

Nov. 11, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, president of UT Southwestern Medical Center. And I thank you for joining our biweekly briefing for the UT Southwestern community. As in past briefings, I will take approximately half of our time together this morning to provide an update to you of activities here on the campus. And then I'll turn to Jenny Doren, director in our communications group, who will pose the questions that you've forwarded since that last briefing.

Let me turn first, as I usually do, to the matter of the pandemic here in North Texas. And I'm sorry to report what many, if not all of you, will already have some awareness of, that we are in the midst of a significant increase in the incidence and prevalence of COVID-19 in our region. And it's really being seen throughout North Texas. It promises to be, as we look at the trends, possibly the largest surge that we will have had to date.

I had the opportunity just early this morning to see the latest update from our modeling group who, as you will know from following us over past months, have been, in my view, remarkably accurate in anticipating the course of the pandemic, looking ahead. And based on what was a sharp increase, really over this past weekend of new cases and newly hospitalized patients, we can expect that that will continue for at least the next couple of weeks.

Of, I think, particular note is the most recent assessment of that R_t value, which is telling us whether the pandemic is really expanding or contracting. And it really looks to be the highest that we've seen in many months. The modeling group this morning estimates that it is in excess of 1.2. So that's suggesting that for every person who is being diagnosed, more than one other additional person will subsequently experience infection.

It really seems to be pretty much across all age groups and really being seen throughout all communities, even if there are small differences within their broader context. This cannot help, but be a powerful reminder to us, of the need for continued vigilance and adherence in our own actions to the nonpharmacologic interventions that we know are able to really slow the spread of COVID-19, and to do so not only for the welfare of ourselves, our families, our co-workers, but as an example to the community.

I think there's some object lessons really right here on campus. Since our last briefing, there have been two, and I'll say only two instances, of transmission from one employee to another. But really as has been the case in every other transmission on the campus that I am aware of from employee to employee in these two, it was again in the context of really a lapse in adhering to our policies and our practices. And to give you the example of the latest instance, it was two co-workers having lunch in a break room, masks off as they were eating but not maintaining a physical distance.

And so, as I say, there's an object lesson here, that as we stay attentive to things like keeping our masks on, physical distancing, hand hygiene, we really do have the means to control the safety of our environment and the people around us. This is all the more important given what we see going on in the

broader community, because we can expect the 21,000 people who work at UT Southwestern, depending on how much you're going beyond your own household, have the greater potential to be exposed because of the expanding community transmission. So I can't emphasize enough at this time with the hospitalized census across the region rapidly increasing the importance of this.

Here on the campus, our trends more or less follow what I've said about the region generally. In the past a couple of days, at Clements University Hospital, we've had around 40 patients hospitalized. That is somewhat higher than when I provided an update two weeks ago. And we clearly are caring for more patients at Parkland than was the case two weeks ago. As of yesterday afternoon, it was, for the first time in weeks if not months, above 100 patients. So it's very clearly present, not just abstract somewhere out there in North Texas right here challenging us in our own facilities in the needs of our patients.

Which brings me to an important issue that I want to address with you this morning. And that is our plans for campus operations looking out to beyond the first of the year. Some months ago, as you will all be aware, we made the decision to continue in our current phase two state of operations with some minor adjustments through the end of the year. And I this morning want to share with you that after giving this a lot of thought and certainly discussion among leadership and with members of the UT Southwestern community, our intention after the first of the year is to extend that phase two of operations out to May 1.

Now, I want to make a couple of important comments in the context of that decision. The first is you might ask why May 1, and I am sensitive to the fact that May 1, depending on what happens with schools remaining in-person or not, might be a little out of sync of what might be the end of the school-year for those of you with school-aged children. Really, the intention is that we will be having a view as to where we are going in the course of the pandemic and what makes sense for operations ahead of that May 1 deadline. Just as I'm doing now in November ahead of the January tentative sunset that we had set months ago.

And so, you can expect that we will be assessing the situation as we get into the spring to give further guidance with enough forewarning, so to speak, to really make it as easy as possible within these difficult times for you to plan for the challenges that you face at home as you're juggling those challenges with your work life here at UT Southwestern.

The other very important context is that there remains the possibility of significant developments between now and then. That would certainly warrant us to re-look at what makes most sense for the campus. I'll start on the negative. We could see a pandemic which is expands beyond even where we are today to the point where we would have, out of a matter of prioritizing campus safety, to pull back even further on our operations. And we would be prepared to do this because, as I've said many times before, safety of this campus and the people on it is paramount in any of our decisions.

On the other hand, and on the positive note, particularly on the cusp of the exciting news this week from the preliminary findings from a vaccine trial conducted by Pfizer, and knowing that many other vaccine trials are rapidly advancing, that the approval of an effective vaccine and its deployment, or the development of, or the identification of a truly effective treatment for COVID-19 would clearly warrant

a reassessment of what makes most sense. As we can hope that those interventions might be really the path towards ultimately putting this pandemic behind us. So for now, what seems to make most sense all things considered, is what I've shared. That we plan to operate as we have, really out into the spring. But we'll certainly be really continuing to assess where we are as things develop. And with the hope, truly the hope I know we all share, that development of a vaccine and possibly effective treatment will really warrant a, if you will, a faster return to operations than we can count on at the moment.

