Jan. 12, 2022, Weekly Briefing Transcript

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I want to welcome everyone who is joining me this morning to this Campus Update. I thought that in the midst of the surge that we're experiencing, it was important for the entire UT Southwestern community to have our most current information about what we anticipate in the days and weeks ahead. And also, of course, an opportunity to address the questions which you have forwarded since our briefing last week.

However, before I turn to the specifics of our COVID update, I want to take a moment to first acknowledge that we are all in the midst of an extraordinary time with really unprecedented stress with this latest surge fueled by the Omicron variant, superimposed on two years in which the communities of North Texas have navigated the ups and downs … but where that has been, I think, especially felt, here at the UT Southwestern campus, given the role we have had in meeting the needs of our community while wanting to ensure we do everything to take care of ourselves.

This latest surge, I know has brought really additional stress for everyone, but I'll say, in particular, those who are involved in the front lines in providing care in our hospitals and clinics, and that does include at our partner locations, and those who support them. I'll make a particular note that I am aware that this has been particularly challenging for our learners, our students, our residents, and our fellows, who have been called on to step up, fill the breach along with our faculty physicians, our nurses, our... all of those comprise the team, and our APPs.

And while it does not take away the stress, I, at least want to assure you that myself, my colleagues and the leadership team here at UT Southwestern are well aware of what you're experiencing, and look to do everything we can to support you in your efforts. We still have some tough days and weeks ahead, but I am confident that we will get through this together. We will continue to exemplify the values of UT Southwestern, which has allowed us to really provide exceptional support, not only for our patients, but for our region through our broad efforts that include, not only direct patient care, but providing expertise and knowledge and guidance, as exemplified by our modeling team whose projections have come to be relied upon by many in planning their own operations. And those are about a couple of examples.

But, again, I want to emphasize that as confident as I am in our ability to, once again, meet the challenge of this surge, it's not without an appreciation for the toll it has taken on everybody. And I want to therefore take this opportunity to remind you of some of the resources that are available to provide some measure of support for you to get through these challenging times. In particular, there is a number of wellness resources, which if you were not aware of them or have forgotten those various resources, you can find them on our website.

These are available to our faculty, our staff, and our learners. And that includes providing you with assistance in your personal life, such as backup child care options, academic support for students in your households, knowing that many of you have youngsters, or maybe not-so-young children who are themselves having their challenges due to the impact of Omicron on schools. And among these wellness resources are even pet care and housekeeping services.

Importantly, also, I hope you'll remember the availability of our Employee Assistance Program, which is open to all employees and their live-in family members, regardless of whether you participate in UT Southwestern's health plans. This confidential service provides support, referrals, and it's completely free, and you can access it either by calling 214-648-5330, or email eap@utsouthwestern.edu.

For our students, our Student Wellness and Counseling Center has a dedicated line for our learners, and that's available every day throughout the year, and can be reached at 214-645-8680. That's Monday through Friday, and 24... from 5 p.m. to 8:00 a.m. Excuse me, that's 8 a.m. to 5 p.m., and 24 hours on the weekends.

At the onset of the pandemic, we also established a Behavioral Health Response team to offer support for our employees, including coping skills to manage stress and the disappointments that come along with much of the experiences so many of us have had. A team of advanced practice practitioners, providers, psychiatrists, psychologists, and therapists are available to answer emails and calls between 7:30 a.m. and 6 p.m. daily. And all these calls or emails are treated confidentially and are not documented in Epic or billed. To speak to a member of the team, please call 214-645-5686, or email behavioralhealthresponseteam@utsouthwestern.edu.

