

July 29, 2020, Weekly Briefing Transcript

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and once again, I want to welcome you to this weekly briefing for the UT Southwestern community. As in past weeks, I will take the first half of our time together to provide an update on developments since we met virtually last week, and then we'll turn to your questions, which will be posed by Jenny Doren from our communications group.

I'd like to begin by extending my thanks and congratulations to really everybody on the campus, but certainly especially those who are involved in providing care in whatever capacity, either directly in working with our patients or in supporting that work, that has led to such remarkable progress in the outcomes and experience we offer our patients and now the recognition that has come with it, with the release yesterday of the rankings of best hospitals by *U.S. News & World Report*.

It was certainly gratifying to see UT Southwestern ranked as the No. 1 hospital in our region, No. 2 in the state, and highlighting 10 of our specialties as nationally ranked programs. As I have said before, and indicated in my message to the campus yesterday, I do not expect that anybody at UT Southwestern gets up in the morning and comes to campus with the intention to raise the rankings of our institution, but rather to be sure we are delivering the very best care to our patients and their families as we also pursue medical advances, which will lead to better treatments, preventions, and cures and prepare the caregivers and scientists for the future.

But still, it is certainly both gratifying, as I've said, and reassuring that that work has been recognized for what we are delivering to our community, both right here in those who come to us for help and through those research and the training and educational activities really impacting a worldwide community.

So with that, let me turn to the topic of COVID-19, which, of course, is front of mind for all of us on a daily basis, and to bring you up to date on where we are. Certainly, we at UT Southwestern and really the region more generally have seen a moderating trend over the past week. And this has been certainly in line with what our UT Southwestern modeling groups had anticipated, who, in an update which was provided just late last evening, also see will continue over the next two weeks. I will say, in referencing that update, it will be a day or two before it is put into a more user-friendly fashion, as we do each time we have an update and provide it for your consideration through our website. But as I've said, we have seen and we will expect to see a continuing gradual reduction in the number of patients.

Here on the campus, what that has meant over the past week is that we went from a census in the mid-50s when we had this briefing last Wednesday to now the mid-40s – 44 as of yesterday afternoon in Clements University Hospital. And I'm pleased to say also the same trend is being seen at Parkland where we were caring for upward of 160 patients about a week ago and now, as of yesterday afternoon, 129. So again, that same trend, and that is reflected in the numbers seen in hospitals across the region. That trend is also in line with a continued gentle reduction in the rate of positivity of people being tested, which you may remember was pushing upward of 30 percent not that long ago, and in this past week has been in the low 20s. And that is a good harbinger that we will continue to see over the course

of the weeks ahead if we stay the course in our adherence to nonpharmacologic interventions, this moderating trend.

And to get to a factor I think we all have been following in a way we never anticipated a year ago – the Rt value – for the first time really in some time in both Dallas and Tarrant County, that has appeared to be below 1, which is the value below which you begin to see a gradual attenuation of the pandemic. All of this, as you will all know from these past months, are dynamic features. And that is to say that what the future will look like beyond our current ability to predict for the next two weeks is not set in stone, but is going to reflect what we collectively do as a community in staying the course and maintaining our social or physical distancing, wearing masks, using hand sanitizers, and the other things that we can do that will enable this trend to continue.

So that's where we are, both on campus in current census and what's happening in the region. I want to tell you, to turn to a related topic, that the prevalence study, which you've heard about on a number of previous briefings, has now been launched in Dallas County and now Tarrant County. And as I mentioned last week, the participation is by means of an invitation that will be mailed in a manner to capture hopefully really a complete cross-section of our communities in Dallas and Tarrant counties.

I would just ask you, as one small part you can do to support this study, that if you or your friends or families receive this invitation to participate, accept the opportunity or encourage those around you to accept the opportunity, because this study has the means to help all of us guide our way through the pandemic in the weeks and months ahead. So "to be continued," but I think it is one of the ways in which UT Southwestern, in partnership with Texas Health Resources, will really be helping our broad community beyond what we do right here on campus.

I mentioned last week and want to remind you that we have put in place additional screening steps as just an added way of doing everything we can to ensure the safety of those who work and come to the campus. It began at the University Hospitals and involved scanning badges each day to attest to being symptom-free and to not knowingly have been exposed to anyone outside of UT Southwestern who tested positive for COVID-19. In this past week, that screening, which is really trying to jog everybody's memory, to be sure you're not dismissing a runny nose or something, or attributing it to an allergy, but rather stopping and having the extra bit of caution to consider that. That is necessary in the context of this pandemic. Having now deployed that extra measure of screening in our health care facilities, we are now actively looking at how we deploy that more broadly through the campus with its many access points. And more to follow on that I expect next week.

