

July 22, 2020, Weekly Briefing Transcript

Good morning, I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and once again, I'm pleased to welcome you to this weekly briefing for the UT Southwestern community. As usual, I will spend about half of the time we have together this morning providing an update to the campus, and then I'm going to turn to Jenny Doren, a Director in our communications department, to pose questions that you forwarded since last week's briefing.

I would begin by noting that [compared] to where we were a week ago, there have been some encouraging, directional changes in the number of new patients being diagnosed with COVID-19 and those requiring hospitalization, and I will give you some further detail to support that overall conclusion. But notwithstanding that, Texas remains much hotter, both literally and figuratively, than any of us would really wish to see. Still, the rate of increase of cases has significantly slowed.

Earlier this morning, I had the opportunity to review the most recent update from our terrific multidisciplinary UT Southwestern modeling group. That update will be posted on our website just after it's been made a little more user friendly in the next day or so, but it shows that the rate of increase in this past week in new cases is now down in the low single digits – 3 percent in Dallas County and about the same in Tarrant County. That compares to a previous week where we saw an increase more on the order of 20 percent and increases even greater than that in the preceding two weeks. So we're definitely seeing a deceleration in the rate of new cases, but notwithstanding, actually, numbers that came out from Dallas County just last evening that showed for the first time fewer than 1,000 new cases per day in, I believe, approximately the last two weeks. Still, those numbers show a great deal of community transmission is still going on, and therefore, there is still the continuing importance of doing everything we can to slow that.

And as we look over the course of that slowing process, that is reflected in a reduction in the R_t , that is the R_0 , the degree to which people who are infected may infect others over the course of time. And in this most recent update, what I saw was hovering about 1, which means that hangs in the balance. Above 1, an epidemic or a pandemic is growing. Below 1, it's shrinking. So again, small differences in how we as a community comply with maintaining physical distancing, using masks, and of course hand sanitizer and other interventions really can make a huge difference.

Projecting forward, we unfortunately will continue to see significant numbers of new cases. There's a range of possibility, but in the middle ground would still be in excess of 1,000 new cases a day. I will say that with the rate of that increased slowing, the rate of individuals who will need hospitalizations, we can anticipate, will continue to moderate, even if what we've seen in conjunction with that moderation is, unfortunately, that a greater proportion of them are requiring care at the level of an ICU. So it remains a dynamic landscape for us as a region, for certainly the Dallas community, and that's reflected in our experience here at UT Southwestern.

So to turn directly to our numbers, if you're following the daily reports, you'll see that since last week's briefing there has been a modest but steady increase in the number of individuals who are hospitalized at Clements University Hospital with COVID-19. Yesterday, that number was 58. You'll recall a week ago, it was closer to 50, or even a little bit below 50. At our partner institution, Parkland, the number of patients there remains significant, but has been really at a more or less steady state over the course of this same period of time, and as of yesterday that was 160 patients.

This remains well within the capacity of our terrific teams and caregivers to provide excellent care for those patients, but also to provide safe care for all of those with other conditions who are coming to us for help. I also want to acknowledge the excellent continuing work of our entire Health Affairs team. And I'm going to point also especially to our supply chain folks, who are maintaining an adequate supply of personal protective equipment, which of course is absolutely essential if we are going to continue to keep our patients safe and all of our caregivers safe.

So with that, let me make note of an additional initiative with the goal of ensuring, as best we can, the safety of our campus community. As of this week, all staff and faculty and trainees entering Clements University Hospital and the Zale Lipshy Pavilion are now required to scan their badge each day to attest that they are symptom-free and have not knowingly been exposed to anyone outside of work who tested positive for COVID-19. Of course, we've expected everybody to be doing this, but by adding this requirement for attestation, if you will, it's a belts and suspenders approach to make sure that nobody is coming to the hospital without having really stopped to think about whether they could be putting others at risk. For those who've not passed that screening tool, they will need to return home and consult with Occupational Health, who will provide guidance in terms of any testing or a need to self-quarantine.

As I mentioned, this has begun in our hospitals this week. Over the course of the next days, we will be rolling it out in our ambulatory clinic and exploring also the feasibility beyond that of really instituting it more campuswide. I'll provide those developments as those plans get firmed up in next week's briefing.

I will take the opportunity to also update you on numbers that I know are of interest on the campus. That is the number of UT Southwestern faculty and staff who've been tested positive for COVID-19, which I'll remind you is posted as a weekly update on Fridays. So that will be next updated two days from now. But as of last Friday's report for the prior week, there were 34 new individuals, UT Southwestern employees, who were diagnosed with COVID-19, bringing the total since the beginning of the pandemic to 186.

