

June 30, 2021, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center. And I'm very pleased to welcome you to this now monthly briefing for the UT Southwestern community. And as I've done on the previous 41 campus briefings, I'll start by a overview of what we are in meeting the challenges of the COVID-19 pandemic and also what we anticipate over the number of the coming weeks.

The number of patients that we are caring for continues to be essentially on a steady plateau, really in single digits, both at Clements University Hospital and at Parkland Hospital. I will note that there is possibly a slight increase that we've seen in the last several days to the high single digits where they had been in the mid single digits for whatever significance that may have. I am pleased to say that as has been the case over the last several months, we have not seen any additional transmission on the campus, either from employee to employee or from patient to employ since my last briefing a month ago. Again, a reassuring sign of the safety of the environment, even as a more of our campus colleagues are working on the campus itself and less of our time is spent in a remote setting.

I did have the opportunity to see what is now the weekly update from our modeling group earlier this morning, that will be posted publicly, I hope by the end of the day. And I would characterize it as generally encouraging, but with a cautionary note. Our colleagues in the modeling group anticipate that there may be some small increase from the current, relatively modest levels of hospitalization and new cases that we will see by the end of July and into August. There are a number of factors which are contributing to that possibility of a rising number of cases.

First is the penetration of the variants that no doubt everybody has been reading about now for a number of months. And we know that they are penetrating here in north Texas. Our own colleagues in both the clinical labs and in the McDermott Center, continue to sequence all positive samples received at UT Southwestern and indeed what they report is in the most recent batch, essentially all of those positives were one variant of another. The predominant variant is what was initially called the UK variant now called the alpha variant. And while it's the majority, it's a giving way as it were to the other variants and we are now seeing a rising percentage of those positives reflecting the so-called Indian or delta variant. So with the apparent higher transmissibility, particularly of that Indian variant that's one factor, which is a cautionary note on the trends which we may see over the next several weeks and few months.

And the other is the declining rate of new vaccinations. In Dallas county in this last week as reported in the newspaper this morning, there were approximately 22,000 new or first doses of vaccine given, compare that to the early days of our vaccination campaign, going back through January and February, where UT Southwestern alone was administering more than that number of single doses. So that trend is not just local, it certainly is what's being seen across the state and really across the country. And that's another very important variable in how many people will remain fully susceptible to COVID-19 in the absence of vaccination.

Having noted that, I don't want to miss the opportunity to make the editorial comment and recommendation to that if you have not for whatever reason chosen to be vaccinated up until now, that considering the experience now with nearly 3 billion doses of vaccine administered worldwide, that you take that step to protect yourself and those around you. And if you have been vaccinated and found yourself a trusted voice to someone who has not, please encourage them to take that step as well, to protect them and those around them.

So with all of that forward looking view of the possibility of a modest, as I will characterize it, increased somewhere out in the end of July and beyond it still leaves us in a position to proceed, as I announced by an email last week on our campus, to phase four operations. Taking altogether the criteria, which were established by our former EROC both internal metrics and external metrics we remain really well within the green zone. And so with that, we will proceed to that phase four operations, which essentially outside of our clinical facilities and patient care settings means essentially a normal return to operations. However, for those of you who, again, have not been vaccinated, although there is not a mandate I would strongly encourage you to continue to wear masks and where you can to physically distance for your own protection and the protection of others around you, particularly those around you who also might not have been vaccinated. But otherwise we will be really operating as much as we did prior to the pandemic in those settings.

In the clinical settings, we will continue to wear masks as a requirement to protect the safety of our patients. And I would say across any of our UT Southwestern activities, if you've got questions as to what is within the approved boundaries or what are our current practices, I would refer you to our website, the frequently asked questions, which have been updated to reflect this change to phase four operations. I do want to also add in that context, the most recent recommendations that have been forwarded from our international travel oversight committee, which met last week and on their recommendation I am approving our return to pre pandemic conditions for domestic travel in coordination with our transition to phase four operations beginning on July 5th. And what that means is there is no longer the need for those anticipating university sponsored domestic travel for it to be reviewed by the committee. But rather we returned to our prior practices in which departments arrange travel directly through the university travel service. And as I say, do not require the completion of the memo to the travel oversight committee that has served us during the course of the pandemic.

All international business travel will still require approval by the travel oversight committee, at least through the end of this calendar year. And that is a slight change from our pre pandemic practice where only travel to those areas of the world that were on the watch list by the U.S. State Department required a review by the travel oversight committee. Again, at least until the end of this calendar year, all international business travel will be reviewed by our travel oversight committee.