I know there's great interest each week on what has been the number of UT Southwestern faculty and staff who may have been diagnosed with COVID-19. So to update you on that topic, as of last Friday's report, there were 21 new cases of individuals working at UT Southwestern – or UT Southwestern employees, more precisely – who have been diagnosed, bringing the cumulative total since March 1 to 207. All 21 of these newly diagnosed cases were from community exposures, reinforcing what you've heard before, that where we need to be especially careful is off the campus. That is where we as a set of individuals are at greatest risk of being exposed.

So now in the cumulative experience, 177 UT Southwestern employees have been diagnosed based on community exposure. Six have been from exposures on campus from one employee to another in a

nonclinical area, 14 from one employee to another in a clinical area, and 10 have been on campus where an employee has been exposed to a patient known to have COVID-19. As I've said each week in updating you on these numbers, one case would be one case too many. But I think when we look at the number of individuals – and really to me it's a remarkably small number of individuals over the course of time who have acquired the infection here on campus – it does underscore just how much the physical distancing and the masking and the other interventions really are effective in limiting the possibility of getting the virus.

On another topic of, I know, great interest, I'm happy to report that our efforts to advance the treatment for COVID-19 through clinical research continue to have great momentum. The Office of Clinical Research has been in high gear since the early phase of the pandemic to accommodate the urgent need for COVID-19 clinical trials and the rapid activation of trials, in some instances within days of first being proposed, has reflected terrific contributions by representatives from our hospitals, from SPA, from our IRB, from the Clinical Research Unit, and the Investigational Drug Service. And I really want to thank them for the way in which they have put the needs of our patients in requiring advances in treatment foremost and really galvanizing their efforts.

We have a couple of new trials that are launched or about to launch that I thought I would mention. One is the trial which really got significant attention in the media over the past few weeks, and that is a combination of antibodies directed against the virus coming from the Regeneron company. And we will be one site to test the ability of this agent to treat not only hospitalized patients, but those who are in an outpatient setting, who therefore may be prevented from acquiring a more serious illness.

The second trial I'll mention, which has now been launched at Clements and within days will also be enrolling patients at Parkland, is a drug called atovaquone, which was shown by UT Southwestern faculty members Drs. Hesham Sadek and John Schoggins to have promising effects as a drug already approved by the FDA, but approved for a different indication, and found through their computational analysis to have activity against COVID-19 and that theoretical possibility confirmed in studies in the laboratory. So now under the leadership of Dr. Mamta Jain, a trial has been launched to really test the ability of this approved drug to help our patients with COVID-19.

And then finally, I will mention just within the last day or two approval of UT Southwestern to serve as a site for a vaccine trial that is under the aegis of the J&J company. So once again, UT Southwestern is really joining the ranks of all those worldwide doing everything that can be done to get to a point where we can have hopefully definitive treatment and also the means of prevention through effective drugs and vaccines.

Turning to the weeks and months ahead, I do want to, first of all, make you aware that upon the recommendation of our Travel Advisory Committee and approved by our EROC, the ban on anything but mission critical travel for University business domestically, which was set to sunset on Aug. 1, has been extended now to Sept. 1 to coincide with the ongoing ban for University travel on an international basis. As I know the campus is aware, we are currently operating on a continuing basis under our phase two state of activities with the intention to maintain that through at least Labor Day.

I will tell you that we will certainly be extending that beyond Labor Day, and it's my further expectation that we will be able to provide more definitive guidance on how far beyond Labor Day we will extend

that, with the intention, in particular first and foremost, of maintaining the safety of the campus and everybody on the campus, but also providing what I know is much needed certainty in terms of planning, particularly as we are getting into the fall and as those of you with school aged children are really wrestling with the added challenges of the uncertainties about what will school look like in this coming year. So I hope when we have this briefing next week to provide that further guidance on what we can expect and what our plans will be looking into the fall and into the months ahead.

