

July 27, 2022 Briefing Transcript

Speaker 1: Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. I welcome all of you who are joining me this morning for this monthly briefing for the UT Southwestern community.

Speaker 1: Dr. Podolsky:

Beginning where I have on each of the previous 59 briefings, I'd like to provide a snapshot of where we are with the pandemic, both in the region and then of course here on the campus. I did have the opportunity to see the latest weekly update from our multidisciplinary modeling group earlier this morning. You will have the opportunity also to see that for yourself when it's posted later in the day.

Speaker 1: Dr. Podolsky:

But to provide an overview of what that update tells us is something that I expect will not be a surprise, that there continues to be a rising number of cases of COVID-19 in the community, broadly within the North Texas region, and of course elsewhere in the country.

Speaker 1: Dr. Podolsky:

The RT value, which we've come to know over these past two years, tells us whether the number of cases is increasing or decreasing. At this point, it remains above 1, which is to say meaning more cases are occurring as time goes by. That's at a rate at about 10% of an increase week over week.

Speaker 1: Dr. Podolsky:

If there is a silver lining, and it's a moderated one, it's that the pace of hospitalizations, while continuing to increase across the region, is increasing certainly at a smaller rate than we've seen in past surges and certainly significantly less than we saw at the beginning of the year with the original Omicron surge.

Speaker 1: Dr. Podolsky:

Those trends are largely reflected here on the campus. Our census at both Clements University Hospital and Parkland are certainly elevated from where they were in the May time period, but are in the 30s range and have been for now several days, actually at each of the two hospital sites. We have been as high as 40 within the last week at Clements and as low yesterday as 27.

Speaker 1: Dr. Podolsky:

So we are seeing something of a plateau, but I wouldn't read any of that as a sign that this current rising tide of community infections is ... that the end is in sight. Indeed, a modeling, a prediction that you'll see when it's posted, anticipates continuing increase for a number of weeks. The precise length of that is not clear, but we can expect that there is a continuing risk, and high risk as it's now designated, by the criteria of the counties and the CDC here in North Texas.

Speaker 1: Dr. Podolsky:

Again, coming back to the campus, I mentioned the hospital census. In terms of numbers of UT Southwestern employees who have been found or reported to be positive in the most recent week for which we have complete data, and that is the week from July 15 to July 21, there were just shy of 280 individuals who were diagnosed with COVID in that interval.

Speaker 1: Dr. Podolsky:

Now, as in the past weeks, months, the vast majority of those have been acquired out in the community, but there are a very small number – but nonetheless not zero – instances of transmission here on campus. Once again, there was a couple of instances, one in a clinical setting, one in a nonclinical setting, of employee to employee, and a couple of instances from patient to employee.

Speaker 1: Dr. Podolsky:

I will say that there is a purely consistent theme for those small number of cases we see on campus, and that's where there has been a very significant exposure from employee to employee, where two colleagues have been close together, typically in an environment where they're eating, which we know is a set up for possible transmission, and a couple of instances where employees have been exposed from patients, who's been with patients who are clearly highly symptomatic.

Speaker 1: Dr. Podolsky:

Given all that, continued vigilance is certainly the order of the day, and being cognizant of those settings in which transmission is possible, those focal settings here on the campus, but being sensitive out in the community. If you are going to be in gatherings where there's lots of people and you're close together, the risk is significant.

Speaker 1: Dr. Podolsky:

But with the continued very small number of cases of documented transmission on campus, as we continue to monitor this, we do not feel that changes in our policies are warranted. I would encourage everyone to think carefully about both their potential exposures out in the community and here on the campus to avoid what may be not necessary group gatherings, and certainly in circumstances where you have those, as I am doing for myself here to carry those out, where there is the opportunity to really maintain distance. I certainly would encourage you to have a low threshold to wear a mask when you're indoors and at meetings, and certainly when you're going to be in close proximity to others.

Speaker 1: Dr. Podolsky:

So that's where we are on the COVID front. With that, glad for more than one reason then to be able to turn to other campus matters. I'll begin with the happy news, which was shared yesterday with the campus, that the newest annual rankings of hospitals from *U.S. News & World Report* were published. Once again, UT Southwestern was ranked as the No. 1 hospital here in North Texas and No. 2 here in the state of Texas.