Last comment, before I turned to non-COVID-related matters. A point of clarification, we have said, and the policy that is inherent to our phase two operations, that those who can as effectively carry out their work at home or remotely, could continue to do so. Want to clarify that that judgment needs to be made ultimately in working with supervisors who are in the position to know whether in fact, for a given role of a person here at UT Southwestern, that is in fact possible to be doing it entirely from remote, or partially from remote, or not from remote.

And so to the extent you have questions, I urge you as I have in the past, to consult with your supervisor, who will provide the guidance on that. Especially now, as I've said that we'll continue in this current state for some time. Now, let me then turn to other matters. And I'm very pleased to say there is a lot of news to share also unrelated to COVID. And I'll mention first that you will be receiving an invitation from me any day now to a virtual topping off for our two towers, which are under construction on the North Campus. For those of you who weren't sure what's going on over there. One of those towers will be the future home of our Harold C. Simmons Cancer Center, Outpatient Care Center. Really expanding our ability to serve our patients who come to us for cancer care and their families.

And the other tower will accommodate the expanding research of our Peter O'Donnell Brain Institute as a top institutional priority. You'll hopefully have the chance to join us in that virtual celebration of that milestone of topping off those two important towers. And across Harry Hines, less than a month from this morning, on Dec. 7, we will begin the process of moving into the third tower of Clements University Hospital. And with it, the additional, over the course of the process of opening up, adding ultimately 300 additional beds to serve the ever increasing number of patients who are coming to UT Southwestern for care and for reasons which are all too obvious to all of us in the present circumstance, having this additional capacity is extremely timely.

The plan will be actually to open in two phases. The first beginning on Dec. 7, as I've said. And the further occupation of the tower to take place in the second week in January. And beyond the general capacity this will provide for patients, in particular that third tower will house many of the inpatient services, which are also part of the Peter O'Donnell Brain Institute, and our promise to patients and their families to provide them the very best care possible today for those suffering from brain-related illnesses.

And with that, I want to share with you an exciting new initiative that will be occupying a lot of our attention over the next several years. I hope you're all aware, but I will remind those who may not have, or have forgotten. A year ago, we formalized really a restructured partnership with a Children's Health System of Texas, Children's Medical Center, to really align and better serve ultimately the needs of children, as well as our commitment to advance research, and teaching and training of providers for pediatric patients.

And much has progressed since that was formalized as a joint pediatric enterprise a year ago, Oct. 1st. You've heard, I hope already, that Children's will work with us jointly to expand our plans at the re-imagined Redbird site to provide pediatric services to the communities of southern Dallas, just as we had been already planning to do for adult specialty services. As we have worked with our partners at Children's to transition to this new way of working together to meet the needs of children.

We recognized along with our partner that the current Children's Medical Center in Dallas was really not going to be sufficient as a facility to provide for the expanding numbers of patients who are coming to us for pediatric care, and to provide the quality of experience and the cutting-edge technology that we're committed to providing to children. And having looked at a number of possibilities, it became clear that the most cost-effective approach would be to construct a replacement for that facility. And so we have agreed to do that jointly together. To construct a new pediatric hospital, a flagship pediatric hospital, and to do so on our campus. And again, having looked at a number of options, I think it was increasingly clear that an optimal site would be on our North Campus where the Bass Administrative and Clinical Center is currently located and directly across from Clements University Hospital.

Accordingly, we have decided that we will relocate all of the activities, which are currently taking place in that Bass Center, in order to... as it were clear the way for the new hospital. In any case, the Bass Center, we are finding itself more than 60-years-old is increasingly expensive to maintain and it would be in need of replacement in any case. These are a number of different priorities, all converging on what we believe is an exciting plan. After we have been able to relocate all of those activities, we would proceed to demolish those buildings and then construct really the hospital for our pediatric patients. That I'll put in this context, which is the equivalent of what Clements has become for what we can do for adult patients.

And in this case, as I've said, as a partnership with Children's. It will not only include inpatient facility, but also associated outpatient facilities for a real pediatric campus within our campus. And in close association, obviously, with all of the other activities that go on at UT Southwestern. I'll look forward to providing periodic updates on this exciting project. The first order of business is convening a planning group. Our intention is to proceed as we did when we began to plan Clements to be sure we're getting input from all of those who can help us understand what can we do to make our care more patient-centric, a better experience, and a better place to work for those providing care. So that's going to be input certainly from our physicians, our nurses, everybody involved in the care, our patients, of course, and their families. And you can look for this to evolve over the years ahead. In terms of a general timeline, we would hope to complete a planning process by the time we're ready to, we've been able to relocate services out of Bass, which would be an approximately 12 to 14 months. So we can proceed with construction after ultimate final approval from our Board of Regents and the Board of the Children's Health System of Texas.