Before I turn to your questions, let me just touch on a couple of other topics. The first is to remind you that we are coming very near to the end of our annual benefits enrollment. That's this Friday, July 31. So if you have not taken the time to make your decisions and your selections for your benefits for the next fiscal year, please remember to do that by Friday. Otherwise, by default, your benefits that you selected for this year will be continued into the coming year.

And then finally, I really hope that you all take note of two campus events that are going to be hosted by our Office of Institutional Equity & Access. We spent our time on these briefings with a particular focus – for, I think, reasons that we all appreciate – on COVID-19, but it is important that we do not lose sight of another vitally important issue that we've talked about on some of our past briefings, and that is addressing the racism and the many challenges that we have as a community and a society in providing an equitable and inclusive culture and more specifically institution for all. And so I do want to call your attention to these two campus events, as I said, sponsored by the Office of Institutional Equity & Access. Today, that is Wednesday at noon, there will be a fireside chat with Police Chief Marcus Lewis on promoting a culture of public safety and inclusion. And tomorrow, Thursday, July 30, also at noon, there will be a conversation with Dr. Lauren Powell on "The Time Is Now: A Conversation on Sexual Harassment, Gender, and Race in Health Care." For further information about both events and how you can join them, please turn to our COVID-19 website. And so with that, I'm going to conclude my own update and turn to Jenny Doren for your questions. Jenny?

Jenny Doren:

Thank you and good morning, Dr. Podolsky. Let's begin with COVID-19 level setting and clearing up confusion over just how serious the virus is. Can you provide some information on the rates of ICU admissions pre- and post-COVID?

Dr. Podolsky:

Looking narrowly at that one issue, it's actually extremely difficult to compare hospital data pre- and post-COVID-19 as hospital operations – and certainly the readiness of patients to come to the hospital for conditions which would warrant care in an ICU – had been significantly disrupted. You will see, if you look around our campus and elsewhere, billboards intended to really reinforce the importance of coming to seek care when you have symptoms as such life-threatening possibilities as a heart attack and stroke, knowing that many patients, particularly in the early weeks of the pandemic, out of fear were not coming to the hospital and not ending up in the ICU because sadly many of them were dying before getting to the hospital.

So having made that comment, currently we have about 200 ICU patients in Dallas County, and that number is significantly higher than what we typically see for the flu. Historically, excess deaths have

been used to compare flu severity year over year. And when ICU and ventilator capacity gets saturated, that situation can lead to a very rapid rise in deaths. It's reasonable – although more assumption than proven – that the much higher rates, for example, that we've seen in death from COVID-19 in New York, when it was being overrun, compared to what we have experienced in Dallas, is the difference between a health system that, as we have here in Dallas, has been able to provide exquisitely fine care to each individual patient because there is sufficient capacity to the quality of care that's possible, even though I know there were enormously dedicated caregivers in New York faced with an overwhelming number of patients.

So we need to try and prevent overwhelming our health care system so that when patients are in the ICU, we have the wherewithal to provide the very best care and to have the better outcomes that that enables. Ultimately, we look at ICU numbers to ascertain a residual capacity, and fortunately the DFW area has done better than many other parts of Texas. Nonetheless, before we saw the moderating trend that I talked about earlier in my remarks, we were getting to a relatively narrow band, 10 to 20 percent of a residual ICU capacity, because of the rise of the number of COVID-19 patients requiring ICU care through the month of June and early July.

And I will just say on a more impressionistic note, because I've been asked this question many times in talking to community friends, "Why is this different than the flu?" We always hear about how many people are affected by the flu, but I can say in my career experience of now more than 40 years, we have never found ourselves in the circumstances in this country that you have seen occur over the past months of being overwhelmed in many parts, or on the verge of being overwhelmed. So while we can look at the numbers, I think one needs to look at the overall picture to understand just how significant and unique a circumstance we find ourselves in.

Jenny Doren:

We appreciate your perspectives. And we also continue to get a lot of questions about masks. We know that masks provide a strong defense against the virus. No question there. However, there is growing evidence that various masks, both disposable and nondisposable with valves, are not effective. Some places are even banning them. Is UT Southwestern going to provide additional guidance around masks?

Dr. Podolsky:

So first to note, an ear loop mask is provided each day for clinicians and staff working in hospital and ambulatory settings, including those in direct patient care and those in supporting roles who do not interact directly with patients. Everyone is asked to use the mask provided as there is no way to validate the effectiveness or cleanliness of masks brought in from outside. Employees in nonclinical departments are encouraged to bring in their own CDC-compliant, cloth face coverings or masks from home. Masks with valves are not recommended because while they might filter the air on inhalation, they do not filter exhaled air. And therefore, someone who is infected with COVID-19 could be exhaling infectious droplets. So again, to be very clear, we are asking that people not use masks that have valves.