Speaker 1: Dr. Podolsky:

I think we can all be proud to say that nine of our specialties were among the top 50 in the country of all the thousands of hospitals. And a particular congratulations to our colleagues in the Department of Urology, who were the 11th out of all of those in that important specialty across the country. I hope you'll take time to note all of the different areas in which we have excelled.

Speaker 1: Dr. Podolsky:

Going beyond the rankings of the specialty areas, there's reason to have additional pride in the findings that UT Southwestern was nationally rated for expertise in 17 specific procedures and conditions. So it does suggest to me that on our journey in committing to the very best care for our patients and their families, there's a lot that's been accomplished, and with it the promise to our patients when they trust us with the privilege of their care, that they can count on getting among the very best care possible in the country.

Speaker 1: Dr. Podolsky:

This has been achieved through the distinctive approach here at UT Southwestern of combining expertise with teamwork, because these results reflect the contributions of everybody who's involved directly in the patient care and those who provide vital supporting services. All of that expertise and teamwork is provided with the compassion that any of us would want for ourselves or our loved ones.

Speaker 1: Dr. Podolsky:

So congratulations to all involved. Appreciate the leadership of our University Health System by Executive Vice President Dr. John Warner and his excellent leadership team. Really, it may be a natural

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Speaker 1: Dr. Podolsky:

transition to segue from that to remind you or call to your attention, if you weren't aware, that we are coming into the final days of the period for nominations for this year's Leaders in Clinical Excellence Awards, and I think it is timely because of that juxtaposition with *U.S. News & World Report* rankings, because it reminds us that it doesn't happen out of a vacuum, but it's because people are committed to the excellence reflected in that.

Speaker 1: Dr. Podolsky:

So I hope you will take the time to think about those that you have seen exemplify that in the several awards that were established to recognize the multiple dimensions of clinical excellence beyond, including individual examples, but also those that reflect teamwork and program development. And I'd like to call a special attention to our award that is especially important to me, that is The President's Award for Diversity and Humanism in Clinical Care. So I do hope you'll stop to think about those who really exemplify that in how they approach patient care and how they work with their colleagues. Information about the awards and the eligibility requirements, as well as the nomination process can be found on the Clinical Faculty Awards website. And we will be celebrating our 2022 winners this fall, Nov.10, in the Gooch Auditorium, and I look forward to having many or all of you join us for that occasion.

Speaker 1: Dr. Podolsky:

Let me go on to other topics. We continue to see progress in really all of our major investments, that is capital projects. We are all excited to be nearing the finish line, or you might call it the starting line for RedBird, our medical center down at RedBird. We are quickly approaching our readiness for a certificate of occupancy and expect to be able to see our first patients there in September. And indeed during September, we will be planning both an open house for the community as well as a dedication of that facility.

Speaker 1: Dr. Podolsky:

Nearer to the main campus or on the main campus, our new Peter O'Donnell Jr. Biomedical Research Building on the North Campus is ready now to welcome its first faculty and they will be moving in really within the next couple of weeks, and we look forward to dedicating that facility also later in the early fall. And right next door to the O'Donnell Biomedical Research Building, work continues on the Cancer Center Outpatient Care Building, which is scheduled to open just a little later in the fall. I hope you'll join me in celebrating what these new facilities mean for our patients and their families, both in terms of enhanced treatment and clinical care today, and in seeing our Peter O'Donnell Jr. Biomedical Research Building, the research which eventually will transform lives, not just here, but really everywhere through the research that will be accomplished in the laboratories in that building.

Speaker 1: Dr. Podolsky:

And similarly, we should be, I think equally excited about the progress being made on the East Campus in the construction of the new Texas Instruments Biomedical Engineering and Sciences Building. If you've been there, you will notice that the building has now been topped off and the outer skin is beginning to be applied. And we can, I think, expect to see over the next several weeks to a few months, that building really taking on the appearance of its final form for the important work which will go on there in biomedical engineering as a collaboration between our new Department of Biomedical Engineering, led by Dr. Sam Achilefu, and colleagues from UT Dallas.

Speaker 1: Dr. Podolsky:

On the drawing boards, as I've shared in previous briefings, as the state psychiatric hospital, which UT Southwestern has been delegated to take the lead in planning, overseeing construction, and then ultimate operations, this hospital will be located at the south end of our campus. That is the end on Harry Hines towards downtown Dallas, and more specifically at the corner of Medical District Drive and Harry Hines. I want to take an opportunity to thank, once again, Dr. Hicham Ibrahim and Becky McCulley, who are leading the charge in planning of this vitally needed procedures, excuse me, facility.