Once again, as you've heard in past weeks, the great majority of those new 34 colleagues who were diagnosed acquired that infection in the community. That is 29 out of the 34. Of the five who acquired it, to the best of our ability to determine, on the campus, two were employee to employee in a nonclinical area, one was employee to employee in one of our clinical areas, and two were employees who were exposed to it in the course of caring for a patient who was COVID-19 positive. So the message, at least in my reading of it, remains the same: If we are really attentive and live up to our commitment to each other to comply with all of the nonpharmacologic interventions, the campus remains a very safe environment, and I expect that will continue to be the case as long as we don't fall into the trap of complacency.

In the meantime, for those who may not see it, given where their own activities may be in another part of the campus, I would want you to know that the research community is active, although still remaining at that phase two level of 50 percent occupancy of laboratories. But even so we are now aware of at least 185 research projects related to COVID-19, and these span projects in the areas of the basic science of COVID-19 infection, epidemiology studies, social and behavioral research, and an increasing number of clinical trials.

For those who are interested, I would encourage you to go to our website where you can find an overview of these research projects. For those in the research community, it is also a resource for identifying funding opportunities. I'm pleased to say that the UT Southwestern is facilitating this research under the aegis of our Provost and Dean, and having established a patient registry that brings together the patient experience at the University Hospitals, at Parkland, at Children's, at Texas Health Resources, as well as participating in national databases. So UT Southwestern is, as it should be, contributing to advancing our understanding of this pandemic, and all of that effort has already resulted in nearly 110 publications on COVID-19 topics by UT Southwestern teams.

I want to express appreciation for the faculty and also staff across many of the sites on campus and at our partners which have enabled our students to return in full to the clinical rotations which are an essential part, of course, of their curriculum and their preparation for eventual graduation and joining the ranks of physicians and other caregivers. I know this has been a challenge because of some of the constraints around the way we have organized our care for our COVID-19 patients. Of course we need to be ever mindful of how we preserve adequate supplies of PPE. But nonetheless, you have all enabled our students to continue to move ahead in their educational process, and I really express my appreciation for all of you.

At this point, I would sum up where we are as "steady as she goes." We, as I've said in past weeks, continue to plan to operate at our current phase two level of activity, barring significant changes that, as they occur, will certainly be shared with you. Should we see, despite the trends of the past week, a worsening situation, we would necessarily, of course, consider whether to pull back on our current operations. We certainly have no intention of expanding beyond where we are now until we see significant encouraging changes. And as I've said before, that would not be any sooner than after Labor Day. We will be considering how much further to extend beyond that over the next weeks, ensuring that as we come to the judgment, the safety of those on the campus is paramount.

Before wrapping up and turning to your questions, let me touch on a few non-COVID related matters. First of all, I hope you all received the communication that went out last Thursday regarding the Values in Practice employee engagement survey. As you saw in that email communication, we had just excellent participation, the highest ever, and with that, in overall messages, a significant increase in employee engagement, which is a great thing. There were literally thousands upon thousands of comments. And within there, there were, again, many very positive comments of feedback, but also some tough messages and critical comments that I think can help guide us to further enhance the environment of UT Southwestern as a place to work.

Having shared the high level of that engagement, I expect you will be hearing from relevant leadership in your area to really talk about how we take the results of that survey and use it to become an even better institution. So, please look forward to hearing from your supervisors, managers, and the Vice Presidents who are most closely responsible for the areas in which you work so that you can be sure that the voice that we've heard actually translates into action.

Two other reminders before I wrap up. One is that we are quickly coming to the end of the nomination period for 2020 Leaders in Clinical Excellence Awards. I'm glad to see that there have been a significant number of outstanding nominations which have been received so far, but please stop and think about those who you've had the opportunity to see do great work, whether those are individuals, whether those are teams, whether those are programs, so that they can get properly recognized through the celebration, which is the Leaders in Clinical Excellence Awards.

And finally, and this is despite my comment about things non-COVID, I want to return to a COVID-related matter. As of last week, the DFW Prevalence Study, which is being led by our colleague, Dr. Amit Singal, which we are doing in partnership with Texas Health Resources, was out of the gate. Enrollment in this very large community-based study will be by invitation extended through the mail and other media. You can help by being sure that if you are aware of friends or family who have been contacted to be asked to participate, to encourage them to raise their hand and help us collectively get a better understanding of the pandemic here in North Texas that can inform our efforts to really navigate through and get to the other side. With that, I will finish both my update remarks and turn to Jenny for your questions.

