases in the future because of that new element. In addition, of course we are nearly on the cusp of a holiday weekend, and how we collectively behave in maintaining our attention to physical distancing, notwithstanding the holiday, also is a significant variable. So I highlight those things to say that we all can be glad for the progress that's been made, but understand that it is, as we know all too well by now from experience, something that is dynamic and not something that we can be complacent about at any time.

Getting to the numbers here on the campus, at Clements University Hospital, the number of patients we're caring for has been relatively flat, in the high teens to 20 or 21. As of yesterday afternoon, it was 19. Some of that is because we have, given the general decline from where we were weeks ago, been able to accept some patients from other hospitals requiring the highest level of care that we can provide, that some hospitals are unable to provide. Very encouraging trends at Parkland. Yesterday afternoon, 36 patients. And we can recall that in early July, that number was in the 160s. So very glad to see the distance traveled in terms of the decline in the number of patients we care for at Parkland.

Turning to a topic I've touched on each of the last several weeks – that is the experience here within our own UT Southwestern community. Over the past week, there have been nine new cases diagnosed among our 19,000-plus UT Southwestern employees. And once again, for the second week, every one of those was a community acquired infection. Or to put it another way, in the last two weeks, there has been no instance where an employee on the campus has become infected by exposure to a fellow employee, whether in the clinical or the nonclinical environment – or for that matter, by being involved in the care of a patient with COVID-19.

So to give the big picture of that, since the early days of the pandemic, a total of 256 UT Southwestern colleagues have been diagnosed, of which 221 were acquired through exposure in the community. Eight have been from one employee to another in a nonclinical area, 14 from an employee to an employee in a clinical area, and 13 from exposure in the course of caring for a patient with COVID-19. And I'll make the point once again, looking at those figures, that we can be both glad and proud that we maintain I think overall a very safe environment as we have gotten to, and then maintained, our current level of operations. But that's only because of our ongoing attention to physical distancing, wearing masks, and hand hygiene, and the other nonpharmacologic interventions that are within our ability to control.

The prevalence study, as I mentioned last week, is underway. We had hoped that in mailing invitations to participate, there would be a higher number of people receiving that mail to take up the offer. But in recognizing that the effort, as I mentioned last week, is going to be to intensify our outreach to potential participants through door to door canvassing, we have now had three virtual town halls. And I was delighted that in the course of those, we have had more than 150 individuals express their enthusiasm for participating in this study and by doing this block walking. And for those of you who were unable or were unaware of the town halls, I would like to encourage you to think about being part of this, a part of a great effort by UT Southwestern, a great way to help our overall community. And so you can still learn about how to volunteer by checking the COVID-19 website. I do want to assure you that there has been great attention given to how we can undertake this block walking in a way that ensures that health and safety of the volunteers, and there will be training sessions for all volunteers before they're sent out to quote their neighborhoods.

I've already touched on some of the potential implications of the fact that we are now into the school year, and let me touch on that topic from another direction, and that is recognizing that many of you at UT Southwestern have school-aged children, and I want to make sure you're aware of some resources as you try to juggle those responsibilities in this extraordinary time we find ourselves in.

First of all, for those of you who work with our students who have college student-aged children of your own, you might be interested in watching last week's episode of "What to Know," the weekly video series hosted by Dr. John Warner. The topic was strategies to help students adjust as the fall semester begins, with two experts: Dr. Shawna Nesbitt, the UT Southwestern Associate Dean of Student Diversity and Inclusion, and Pamela McNulty, Director of Pre-Health Advising at SMU. So that's an additional resource that I hope those of you for whom that is relevant will find helpful.

On a different note, in other years just about this time, we would have been all excited about our participation in the Dallas Heart Walk, something that from year to year has brought out thousands from the UT Southwestern community, often the largest contingent in the Dallas Heart Walk. But this event, as you would assume if you weren't already aware, has been turned into a virtual event on Sept. 12, and we are encouraging the UT Southwestern community to participate by combining it with the UT Southwestern annual Steps Challenge, which is usually done in February as part of American Heart Month. Members of the UT Southwestern community have logged thousands of steps during the Steps Challenge, and this year, they can be done and applied to the Heart Walk. For further information about this, as maybe with the additional appeal of it being a bit of a relief from COVID-19, we still ask you to see the COVID-19 website.