Speaker 1: Dr. Podolsky:

Planning is also beginning to accelerate for the new pediatric campus, which will be developed as a partnership and collaboration with our colleagues at Children's Health. That, as I mentioned before, will be built on our North Campus directly across from Clements University Hospital. It will be on the site currently occupied by what we know as the Paul M. Bass Clinical and Administrative Center. If you are looking carefully, you will already see the work ongoing to prepare for the demolition of those existing buildings to make way for this next chapter in our commitment to the very best care for children and support of their family.

Speaker 1: Dr. Podolsky:

In less of an update on construction, although there is a dimension of renovation remodeling necessary to enable it, I do want to assure you that the groundwork for our Peter O'Donnell Jr. School of Public Health to welcome its first students next summer is well underway. The search for the inaugural Dean, looking nationally for this important leadership role, is being led by Dr. Greg Fitz. But in the meantime, there are active recruitment of faculty to enrich the already very significant foundation of faculty who will be critical to the success of our new School of Public Health. And I look forward to reporting on the progress of that launch in a very real sense of students and new research programs as they evolve in the next year and certainly beyond, out into the horizon.

Speaker 1: Dr. Podolsky:

I'd like to now turn to some timely topics that should be at least important to everybody on the campus. That's the benefits open enrollment period, and also the importance of our completing our annual performance reviews for FY22. And I really appreciate all the hard work that our HR team puts into being sure that we have the robust menu of benefits that are one of the great parts of being a UT Southwestern employee, and our commitment to be sure each person receives the benefit of review and guidance for the current fiscal year, which ends at the end of August, and then also expectations and plans for the next year.

Speaker 1: Dr. Podolsky:

The window for enrollment of the annual benefits is going to close on Sunday, so it's practically around the corner. If you have not taken the time to make your benefits selections for next fiscal year, please really be sure to do so before midnight on Sunday. If you do not, by default, your benefits that you selected for the current year will be continued into the next year. There is, to the extent that you need, want to really be sure to fully understand all of the options before you do make those selections.

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Speaker 1: Dr. Podolsky:

There is also a virtual benefits fair online that is designed to serve exactly that purpose.

Speaker 1: Dr. Podolsky:

The HR team has worked hard to add several new benefit plan features for the next year, and I encourage you to visit the Benefits page to learn more about them. I will remind you, because this has come up, questions about benefits have come up from time to time in these briefings, that our HR team works diligently on them, but does so in conjunction with the UT System. And ultimately, many of the elements, such as our health care benefit options, are determined by the UT System as well as things like paid time off and other very important policies.

Speaker 1: Dr. Podolsky:

I've mentioned it just a moment ago, but I want to again call your attention particularly for our supervisors and managers who have this responsibility that all FY22 performance reviews are due on Aug. 31. I will remind you that the performance year runs from this past or ending fiscal year. You might be interested to know that one of my responsibilities as President by virtue of state law is to certify that 100% of our employees have had what they should expect, and that is an annual performance review. You can, I hope, appreciate from that how seriously I take it, because I want to know that in certifying that we have reached that benchmark, that there's no doubt that we have truly seen that everybody has completed that experience.

Speaker 1: Dr. Podolsky:

I might then mention just before closing as we find ourselves in the middle of the summer, but the end of the summer is not that far away and with it, we'll be swinging into the new academic year that I do plan for a next town hall in September. A date will be shared in the near future, where in addition to answering your questions and addressing your concerns, I look forward to the opportunities to share our institutional priorities for the new fiscal year, which begins Sept. 1. With that, I'm going to turn to Jenny Doren as I have in each of our prior briefings to hear your questions and do my best to answer them.

Speaker 2: Jenny Doren:

Good morning, Dr. Podolsky. Over the weekend, the World Health Organization declared monkeypox a global health emergency. That begs the question, what are we experiencing at a local level and how concerned should we be?