So with that, I'm going to now turn to other campus updates, and begin by noting that we are approaching the end of our fiscal year, that is the end of August. And I'm pleased to say we are on a track to meet and surpass our budget and end the year with a positive margin, I will say it's a modest margin relative to the total revenue. That is to say the ratio between our revenues and our expenses, but nonetheless, certainly a much, much better place than we were when I was briefing the campus a year ago. And I will also note that part of that positive margin has been helped by our receipt of cares

money from the federal government as part of their broad effort to shore up organizations and the economy over the past year.

We have also submitted our budget for the next fiscal year, which has been approved by our Board of Regents. It anticipates with the continued great kind of commitment that has made this year's financial performance possible from our UT Southwestern community. Again, a positive margin to continue to invest in our mission and the people on this campus, for the first time our total budget will surpass \$4 billion in revenue and just a reflection of first of all, the incredible hard work by everybody at UT Southwestern and how collectively we've advanced our mission.

As we turn that revenue into investments, into our faculty and staff and into each of our aspect of our core missions, there is one part of the financial framework which I want to return to, I mentioned it on the past briefing, and that is vacation accruals. As part of our continued focus on the ending of this fiscal year, I am noting that we are seeing only continued increases in vacation accruals, and that's of concern to me for two reasons. First and really foremost it means that each of you may not be taking the time you need to really recharge and to regroup, to spend that time with your interest off-campus with your friends and with your family.

And I know that, that's essential for you to also be able over the course of the year ahead to continue to do everything you can to advance the mission. So for your wellbeing, I certainly strongly encourage you working with your supervisors to find if you've not already planned it the time to take a vacation. And to be frank, the second reason is that that does represent a financial liability for our campus in the aggregate, to put it in a size of magnitude about \$40 million worth of liability. And we'd like to see you use that time, and with that you'll also be helping the institution as well.

Turning to another important development since my last campus briefing in terms of its impact on the campus. I know that the 87th session of the Texas Legislature concluded at the end of May. And overall, this was a very positive session for UT Southwestern with support two important campus priorities, as well as a community priority for which UT Southwestern will play an important role. First, we had asked the legislature to formalize a funding mechanism called a performance-based research operations formula, it sounds like a mouthful, but effectively that is a mechanism which will we believe provide reliable funding appropriations for UT Southwestern over the course of time in legislative sessions ahead.

And we're very pleased working with many members of the legislature and the leadership there that they did in fact approve that formula. The second goal or priority we had was asking for the legislature to endorse our plans to establish a new school of public health here at UT Southwestern. And not only did they approve that, but also without necessarily having asked for it to provide some amount of seed money, \$10 million, which we will have to match, two to one, for our school of public health. So we're very good excited, these plans are rapidly coalescing for the launch of that school and the anticipated enrollment of first students in 2023.

I mentioned that there was a third ask, which was the on the basis because of a community need, really something we have been working with many community stakeholders with for the past a few years. And that is approval for funds to establish a state psychiatric hospital here at the Dallas Fort Worth area. And with great support from representatives in the Dallas delegation, many community groups, our

colleagues and other health systems, I'm pleased to say that the legislature did appropriate an initial \$45 million to advance the planning, the acquisition of land for such a hospital with the expectation that the funds for the construction will follow. We will be working closely in partnership with the state Health and Human Services Commission to plan, to design, to construct, and then ultimately to operate that hospital.

And I would expect that just about everybody within the UT Southwestern community or anybody living within our region will appreciate how badly we need additional capability to provide care, mental health services, behavioral health services in this region. And so for all those reasons, the 87th session was one that had a very positive outcome in my view for our priorities here at UT Southwestern. I now just want to mention another, what I consider a really exciting initiative of a different sort that received recent approval from our Board of Regents. And that is to proceed with working with the Dallas Independent School District to plan a STEM school right in conjunction with our campus. I won't go into great details except to say that this will be a collaboration that'll involve our UT Southwestern faculty who will have input into the community, have advisory capacity, and will serve as a source for those, for school, excuse me, it will be a school for pre-school age children, three to four, with plans to expand up to the fourth grade and accessible both to the children of those working here at UT Southwestern, but also the community more broadly. I want to give a particular credit and thanks to Dr. Chuck Ginsburg, our senior associate dean, who has really been a champion for this, working very, very closely with Mr. [inaudible 00:16:50] and Mr. Mike Server here in our business affairs with the DISD leadership, which has ultimately gotten us to this threshold where the UT system Board of Regents have approved this and the Dallas ISD Board has also given its stamp of approval to proceed with that project. More details of that will follow in the months ahead. It's anticipated to open in August of 2022.