Now, with that, I'm just about at the end of my update for the week. And I do want to come back to the note I made at the beginning of my remarks that this is the 24th weekly COVID-19 [briefing]. After careful consideration and discussion with many, and with us on the cusp now of what we normally say is the new school year, and with us really having entered a more kind of stable period in terms of where we are leaving our operations and our activities on the campus, we will move from a weekly briefing to a briefing on an every-other-week basis. And so, the next briefing will be on Sept. 16, two Wednesdays from now.

And with that change, it's my intention to use this opportunity to also share with you more about the other developments on the campus unrelated to COVID-19. And I'm pleased to say that even though for reasons we all understand, over these past months we've had, if not an exclusive, a very high focus on COVID-19, that there has been a tremendous amount that continues to get accomplished on the UT Southwestern campus, and there's much in front of us for this coming year.

As one example, that as we get into the fall, we will be increasingly in conversations with leaders in Austin in anticipation of the next legislative session, which begins in January, and what the needs of UT Southwestern are in what will undoubtedly be a very, very challenging legislative session for the state because of COVID-19 and its impact on the Texas economy. And beyond that, to talk about the many initiatives that are underway or being planned on the campus in expanding our clinical operations and new research initiatives, and of course our ongoing activities in educating and training the next generation of caregivers, scientists.

So I look forward to being back with you on Sept. 16 and the chance to share the developments in the meantime. And with that, I'm going to turn it to Jenny for your questions.

Jenny Doren:

Good morning, Dr. Podolsky. We certainly know time is precious, and we really do appreciate the time that you carve out for these updates every week, now turning to every other week.

Since we met this time last week, the CDC has made what many are describing as a stunning shift in its COVID-19 testing guidelines, suggesting people exposed to the virus do not necessarily need a test unless they are having symptoms, are older, or are otherwise medically vulnerable. So the question that we received is will UT Southwestern support the CDC recommendation or will we do what is best from a public health standpoint?

Dr. Podolsky:

Well, let me first say that, of course, we like so many others were really caught by surprise and puzzled by the change in the CDC's guidance. And I think the CDC has taken note of the concern that the guidance was possibly misguided and is currently revising that statement given the concerns by the medical community.

Irrespective of where the CDC formally lands, UT Southwestern will continue to test based on best practices for both patients and public health, and rely on orders from an individual's provider or from Employee and Occupational Health. And to be clear, we are continuing with the same policies in terms of where we think testing is appropriate, including those who have been exposed, but are not symptomatic.

If you have any concerns about needing testing, please complete the COVID-19 screening form on our .net website. And we'll all be interested to see how far the CDC walks back that change in their guidance.

Jenny Doren:

A lot of attention focused on that topic, without a doubt. A little more than a week ago, the U.S. Food and Drug Administration issued an emergency use authorization for convalescent plasma to treat COVID-19, saying the known and potential benefits outweigh the risk. For those of you who don't know, if you fully recover from COVID-19, the plasma in your blood may contain COVID-19 antibodies that can attack the virus. Here at UT Southwestern, are we encouraging plasma donation for people who have recovered from COVID-19, and do we know whether it is even an effective treatment?

Dr. Podolsky:

Well, first, for those who may not already be aware, UT Southwestern created a plasma donation program for the community's benefit after the FDA issued guidance on March 28 about the investigational use of convalescent plasma. In fact, we were the first to establish that program here in the region, and since that time have helped other hospitals and health systems similarly set up programs. Plasma donations are being utilized as a research tool toward the treatment of select critically

ill COVID-19 patients. And we have partnered with our community blood center, that's Carter BloodCare, in this effort. For those who are interested, please visit our plasma donation webpage to learn about qualifications and next steps, or see our *Center Times Plus* story for additional information.

Now, with respect to this guidance and the issuance of the EUA by the FDA, the data that they base it on showed a 37 percent reduction in mortality in those treated with high-titer convalescent plasma compared to those with low-titer plasma. The importance being there that the level of antibodies, which can be quite variable from one person to the next, either by virtue of how much they've reacted to the virus or what the timing of the collection is relative to the original infection, that that range can be quite broad and therefore the potential effectiveness of the plasma quite different from one person to another.