And just to conclude these comments before turning to our COVID update itself, again, I want to extend my appreciation, and along with it, the thanks of our Executive Vice Presidents and the rest of the leadership team here at UT Southwestern for your remarkable dedication, and know how deeply all of your efforts are appreciated in staying the course that have kept UT Southwestern operating when we've been needed most. And that's in all aspects of our mission. And for, I think understandable reasons in these comments so far, focused on those who in one way or another are there to enable or to deliver care, but it does include everybody who's also advancing our academic mission at the same time. And that's both our research and discovery, and our educational and training activities, which are at the heart of UT Southwestern. It's a privilege to serve alongside each of you.

With that, let me turn to the COVID update. And I have the benefit of seeing an update from our multidisciplinary modeling team, which was finished just yesterday afternoon, and which will be posted on our public website later in the day. And it does, again, reinforce, as it did in the prior updates, that we're in the midst of a surge unlike any other, and we continue to see an upswing in cases. If I was looking for the silver lining in there, or maybe the light at the end of the tunnel, if I will use that phrase, is that it appears that we are, as of last week, at least halfway through our journey to the peak of this latest surge, and that we can anticipate that peak somewhere in the next one to two weeks, and by the end of the month.

Having said that, this peak in scale is clearly beyond anything we've seen. And that peak by the end of January would be reflected in as many as 10,000 new infections per day in Dallas County alone. And certainly, that's the backdrop to what we are seeing when we look at rising census in hospitalization for COVID across the region, and certainly, on our own campus. Looking at the campus, yesterday, we were caring for 115 inpatients at Clements University Hospital, a 30% rise over last week when I reported to you.

And at Parkland, we're caring for 240 patients. Both of these surpassed the largest peak we've seen to date, which was about this time last year and well above what we saw in the Delta surge in the fall, to

again, put some perspective on this. And it is reflective of what's going on in the region, where 25% of beds overall are occupied by COVID-19 patients. Now, many of those are patients who are hospitalized for the illness related to COVID-19.

Given how many people have been infected by this virus, it also includes a number of individuals who require hospitalization for other conditions but are found to have COVID-19. And that's certainly true in the mix of patients who we're caring for at our hospitalizations. And I should make note, having commented on Clements University Hospital and Parkland, that we are also caring for an unprecedented number of children at our Children's campuses, which is just one more way in which this surge is unique.

Overall, positivity remains quite high on our campus testing sites, and certainly that's true throughout the region and the state. Positivity rates are certainly north of 30%. And we should say that that is without knowing how many positive tests are being done in people's homes through home testing to really know the full extent of the number of patients who are infected by COVID-19 in the totality of this surge.

Returning to the campus, it should surprise none of us given all of that that we are also seeing an unprecedented number of infections among UT Southwestern employees. In the last week, we've had in excess of 900 of our colleagues who are in self-isolation. That's a quarter of all infections among UT Southwestern employees in the two years since the pandemic first landed here in North Texas. As before, the vast majority of those are infections acquired in community settings, whether in the home or elsewhere in the community, but a small percentage of them are transmissions of the virus here on the campus, and both in clinical and nonclinical environments.

I make that point to say there is really nowhere where you can let down your guard. This is a variant which is pervasive. And in making note of, again, several cases of documented transmission on the campuses last week where we have in the course of the last year and more gone many months at times without an on-campus transmission, to reinforce my hope that you'll take to heart the recommendation to wear a mask indoors irrespective of vaccination status, except when you may be alone in a room.

With that number of colleagues who are unfortunately sidelined by the COVID-19 infection, we continue to really need to monitor on a daily basis our ability to staff our clinical facilities. Thus far, we have had the ability to maintain a match of our staffing requirements for the number of patients who are coming to us for care. A number of factors have contributed to that. One is that over the past week and as I touched on in my comments in last week's briefing, an increasing number of our patients are choosing the option of a virtual visit, a telehealth visit. And indeed our percentage of outpatient visits, which are being delivered in a telehealth vehicle, has doubled over the last week or two.