Speaker 1: Dr. Podolsky:

Well, I'm happy to provide a brief update on this current outbreak. But if I can cut to the chase, so to speak, the major message should be that this is not a cause for panic, but certainly, as the number of cases of monkeypox around the world, but also here in Texas and in North Texas has increased, it is appropriate that we have a level of awareness and preparation for the role that we play in addressing this new reemerging, rising number of infections.

Speaker 1: Dr. Podolsky:

According to the CDC, as of July 25, when its global tracker was last updated, there are more than 18,000 confirmed cases globally across 75 countries. It truly is a global issue. That includes a majority of those countries where monkeypox has not historically been [inaudible at 00:22:27] or endemic. So I guess that prompts me to point out, if some are not aware, monkeypox is an infection which has been known for some time, but really experienced in a limited geography and in limited numbers of cases. What we're seeing now is certainly an increase beyond that historical baseline.

Speaker 1: Dr. Podolsky:

In this country, there have been approximately 3,500 confirmed cases in all but four states, as well as the District of Columbia. Among those 3,500, there are at least 220 confirmed cases in the state of Texas, and that does include several patients who received care or were diagnosed at UT Southwestern, our own hospitals, or our partner institutions, including Parkland and the VA.

Speaker 1: Dr. Podolsky:

Our Infectious Diseases experts and colleagues in Infection Prevention and Microbiology have been working in coordination with our front-line clinical teams and public health authorities to put in place screening and testing procedures to quickly identify, isolate, and test anyone who's suspected of the infections. Our laboratories are also in the process of developing our own UT Southwestern testing capacity for monkeypox to supplement the existing testing, which needs to go through the CDC and health departments. Our reason for that effort is to be able to that much more efficiently diagnose and appropriately intervene the patients that we're seeing, and we will share that to support other partner and regional health care facilities.

Speaker 1: Dr. Podolsky:

I think everyone will be proud to know that we are also playing our part to advise and help guide advocacy and decisions at the state and local level related to treatments for those with more severe cases of monkeypox as well as vaccination for both post-exposure, prophylaxis, and prevention. Once again, as has been true throughout the pandemic and before that, the expertise that can be found on this campus is really serving to support the public health good.

Speaker 2: Jenny Doren:

Sticking with the topic of infectious diseases, we are hearing a lot about a COVID-19 booster specially formulated to protect against multiple Omicron variants. When exactly can we expect that to be available? Do you know?

Speaker 1: Dr. Podolsky:

Well, there's not a precise answer to that question, but the FDA and its Advisory Committee recently met to discuss plans for the booster doses in the fall, and members overwhelmingly voted in favor of including an Omicron component or version of the Omicron in those updated boosters. I think it's important to point out that, at one level, the emergence of these various variants, and then variants of the variants is in no way a surprise. It's the nature of viruses to evolve and change in the course of time. And therefore, the manufacturers, Pfizer and Moderna, principally, certainly here in the U.S., have been actively pursuing the, if you will, refined vaccines to incorporate these variants, which growing information suggest in their most recent iteration, the BA.4, and increasingly dominant here in North Texas and broadly in the country, BA.5 are less susceptible to the current vaccine and do allow escape from protection, either from infection or from the vaccine itself.

Speaker 1: Dr. Podolsky:

The bottom line is that, even if there's not a precise dose, it's expected that boosters will become available around October. As I said, they will then be a mix of, if you will, the original virus and the variant. Certainly, as that becomes clearer and the time we will be sharing news and as well as, of course, access to the vaccine when it's available.

Speaker 2: Jenny Doren:

A related question, how do the Omicron subvariants compare to previous strains in terms of frequency and severity of disease?

Speaker 1: Dr. Podolsky:

Well, as I said just a moment ago, the current dominant subvariants of Omicron are BA.4 and BA.5.

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Speaker 1: Dr. Podolsky:

And we want to mention and also thank the efforts of our team here at UT Southwestern, which is a collaboration between those in our clinical laboratory and those in the McDermott Center, who've been carrying out sequencing of samples here at UT Southwestern, but collected from increasingly across the region to monitor the mix of virus subvariants which are circulating in real time. Presently, more than 80% of what we're seeing or what they're seeing of our sequence cases are BA.4 or BA.5 and the predominance being BA.5.

Speaker 1: Dr. Podolsky:

It does appear to be more transmissible than prior versions of Omicron, and as I mentioned a few moments ago but deserves reemphasis, also appears to more readily be able to evade our immune protection, whether we've had a vaccination or infection. Practically, this is what is behind what I've described at the beginning of this briefing, which is the rising tide of community transmission of new cases.