I hope by now all of you have received, all of those non-faculty employees, have received your invitation, your request to participate in our Values In Practice Survey, the VIP Survey. I consider this a really important, an important opportunity looked at from where I sit, to hear from you about your experience working at UT Southwestern, your insights into how we can make UT Southwestern a better environment, and a better way for you to do your work for us to advance our mission together. You should have received an email from Glint, which is our third-party vendor, with a link to the survey. I want to assure you again that the inputs from that survey going through this third-party vendor are anonymous. I encourage candor.

Each the prior surveys have provided important insights. This is an opportunity for us to understand whether some, whether the actions we have asked our managers and supervisors to take to address what we've learned from the prior surveys are having the intended benefit to you working here at UT Southwestern. I really encourage you to take the time to complete that survey. If you need more information, you can go to UTsouthwestern.edu/vipsurvey, or email the organizational development and training team at employeeengagement@utsouthwestern.edu. Again, the survey itself will through Glint, the third-party, and not through our own channels here.

As a last item, I want to welcome Dr. Joan Conaway to UT Southwestern. Dr. Conaway will be officially joining UT Southwestern tomorrow, July 1st, in a very important role as our vice provost for basic research. She's also going to be a professor of molecular biology, and she will be successor to Dr. David Russell, who was our inaugural vice-provost for basic research. Dr. Conaway comes to us from the

[inaudible 00:19:40] Institute for Medical Research, and is herself a highly distinguished scientist and member of the National Academy of Scientists. We're very excited to have her join our community. When you do cross paths with her, I hope you'll take a moment to welcome her to UT Southwestern. With that, I'm going to conclude these remarks, but before I turn to Jenny Doren, who will pose the questions you have forwarded, I want to wish you each a very happy and safe 4th of July weekend.

Jenny Doren:

Good morning, Dr. Podolsky, our first question, one posed by many, is whether there have been any developments about the possibility of booster shots for those who've received COVID-19 vaccines. Do you have any information related to receiving a third dose, or have you seen any studies that show the length of protection for those fully vaccinated?

Dr. Podolsky:

Well, this continues to really be an open question. Certainly as of now, there is no active plan to proceed with either a booster or an updated vaccination. I do want to make the distinction between the two. A booster would be receiving another dose of the vaccine to boost one's immune response if it were to be waning to the existing viruses. What evidence has been forthcoming since a form of this question was asked some months ago, all continues to show that there is a fairly durable response to the original vaccine regimens. That is whether you got two doses of one of the mRNA vaccine or one dose of the Johnson and Johnson vaccine. That's to be distinguished from the possibility which we've come to know as usual practice in the instance of flu of needing a new shot each year, because the virus has changed.

So far, it does appear that despite the fact that there are these multiple variants of concern which have emerged, that in general, they are adequately covered by the existing vaccine. That does remain a point to really be firmly established. We are continuing to follow, of course, the developments very closely here, which includes ongoing study of those who were vaccinated to begin with in those earliest trials, as well as new trials that have been completed since that time and to see the CDC recommendations as they evolve. As of now, the CDC has not made a recommendation for either booster or the anticipation of a, say, modified or alternative vaccine there. All I can say at this point is that we should all be following that. We certainly will be communicating if there is evidence of a need to either have a booster or, if you will, a supplemental shot as the science emerges.

Jenny Doren:

Thank you for that explanation. A bit of an extension from that question, since we met last month, have there been any reported positive COVID-19 cases of employees who have been fully vaccinated?

Dr. Podolsky:

The answer is yes. I'm aware of several, but that is not at all unexpected. I think we, we can, one hand, appreciate how remarkably effective these vaccines are with protection in the 90% to 95% range, but that's not 100%. When you consider that we have had many thousands of employees receive the vaccine, even with that highly, highly effective overall rate, inevitably some small number, in being exposed to COVID-19 and we should not lose sight of the fact that COVID-19 is still amongst us in our

community, that some would when, in fact, become infected. It's a somewhat elaborated way of saying yes, we have had several.

It is a reminder that is much as it is in our overall judgment, safe for the reasons I've described to return to normal operations for us. If we are fully vaccinated, to generally go without a mask. That we should still be avoiding kind of high risk circumstance. That would be very large gatherings. Gatherings where there's likely to be, or might be many people who have not been vaccinated, for example.

Jenny Doren:

Good advice there. A lot of continued interest in vaccinations. What percentage of our faculty and staff are vaccinated and what are the plans for raising that number even higher?