I think, of course, much of that is reflective as it should be of patient choice – wanting the convenience and the clear safety of being able where it's possible to have a visit in their own home or certainly without coming to campus. This balance between staffing and the needs of our patients, both ambulatory and in the inpatient setting, is being monitored as I've said already very closely on a daily basis by Dr. Warner, our EVP for Health Affairs and the leadership team, who've done a great job working over the course of the pandemic to really ensure we are there for our patients as they need us.

To turn to some other facets of campus operations, I want to comment once again as I did last week about travel. After a lot of reflection and discussion and recommendations from our EOC group who met

again yesterday, we are not imposing a part of across the board ban on University travel as we did in some of the early months of the pandemic. However, I want to emphasize as I did last week that any travel, particularly on University business, should be mission-critical; in part because we know that travel, and here I'm talking about long-distance travel that involves air travel, public transportation, is inherently a high-risk activity even if we acknowledge there's plenty of Omicron in our own local community.

But any additional risk that is avoidable is an opportunity to ensure that you are there to help the University in continuing on its mission during this time when we are stressed because so many have become infected with COVID-19. So, as an act of kind of communal altruism, I would ask you for that reason to really think twice and three times about the necessity of any travel and specifically University travel. I leave it to everyone to make judgments for themselves about their own personal travel, but understand there is risk, and not only are we concerned for your health – and I don't want to underestimate that or underemphasize that – it's also just the importance of your being there as your community, the UT Southwestern community, and the outside community needs you.

I think that if you are traveling, that you should strongly consider being tested three to five days after return, and I would say that especially if you're engaging in any international travel. And I certainly strongly encourage you to mask and physical distance for 10 days after you return to campus if you have been traveling. I will remind you we continue to have in place limitations on the size of gatherings on the campus to no more than 10 and those should really be only in spaces in which they're sufficiently large that you can maintain physical distancing. We are limiting campus visitors also to that benchmark of being mission-critical. Our hospital visitor policy remains unchanged, because I know that is a topic of continuing interest to all those in that environment. And that policy is two visitors per patient at a given time. And once more, I will underscore the hope that you will stop, take note of anything that might be a symptom of COVID-19. And if there is anything that gives you pause to not come to campus, consult Occupational Health, and avoid contact with others until you have gotten tested, assuming that that's the recommendation from Occupational Health and that's even if you've been vaccinated.

Speaking of Occupational Health, I understand there's been some confusion regarding protocol for UT Southwestern faculty employees. So I want to bring to your attention that the Occupational Health team has also created a helpful return-to-work roadmap that can be found on the Occ Health webpage, along with the COVID-19 screening form. If you or your family member is symptomatic or had a COVID-19 exposure, you can schedule a test directly without a virtual visit by calling 214-645-9296, Monday through Friday, 8:00 a.m. to 5 p.m.

We also provide testing at three drive-thru testing sites in Dallas, Fort Worth, and Frisco for children who are 12 years and older. But I want to make note that this requires a referral and an appointment. And I also should note that Children’s has several urgent care sites that offer COVID-19 testing as well. And for more information about that, you can visit the Children's Health website.

For those who are working behind the scenes, and I've had a chance to see that for myself, the outstanding job they're doing, I wanted to really express my sincere thanks. And this includes all of those who are providing the screening, the testing, and the sequencing, which has been a really outstanding operation for UT Southwestern in serving not only our community, but of course our patients as well.

So with that I know somewhat extended COVID-19 update, I'm going to turn to just one non-COVID-19 topic before turning to your questions. And that is to remind you that Martin Luther King Day is just around the corner. This will be our 35th annual Martin Luther King Jr. commemorative celebration. And it's scheduled for next Wednesday, Jan. 19, from noon to 1 p.m. Our keynote speaker is Dr. Keith Norris, Professor of Medicine at UCLA. And during that celebration, we'll not only hear from Keith Norris, who's really been a leader in driving approaches to advancing equity diversity in medicine, but at that celebration, we'll also honor our student recipients of the Martin Luther King Jr. Scholarships for Community Service. Unfortunately, once again, for the reasons which are all too obvious, this will be a virtual event, but I hope by virtue of it being virtual, the entire UT Southwestern campus community will find the time to attend. Please register in advance to join that important event.