Speaker 1: Dr. Podolsky:

I should add that none of us can have any doubt that the actual number of cases reported is an underestimate given the number of home tests that are being performed and with it, diagnosis, self-diagnosis that therefore may not ever come to light in terms of the total public number. We are seeing more repeat infections that in those who have had prior COVID-19 infections. That's even those who have been fully vaccinated. Nobody should kid themselves, even if they've had COVID-19 or they've been vaccinated, that they are in fact not still, even if partially protected, susceptible to infection.

Speaker 1: Dr. Podolsky:

If there's a good news part of the story, it's that these subvariants do not appear to be associated with more severe disease. I also want to suggest that even if it's not perfect, the vaccines do offer protection, and for anybody who's listening who hasn't gotten vaccinated or has been vaccinated and is eligible but has not gotten boosted, I strongly encourage you to consider taking those steps.

Speaker 2: Jenny Doren:

That's a good transition into our next question, which we received from one of our clinical faculty asking if you can provide a breakdown of the percentage of hospitalized COVID-19 patients who are being cared for here at UT Southwestern who are unvaccinated, vaccinated twice but not boosted, and vaccinated and boosted with one or two boosters.

Speaker 1: Dr. Podolsky:

Well, just to put some context, if you look at all of those who are hospitalized at UT Southwestern, I'm going to set aside infants in the NICU, our inpatient psychiatry, and our rehabilitation patients – so all of our Med-Surg patients. Between 5% and 6% are COVID-19 patients – that is patients who are admitted principally or being treated principally for COVID. Of those patients, just a little less than a third are unvaccinated. If you look at those of our patients who are vaccinated, nearly 40% were vaccinated twice but not boosted.

Speaker 1: Dr. Podolsky:

I can't provide precise chronology here, but the majority of those were vaccinated, and it has been quite some time since their original vaccination. Thirteen were vaccinated. Now these are I'm talking about, those of the patients who were vaccinated, about 40% of those who are vaccinated who are our patients just to be clear were vaccinated twice but not boosted. About 55% were vaccinated and had been boosted once. The remainder, just under 10%, were vaccinated and boosted twice. I would note that many of those, even if I can't give the precise chronology, as I said were just, to say it again, who were vaccinated were vaccinated many months before they have come to Clements to be hospitalized.

Speaker 2: Jenny Doren:

We have time for one more question, and we'll be sure to post the answers to the other questions along with the transcript to this briefing online. Would you consider recommending eye protection again for clinicians caring for patients perhaps with even potential risk for COVID-19 given the high transmissibility of the BA.5 Omicron subvariant that you've been speaking about this morning?

Speaker 1: Dr. Podolsky:

Well, certainly eye protection does add a layer of protection for anybody who chooses to wear it and is a standard part of our protocol for personal protective equipment in clinical circumstances where we know there's a high risk that body fluid or blood might inadvertently get into the eyes. It is a part of the required PPE for all patients who are suspected to have or have tested positive for COVID-19. Individuals may also consider the use of eye protection if desired in addition to masking in high-risk situations, such as clinical interactions where a patient may have to be unmasked for a long period of time.

Speaker 2: Jenny Doren:

I think we're going to go ahead and add a few more questions because we do have a little bit of extra time. I want to get to a non-infectious diseases question. Is there any update on a new location for the First Step Learning Centre?

Speaker 1: Dr. Podolsky:

Well, the First Step Learning Centre has been operating since 1998 and it has been located, as those who have used it, will know in the Paul M. Bass Administrative Clinical Center on North Campus, which as I mentioned earlier, is in the process of being prepared for demolition. Preparations are well along for moving First Step to what was formerly the Ronald McDonald House located on Southwestern Medical Drive – the exact address actually 5741 Southwestern Medical Drive. The planned move date is just about two months away. That would be at the end of September, and enrollment for fall 2022 are currently in process. If you are interested in taking advantage of First Step and haven't done so, I encourage you to reach out and make those arrangements. More information is available online at firststeplearningcentre.com. I think that may be all the time we have this morning. I want to thank those of you who are joining me, and thank you Jenny for posing those questions.

Speaker 2: Jenny Doren:

Thank you. Have a wonderful morning.

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