There are still many questions as to the efficacy on reducing symptoms, severity, and duration, as well as identifying optimal timing of administration, if convalescent plasma is going to be used. Here at UT Southwestern, we do not currently use this as first-line treatment for patients admitted with COVID since there are other treatments and clinical trials available, and receiving convalescent plasma may potentially exclude them from participating in those trials.

Jenny Doren:

Thank you for that. Every week you provide updates on new COVID-19 cases among our 19,000 employees. Thankfully, those numbers have been extremely low. Of course, we know even one case is one case too many. We are hearing from people who are concerned we are not appropriately honoring employees who have lost their lives due to COVID-19. Will UT Southwestern make any comments or disclose any further statistics?

Dr. Podolsky:

As previously announced, we are not publicly releasing any data regarding case demographics or fatalities. Any decisions to release information regarding an employee, whether staff or faculty member, is done in accordance with HIPAA guidelines and the wishes of the family. I do want to say in reference to the underlying, very sobering issue that we have lost colleagues to COVID-19, and it is certainly my intention in the course of time that there will be a suitable memorial for them on the campus. And while I don't think that moment is now, unfortunately, as we are still in the midst of this, we will be sure that those who did suffer and succumb as well as those who help fight COVID-19 are suitably honored on the campus.

Jenny Doren:

I'm sure that will mean a lot to many people on campus, so thank you for that update. Shifting, right now, we are hearing complaints about visitors in clinical buildings, specifically young children and their guardians not wearing masks. How are our visitor policies being enforced?

Dr. Podolsky:

Well, first of all, to say that we do require that everyone – patient, visitors, and staff – wear a mask or a cloth face covering that meets CDC guidelines. In addition, all visitors, patients, and staff are screened at

entry points for symptoms and exposure and receive a no-touch thermometer scan. And it's at that screening point where there is, to use the word of the question, enforcement of the requirement for a mask or a face covering. Children under 12 are not admitted unless they are the patient or in some rare extenuating circumstances. Patients are limited to one visitor and our screening requirements and visitor limitations are consistent between our hospital and outpatient buildings.

We ask that all team members help our patients and families remember to wear their masks. Even though we would hope that in entering one of our buildings at that screening site that there is the opportunity to ensure that people are wearing masks appropriately, we do recognize that once they're in the building, there is still the possibility that either the mask is off or, as more often from what I have seen being around the campus, is not being worn properly and falling below the nose. If we see someone without it, we need to politely ask them to put it on or to appropriately raise it so that it adequately covers both mouth and nose.

Jenny Doren:

We cannot hear that enough. Shifting to a question on capacity and operations, are there any nonclinical, nonresearch departments on campus at 100 percent occupancy right now? Would 100 percent occupancy in a business office environment today be considered not in compliance with state and campus guidelines?

Dr. Podolsky:

To be fair, I cannot say with any certainty what the extent is of areas which do have people working at 100 percent occupancy. It depends to a degree on how large a group one's talking about. But really, in the nonclinical, nonresearch environment, the really important issue is physical distancing. And there are some work areas within the campus where there is sufficient distance among those who work in that area that it would be fully compliant with our policies that everybody would be working there.

Of course, even if those are environments, say, where people are in individual offices or in offices which are large enough to accommodate more than one, there is the requirement to wear masks. So, that compliance is not tied either by any state regulation or by our campus policy specifically to a percentage, but by the ability to maintain a safe working environment and maintain physical distancing and the use of other nonpharmacologic interventions.

Jenny Doren:

Dr. Podolsky, since the start of the pandemic, health systems across the country – including ours – have been working extremely hard to encourage patients not to delay their medical care. What is our institution's current plans or efforts to ensure all aspects of our patients' health are addressed in a timely manner in this COVID-19 era?

Dr. Podolsky:

Well, this is an area we should all be concerned about, that patients will delay much-needed screenings for cancer. We have concern, and there are some early indications that patients, not just specifically at UT Southwestern but more generally, are already showing up with more advanced disease than we've seen broadly pre-pandemic. And we can be just as concerned about those who need care for cardiovascular conditions, or really any health needs. It's a very important issue. We have had multiple efforts to show patients that we remain safe and are ready to care for them, as well as providing communications that stress the importance of seeking care.