And with that, I'm going to turn to Jenny Doren, who once again, is going to pose the questions that you forwarded since our last briefing.

Jenny Doren:

Well, good morning, Dr. Podolsky. I want to begin with a follow-up to a question that I posed last week, and it was about Health System operations. As COVID-19-related hospitalizations continue a sharp climb, what steps are being taken, if any, to reduce the number of clinic visits? Last Wednesday, you mentioned monitoring daily the number of scheduled elective procedures. Has anything changed since then?

Dr. Podolsky:

In terms of outpatient activity, of course, I have already mentioned in my prior remarks that we are encouraging all clinics to offer where it's appropriate to the patient, the option of a TeleVisit, and you've heard how much that has resulted in a significant degree of relief on the pressure of in-person clinic visits.

Turning to elective procedures, we have still not found the need to cancel scheduled procedures that's in that balance that fortunately we've had so far. Even if we've had some staffing challenges, there has been some offset in the number of elective procedures that have been scheduled to keep that in balance. And how has that happened? Well, a significant part of that, our patients are choosing to defer just out of understandable caution. And so far we've been in sync. I've mentioned a couple of times now that the team here is looking at that daily with the possibility of if there should be further numbers of our staff; that includes all staff, physicians, nurses, Nutrition service. Just to make clear, it's the entire team that we need to be concerned about. If we need to be proactive in canceling, we will.

In the course of normal operations, we do schedule on very short notice a certain volume of what are not emergency, but, as I've just said, scheduled on short notice. Those we are limiting and that's part of why we've been able to maintain our capacity for those who have had elective procedures scheduled over the course of time.

Jenny Doren:

So often when we meet, we seem to discuss a new COVID-19 variant. What do we know about IHU? I know that's the name for the institution that discovered and reported the variant in France. Should we be concerned?

Dr. Podolsky:

This new variant, which is formally called B.1.640.2, and more commonly referred to as the question noted, as IHU, was first reported in a small cluster of about 20 cases in a southern France area near the city of Marseille. The variant drew researchers' attention due to its high number of mutations, including in the spike protein, which with some of those shared mutations, comparable in other variants of concern such as the Beta variant. However, since it first entered the World Health Organization's radar in early November, IHU has not appeared to have spread widely over the last couple of months. And COVID-19 cases due to IHU have been significantly surpassed by the Omicron variant, even in that region.

So although it continues to be monitored, it is not currently considered a significant variant of concern. Variants of concern are the ones that increase in transmissibility, increase in severity, or decrease vaccine effectiveness. And so far, there's no evidence that this IHU has any of those features. Undoubtedly new variants will emerge that may have unique collections of mutations, but that does not mean they're necessarily going to be more dangerous or going to supersede a variant like Omicron. But to continue to monitor the epidemiology and clinical spread of these variants is obviously very important and being carried out by the WHO.

Jenny Doren:

Thank you for that. Many people have written the COVID-19 questions box inquiring about trends in hospitalizations. Specifically, are we caring for more unvaccinated patients or those who are elderly or immunocompromised? What is the data telling us?

Dr. Podolsky:

Well, the data is telling us that the COVID-19 vaccines continue to protect the vast majority of those who have received them from serious illness requiring hospitalization and certainly death. The protection against severe disease was highlighted again, by an important new study from researchers at the NIH.

And I will note the first author is a former UT Southwestern internal medicine chief resident. The team analyzed more than 1.2 million individuals who were fully vaccinated between December 2020, so a little more than a year ago, and October 2021 and found that out of 2,246 cases of COVID-19, only 0.015% or 1.5 per 10,000 develop severe disease defined as COVID-19 leading to respiratory failure, ICU admission, or death. And that translates down to 0.3 per 10,000 with the ultimate outcome being death. So it demonstrates the effectiveness overall in the population. It also demonstrates that there are those individuals who are more likely not despite having been vaccinated to be one of those exceptions. And those are individuals or age of 65 or above age of 65, immunocompromised, or had more than one chronic medical condition such as heart, lung, kidney, liver, or neurologic disease.