Jenny Doren:

OK. Important information there. So last week I asked you if UT Southwestern was going to offer annual flu shots. As a follow-up, people are now wondering if it is possible to administer flu shots through a drive-through setup similar to what we offer for COVID-19 testing.

Dr. Podolsky:

Well, it's an interesting thought. First of all, let me say that flu vaccinations, which are offered annually in fall, will again be offered to all UT Southwestern employees, and planning is well underway. I certainly will be sure that our Occupational Health group, who are responsible for ultimately developing a plan and guidance for how we deploy our flu vaccine, at least put that into the things that they are considering. It is ultimately their responsibility to lay out a plan for delivering our employee flu vaccinations. This year, where we are, obviously operating in a different circumstance than in past years, will affect that plan for deployment. Please continue to monitor your emails as we will begin sending out information in September.

Jenny Doren:

Great. Dr. Podolsky, can you please verify what steps are supposed to be followed when screening patients in our clinics, specifically POB 1 and 2, to ensure that those who are flagged in Epic for potential exposures are not exposing others by coming in?

Dr. Podolsky:

So our current check-in processes at all points of entry, including POB 1 and 2, include both COVID-19 screening questions and temperature screening. Pre-visit screening via MyChart or phone for those who are not on MyChart is still a crucial step that clinics should be taking to prescreen and pre-evaluate patients for appropriateness prior to the date of their appointment. And it also creates an opportunity to identify a patient who may have recently failed a screening and to develop a plan for appropriate follow-up and certainly to preclude their visiting the campus in a circumstance where they may be at risk of transmitting the virus.

As the patient arrives onto campus, the points of entry are intended to be an extra layer of protection for our patients and our teams above and beyond that pre-visit screening. And thank you for letting us know about patients who may not have received screening questions at the POB. We will certainly be following up to see what can be done to make sure that that is happening on a unit forum basis.

I do want to note that acknowledging that no system ultimately can be assumed to be foolproof, it does underscore the importance of our personnel using the protective personal equipment, which has been provided, including now face shields, which is an important third line of defense, as it were, to maintain the safety of certainly the staff working within our clinical environments on the small possibility that a patient may not have gone through that prescreening. But I do want to, even suggesting the small possibility, go back to the numbers that I shared with you earlier in this briefing, that by following the guidelines, we have seen an extraordinarily rare variance, that our experience of transmission from a patient on this campus has been extraordinarily infrequent.

Jenny Doren:

Let's keep it that way. There are a lot of people on campus and in our community who are missing things we once took for granted, something as simple as a pat on the back, a high-five. Should they stop short of hugging even if masked?

Dr. Podolsky:

I do certainly understand how all of us have had to recalibrate some of the things which just came so naturally as part of how we interacted with colleagues here on the campus and of course those in our personal lives off campus. There is always concern that a hug or another type of physical contact could result in the transmission of infectious particles, one to another. So it may not be quite as satisfying, but in the workplace, I would recommend an elbow bump. But if both parties are masked and not currently wearing gowns or gloves, a brief hug is probably okay. Please be careful to minimize the duration of the proximity of one's face to others and always observe proper hand hygiene. Outside the workplace, a hug would only be recommended with household contacts and if all parties are masked.

Jenny Doren:

We appreciate that. So our final question is on emergency paid sick leave. The emergency paid sick leave request form has a maximum of 10 days. Why is it not for 14 days of quarantine?

Dr. Podolsky:

So emergency paid sick leave is really defined by a part of the Federal Families First Coronavirus Response Act, which was passed in mid-March. And it's that act that allows up to 10 work days or 80 hours for COVID-19 related reasons, including illness and treatment, quarantine, caring for others who are quarantined, and child care. The amount of pay an employee will receive varies based on the reason for the leave and is capped, and weekends are not paid. So the short answer to this question is that 10 days is really following the guidance required by the federal act, which provides that support.

Jenny Doren:

Well, thank you. We appreciate all of these informative updates.

Dr. Podolsky:

Thank you, Jenny. And I hope everybody on the campus has a very safe weekend. We'll be back next Wednesday.