Dr. Podolsky:

Well, I want to make the point that I've made in many of the previous briefings, really from the very beginning, that certainly our first priority from day one of the pandemic, and really unrelated to the pandemic, before that, is the safety of our UT Southwestern community, including all of our employees and patients and visitors who come to the campus. And with this, we certainly are eager to do everything we can to facilitate vaccination for those who have not yet vaccinated.

To answer the question. Our best estimate is that about 80% of our UT Southwestern employees have been vaccinated. We know that from those who have, and this would of course be the great majority, gotten vaccinated at UT Southwestern and what we know of those who report having been vaccinated at other sites. So about 80%, little north of that is our current working number.

Given the fall-off in the broad interest in getting vaccination by those not yet vaccinated, at this point closed down or about to close down our final off-campus vaccination site, but we will continue to operate a vaccination site on our west campus building three. I believe you can turn to our website to get some of the details on accessing that on the I believe ninth floor of west campus building three.

Our efforts are going to continue to make that access available. We're offering it. This is not directly to those who are working on campus, to our patients for example, before they're discharged when they come to the clinic. And certainly I would hope everybody would talk it up to their colleagues if they're aware that some of their friends, colleagues on the campus have again, for whatever reason hesitated, to remind them that there is still availability, convenience, same day access to vaccination in west campus building three.

Jenny Doren:

We still offer immediate online scheduling as well. That information's on our website. So extremely easy as you just pointed out. This next question comes from members of our care team, specifically our nurses. From a nurse's perspective, and I'm going to quote this question specifically, "We see in Epic how many vaccine doses or patients have received, but it is never noted that perhaps their symptoms could be related to the COVID-19 vaccine. Are we studying the number of patients coming in with complaints of symptoms after receiving the COVID-19 vaccine?"

Dr. Podolsky:

Well, this is of course an important question and one we're we are doing our best to be part of the solution. That is a solution to clarify and understand what are vaccine related reactions versus things which might not be vaccine related symptoms. This is called post-marketing surveillance. And we are, as I say, actively involved in identifying and investigating potential reactions, such as cases of myocarditis, which is an inflammation of the heart muscle. When we are aware and suspicious that there are reactions, we work with public health officials and the CDC directly. And in addition, when we administer the COVID-19 vaccine, we always distribute the information about the CDC reporting mobile app, which has proved to be critical in identifying some of the reactions. We distribute that to those receiving the vaccine.

Our division of allergy and immunology is collecting data on the allergic type reactions as part of a large national instituted studies. And I would just say that any symptoms or reactions after receiving a vaccine can be reported to the Vaccine Adverse Event Report System or VAERS, by anyone. You don't need to be a healthcare provider. And before we run out of time, which I know is about to happen, I do want to return back to the question about regarding whether fully vaccinated employees have had experienced COVID-19. To take it one step further as a part of context. And that is, the overall safety of this.

To put it in somewhat different terms, and not just for our campus community, but for all of those who are being vaccinated, a recent national analysis conducted actually by the Associated Press of Data from May 2021 found that of the 850,000 hospitalizations due to COVID 19 in the US about 0.1% were individuals who were fully vaccinated. And similarly, when you look at who is dying now of COVID-19, we're talking a fraction of 1% of those are dying. So that's another way of understanding just how powerful the vaccine is in protecting us, even if it's not absolutely perfect.

Jenny Doren:

Very promising data. Before I get to what we have time for, which is our final question. I do want to remind folks that while these questions are largely related, almost entirely related, on COVID-19, they are welcome to write in with any institutional related question.

So again, this last question. In the clinical setting, there seems to be some inconsistency with regard to what is considered inpatient care. Can you please clarify the use of eye protection for clerical staff, medical office assistants, nurses and providers who are in direct contact with patient, including at check-in or hospital registration desk.

Dr. Podolsky:

I appreciate the uncertainty. We are at a point of transitioning from what was a policy put in place to deal with the extra risk of COVID-19 to now a new policy that reflects the improved circumstance and much lower prevalence of COVID-19. So, earlier this month, given the sustained downward trend of COVID-19 cases, we began to relax our eye protection protocol and returned to our pre COVID-19 eye protection policy. That means you are no longer required to wear goggles or a face shield during routine patient interactions.

As a reminder, our standard university hospital and ambulatory policies do require the use of eye protection under the following circumstances, COVID-19 or no COVID-19. And those are, activities that generate or could generate splashes of blood, bodily fluids, secretions, and handling of hazardous materials and hazardous drugs and in a laboratory environment. So those continue to be in place as they were pre-COVID-19.

Jenny Doren:

Appreciate your time.

Dr. Podolsky:

Thank you all.