The presence of four or more of these conditions indicates the highest risk. In turning to the trends right here on the campus, the majority of patients who are admitted continue to be those who are

unvaccinated, or relative to the Omicron, not fully vaccinated. It's very clear when we look at our census that it's truly exceptional to find somebody who has been fully vaccinated, meaning also having a booster, who's being admitted to our hospital for Omicron. We do see a significant number of individuals in keeping with that NIH study who have been fully vaccinated, or at least partially vaccinated, but who do have some immunocompromising condition who are amongst the people we're caring for in the hospital.

Jenny Doren:

So, as you mentioned during your opening remarks, another trend that we're seeing is a growing number of patients hospitalized for other medical reasons who are also being found to have COVID-19. So in other words, they're coming to Clements University Hospital, and then they discover that they have COVID-19. Anything more you can say about that?

Dr. Podolsky:

Yes, I touched on this very briefly and it's certainly very real, and I'll add another dimension to this maybe before concluding the full answer to this question. But it may be illustrative to share our experience last Thursday, Jan. 6. Sixty-four percent of the approximately 90 patients admitted at CUH were not requiring oxygen. And at the same time, 41% of the approximately 175 patients admitted at Parkland were asymptomatic for COVID-19. I mentioned those two facts because it is saying there are many people out there with other conditions who are being admitted to the hospital and having incidental or with COVID-19 infection. We do, and have for since the early months of the pandemic, pretest anybody scheduled for a procedure or admission at UT Southwestern, and in recent weeks, 14% of those or so have turned to be positive. That is our asymptomatic people.

Now of course we don't then proceed to admit those patients; their procedures or admissions or procedures are deferred. But for those who are going to be admitted through the ED, we fully expect that there's going to be some comparable percentage who for conditions other than COVID-19 that that would be reflected in that population as well. Overall, the percentage of patients in Clements University Hospital – because many of them are still admitted for elective procedures that are elective purposes – having been screened of course do not have COVID-19. That wasn't too confusing.

Jenny Doren:

No, I'm following. I do want to end with one question, because this kind of builds on some of what you've said during every briefing, when you've repeatedly encouraged COVID-19 testing, even when experiencing mild symptoms, ones that may seem allergy-like. Some of our staff are struggling with not wanting to overwhelm the system and say that they have allergy symptoms daily. When should they contact Occupational Health?

Dr. Podolsky:

It's certainly a very timely question, because many people at this time of year are experiencing cedar fever in addition to their other seasonal allergies. And there are strong similarities between allergies and COVID-19 symptoms, so it can be a real conundrum. The main thing to consider is whether the

symptoms are new or the symptoms are worsening. For example, if you have seasonal allergies but do not usually experience sore throat, then a sore throat would be considered a new symptom and certainly should set off your concern and outreach to occupational health. If you usually have a runny nose and mild cough but they worsen or do not respond to your usual allergy medications, then you would also want to consult Occupational Health. Certainly if any of these symptoms present following an exposure, whether in the community or here on campus or a high-risk activity, such as attending a public event where many unasked people are also present, then you should also fill out an Occupational Health COVID-19 screening form to be considered for testing.

Jenny Doren:

Appreciate that. We just want everyone stay safe and stay healthy.

Dr. Podolsky:

Good. Thank you, Jenny. And we'll be again here next week to provide an update to the campus community. In the meantime, I hope everybody will do everything they can to stay safe. And I'd like to finish by where I started thanking everyone for the extraordinary work commitment that they continue to make every day on UT Southwestern's campus.