We've been doing this through MyChart messaging. Through more public means, if you look around the campus, for example, you'll see billboards which otherwise were providing messages about the services that UT Southwestern provides – and, frankly, its stature – are now being used to encourage people to seek care, especially for emergency conditions, because we knew early in the pandemic that even with people with very acute serious conditions were, broadly speaking in the region, avoiding care and many ultimately dying because of the delay in care for conditions as acute and serious as a heart attack and stroke.

Still, patients who are not able to travel to campus or are concerned about in-person visits are encouraged to utilize our new telemedicine program, UT Southwestern Virtual Care, which even now accounts for 25-30 percent of our patient care interactions, which amount to more than 2,000 patient visits per day. Patients can learn more at our Virtual Care website or by calling their provider.

Jenny Doren:

Thank you. Due to the high-risk category, some of our employees are unable to work on-site, resulting in others working extra shifts or perhaps more often in a rotation. Will there be any consideration of how this might be shifted if our plan is to continue this phase for at least four more months? As an added note, requesting PTO, we're hearing from some, is challenging if there are only a few people performing specific roles on-site.

Dr. Podolsky:

I understand the concern and, frankly, this is something that we will need to work through to, in essence, pace ourselves to maintain the necessary services on campus when there are instances that some individuals who would be part of doing a given area of work are not on campus because they are at high risk. Our institutional departmental leadership have submitted return to campus plans based on operational priorities, safety, and business needs, and I do understand that that has meant that the burden has fallen more heavily on some individuals who are fortunately not in a high-risk category and needed on the campus and able to be here. I don't have a crisp answer other than to say we will need to look at that on a department by department basis, and we'll be asking our HR group to be sure we begin to look at that in the next few weeks.

Jenny Doren:

Well, as we wrap this briefing, I want to end with a question that we received specifically for you personally. What is giving you hope about UT Southwestern right now?

Dr. Podolsky:

Well, as we were in the early weeks of the pandemic, still not fully understanding the reality that we were finding ourselves in, but learning very quickly, but even in that period of uncertainty, I knew that we had an incredibly powerful asset in the commitment and the talent of the people who work at UT Southwestern. Over the months, it's been incredibly gratifying to see just how resilient our UT Southwestern community has been. I think we would be kidding ourselves if we didn't acknowledge that COVID-19 has impacted our ability to do everything that we want to do, or we would be doing, but it's remarkable how much has been able to continue to move forward even as we're caring for patients with COVID-19 and keeping the campus safe. I feel very hopeful that we have the stamina, the resilience, the commitment that will continue to keep us moving forward however long it is before we really can see COVID-19 in the rearview mirror.

Again, that's not just getting by or treading water. It is really advancing our agenda. Yesterday I was in the third tower of Clements. And we will be beginning to open up that third tower by the last week in October, and that will give us a great platform to take care of many patients who we were frankly struggling to accommodate in Clements as it was originally opened. Also, not just the scale, but the care in particular for those patients with brain related disorders, because that third tower will, in particular, be the home of our O'Donnell Brain Institute inpatient facility. Across Harry Hines, you see the new cancer center tower going up, which will provide a great new environment for our cancer patients. And next to it, what will be the home for the research programs of the O'Donnell Brain Institute. Those are buildings, but it's what's going to go on inside those buildings that we continue to see mature and grow.

We have exciting new opportunities in our joint pediatric enterprise, and that's continuing to advance in its planning. We will soon be launching our six-year strategic planning process, which we do every two years, because it is time to be thinking even beyond what we see in front of us. My hope, I think, is founded in a substantive reality of what the UT Southwestern community has done, is doing, and can do.

With that, I'm going to thank everybody for joining the briefing. I ask you to have a very safe Labor Day weekend. I'll be back with you on Sept. 16, and a final asterisk on that: While we're moving to an every-other-week format, as circumstances change, if they are appropriate, we will not hesitate to go back to the weekly briefing if those are going to be helpful to the campus. With that, thank you all for joining me this morning.