Jenny Doren:

Good morning, Dr. Podolsky. So let's begin with a topic on the minds of many. With all of the developing news around some schools already postponing the start of in-person learning and parents needing to make decisions, many of our colleagues say they're struggling with balancing family and work responsibilities. Are there any resources, any guidance you can offer parents weighing what to do next?

Dr. Podolsky:

Well, I do appreciate just what a challenge this is for parents and families. And yes, there are some resources I'm very glad to point to that should be helpful in informing the decisions that you will make for your children. The recent set of Texas guidelines permit online learning for at least the first four weeks, with schools having the option to extend out another four weeks. So that's the broad framework for here in Texas. I encourage all parents to review and make informed decisions based on the Texas Education Agency guidelines, that's the TEA, that were released on July 17, as well as the CDC documents for both school officials and parents – and we can post the link, that URL for that on our website to make sure it's easily accessible to you – and also to follow the recommendations from local health departments.

The TEA guidelines, for example, are designed to address practices to minimize the likelihood of COVID-19 transmission and include requirements for all schools and additional recommendations for safety. The guidelines fall into four areas. First, "provide notice" so that there are requirements for parental and

public notices. “Prevent”: required practices to prevent the virus from entering the school. “Respond”: required practices to respond to a lab-confirmed case in the school. And “mitigate”: recommended and required practices to reduce likely spread inside the school.

Data is continuing to emerge regarding the risk of transmission events in the school setting with some concern that despite reports that really in the youngsters below 10, transmission may be relatively uncommon in contrast to transmission within the 10 to 19 age group. So that middle school to high school age group will be similar to adults. So it's to acknowledge there is a real issue here that makes wise and safe decision-making a challenge. I just recommend that parents continue to monitor the TEA website as well as the school district website and their local health department's website. I realize that's a lot to do, but you're talking about something as precious as your own children. So I really encourage you to do that.

Jenny Doren:

Yeah, most definitely. We talked about this last week. I know you are well aware, there remains heightened interest in any developments around work from home options possibly being extended through the fall. Have there been any further discussions since we last spoke?

Dr. Podolsky:

Well as I mentioned last week, when this topic was raised, we do have a group working on the long-term picture – what is a policy that solves best for the needs of those who work at UT Southwestern and for advancing the mission of UT Southwestern at a time when we get to whatever a real new normal will be? So we are working on that policy and as that's developed and drafted, we'll be sharing that and certainly taking comment. For the nearer term, as I've touched on in my remarks already and in previous briefings, we continue in the current state of partial operations and partial work from remote that is designated phase two. And as I have mentioned, while we are at this point committed to maintaining that state of operations through Labor Day, yes, we will be considering whether to extend that further and just how much further. So while I don't have a specific guidance to give you this morning, I do expect by early August that we will be making decisions that look beyond the Labor Day holiday.

Jenny Doren:

OK. We have heard from multiple people concerned that research labs on campus have more than 50 percent occupancy. We have also fielded suggestions such as allowing more labs to run their own PCR testing. For example, one person recommended testing every researcher every two weeks so that those who test negative can come back to work and return labs to higher occupancy. Any thoughts on this?

Dr. Podolsky:

Well, yes, I was first made aware that there was concern that some labs were operating at 50 percent occupancy, and I will tell you that that was last week and I was quite disturbed to hear it. I have asked all the department Chairs and center Directors to be sure that that was not, in fact, happening – both out of concern for the safety of the people in the lab and putting at risk the safety of our entire research enterprise. So it is not permissible. And I do want to encourage anybody who becomes aware of

laboratories which are failing to live up to that mutual commitment to each other to maintain lab within that envelope to reach out to your supervisor, to your department Chair, or if, for whatever reason that's not comfortable, to our Compliance department directly through the hotline or to Dr. David Russell, who is our Vice Provost for Research. There is no laboratory which has permission to operate beyond that envelope.

With respect to the proposition that research laboratories, which of course do have a great expertise in many instances in molecular biology, should be running the PCR test as a program within the laboratory, I want to say that that is completely unacceptable. First of all, that would fail to conform with what are very strict guidelines in terms of laboratories that are permitted to do diagnostic work on which clinical decisions are being made. And while I have great respect for the scientific expertise of many of our faculty in the research laboratories, that is not the place where there is the expertise to carry out a lab, which is compliant under CLIA, which is the acronym for it, and to do that safely and to inform how those data would be used.

So once again, if anyone is aware of that actually happening, and I'm hoping it is not, it is imperative and an obligation to make the leadership of the department, and if not that leadership, whether that's Dr. Russell or our Provost and Dean, Dr. Lee, or myself aware. And just as a comment, while we have given great thought about what would eventually be a testing strategy that could guide this safe expansion of activities in civic organizations and businesses, and even on our campus, if and when testing capacity would permit, I can assure you that testing every two weeks is not a safe process. We would not be a safe program to make that kind of decision. So at every level, the proposals that are surfaced by this question are simply not good ideas. And in the instance of doing the test to begin with or expanding beyond 50 percent, it's simply not permissible.

Jenny Doren:

So let's now shift to a question on clinical care, specifically our visitor policy. This week as you mentioned earlier in the briefing, all health care employees are having to attest to not having any symptoms or known COVID-19 exposures outside of their work before starting their shift. So here's a two-part question: What is being done to decrease the risk of employees being exposed by visitors and those who may be asymptomatic? And other hospitals have stopped visitation altogether, not all but some. So have we considered perhaps doing the same?

Dr. Podolsky:

Well, we certainly have tightened up our visitor policy. As of July 11, our policy was changed so that only one visitor per day is allowed per patient in our hospitals. So prior to that, there could be one visitor at a time, but there could be multiple visitors over the course of the day. And now we're saying just in total, maximum one visitor per day. So we've significantly reduced the number of visitors who are coming into the hospital. And we are taking additional precautions to further protect the health and safety of our patients, their families and guests, and employees. As anybody who's come to the hospital as a visitor will know, all visitors are temperature screened, are required to be masked, and are asked those

screening criteria questions, including symptom history. And patients who are being screened for COVID-19 or have already tested positive are simply not allowed any visitors.

Jenny Doren:

Well, thank you for that. I'd like to dive a little bit deeper into that additional screening step for employees. What is being done to prevent long lines at staff entrances? Some people who we're hearing from say that they're concerned that they're going to be marked tardy, perhaps get a point assigned to them, because they're waiting to attest and badge in. Are we considering any additional scanners?

Dr. Podolsky:

Thank you for the feedback. I appreciate the concern. We certainly want to find that balance between a process which is safe, which means that it takes time to get through it, and the needs of our employees to be timely in getting to their assignment. So we're working to optimize the process. And yes, we are reviewing entry points and equipment needed to ensure that we have the capacity, that there are no bottlenecks there. Not just because we don't want people put at risk of appearing to be tardy when they were not, but even more importantly, maintaining as safe an environment at that point of entry as we possibly can. And we've asked all managers to be flexible as we work out the process for screening.

Jenny Doren:

Thank you. There are trials currently underway to find a safe and effective COVID-19 vaccine. That has many questioning who will be among the first to get the vaccine once available? Will UT Southwestern clinical employees be required to take an experimental vaccine, and what will clinics and hospitals do if the vaccine causes any employees to become sick and therefore unable to care for patients?

Dr. Podolsky:

Well, first of all, let me say I'm very excited that a number of our faculty are working to be sure that we are participating in the grand effort to find an effective vaccine by participating in clinical trials. Now having said that, any employee who chooses to participate in research – whether it's a vaccine trial or in any other fashion – will do so voluntarily, and it will never be done because it's made a requirement by UT Southwestern. We are completely committed to protecting the rights, safety, and welfare of people who voluntarily participate in research. And this commitment is carried out through our Human Research Protection Program, as part of the Institutional Review Boards.

Volunteers classified as having diminished autonomous decision-making capacity, meaning they're in a position where someone in concept could apply pressure, do include employees. But we are doing everything we can to be sure that it's clear that they are protected from coercion, undue influence, manipulation, and physical control. And we consider this, and it's really, if you will, enforced through that Human Research Protection Program and our IRBs, as critically important a responsibility we have. And in every instance, whether it's a vaccine trial or any other clinical trial, protecting human subjects is the first priority.

Jenny Doren:

So before we wrap, I would like to end with one more question related to vaccines: With the fall fast approaching, will the flu vaccine still be offered on campus?

Dr. Podolsky:

Yes. Flu vaccinations will again be offered to all UT Southwestern employees this fall, and the planning for that is well underway. The campus community should expect to see communications from Occupational Health beginning in September to know just when the vaccine will be available and how to access that.

Jenny Doren:

Thank you, Dr. Podolsky. Appreciate your time.

Dr. Podolsky:

Thank you. Hope you all have a safe weekend and look forward to being with you again next Wednesday.