If things stay on track, we would look forward to welcoming our first patients there in mid-2026, which in 2020, to some of you may seem like a far way off, but in fact is really going to be working at lightspeed, so to speak. So with that, let me wrap up with a few other announcements. Two very timely, today, for those of you who will be there, the Clements University Hospital Nutrition Services will be celebrating Diwali with a special menu of Indian food. I just wanted you to be aware of the celebration of this festival, which is being sponsored by our Asian-Pacific Islander Business Resource group. And also

as I hope you would know already, and from a message that I sent to the campus yesterday, today, we celebrate Veterans' Day, and I hope all of you will be able to join us for our tribute to veterans, that's scheduled for noon today and will be held via Zoom. Our keynote speaker is Col. Victor Suarez, who is the assistant chief of staff for logistics for the U.S. Army Regional Health Command in charge of many of the military healthcare facilities.

Please register this morning by visiting our intranet page. And I'm sure you'll find it an interesting talk, but more importantly, an opportunity for us to celebrate the more than 750 colleagues of ours who have served our country across all branches of the military. And finally, I want to take this opportunity to make note that we have launched this year's State Employee Charitable Campaign being co-chaired by Arnim Dontes, and Dr. Helen Yin. I know there's not a person on this campus who hasn't been challenged. And for many of you, this is an especially difficult year. At the same time, we recognize there are so many who are facing difficulties across our region and in our communities. And for those with the means to help even a little bit, I hope you'll stop and participate in this campaign to where you are able to direct any contributions that you're able to make to those groups, those organizations, which are most meaningful to you. And so with that, I'm going to wrap up this update and turn to Jenny Doren for your questions.

Jenny Doren:

Good morning, Dr. Podolsky, thank you for all of those timely, important, in many cases, exciting updates. You always update us on the COVID-19 census, but there's a lot of interest in COVID-19 patient outcomes. Specifically, how many patients have we treated? How many have lost their battle with the virus? What additional data are you able to share?

Dr. Podolsky:

Well, I think we can be proud of the patients we have served who have been infected by COVID-19, and have become ill to the point of requiring medical intervention and hospitalizations. At this point at Clements University Hospital, we have cared for in excess of 700 patients. And of course we've cared for many more through our COVID clinic who fortunately, have not been ill to the point of requiring hospitalizations. Of those we've cared for, about 65 have ultimately unfortunately, succumbed to the illness. In many instances, it's in the context of other medical conditions that put them at risk for more severe disease. With that, our most recent assessment, to put it in its most stark form is through September, our mortality is about 9 percent, actually a little bit under that for hospitalized patients, which I will say compares very favorably with academic medical centers, leading academic medical centers around the country.

Jenny Doren:

It's a very challenging virus. I want to stay on this topic for a moment longer. If you can talk about what is the average length of stay. And have we noticed that the time in which our patients are here, is it getting longer, or is it getting shorter since the start of the pandemic?

Dr. Podolsky:

Well, of course in the end, it's the course of each individual that we're concerned about, and you really want to acknowledge just the outstanding work of all the teams, all those in the teams, our physicians, our nurses, everybody involved in the care of our patients. And not just at Clements, but of course at Parkland also. And at Clements, comparing the first months of the pandemic to the most recent months I have data for, which would be September, I don't quite have the October data. We've seen an overall, at least modest reduction in the length of stay for our patients, from about 10 days to about eight days. This does separate out significantly between those who require ICU-level care and possibly mechanical ventilation versus those who do not. And certainly as I think everyone would expect, patients who do require that higher level care are having significantly longer hospitalizations than those who do not. An overlying trend that we have seen, and it's a positive one is that by percentage, fewer are requiring that higher level care.

And although there's undoubtedly a number of factors that contribute, certainly it seems that part of that is that we, and collectively as the medical community broadly have gotten better at taking care of these patients. There have been some treatments which have shown some benefit, and none of them definitive, many on the campus will know of the reports of the positive impact, at least in shortening lengths of hospitalization with steroid treatments, for example. And just this week, really just in the last couple of days, the FDA has approved the use of monoclonal antibodies. We've been looking at these treatments as part of clinical trials now over these past months, so treatment is improving, but not just, I think by virtue of medications, but just learning the best way to manage and enhance and optimize positioning, and just good medical care that has contributed to, again, fewer patients progressing to need ICU care, and also being able to leave the hospital somewhat sooner than they did early in the pandemic.

Jenny Doren:

And the collaboration, the teamwork, as you mentioned, it is so impressive. I've been fortunate to spend a significant amount of time over at the Health System. And that is what everybody says. And they're learning from this experience together. I'd like to dive a bit deeper into our modeling data now. It seems like only a month ago that our COVID-19 forecasting showed us reducing transmissions by about 68 percent. And now we seem to be hovering around 61 percent. Are there specific activities that are causing increases in cases and what more can we do to stop the spread?

Dr. Podolsky:

Well, I certainly, as for so many, scratch my head to understand this and have had a number of exchanges with our modeling group who provide some interesting insights that may explain in part what's going on here. First of all, there is what is often being referred to as just pandemic fatigue with things going on for months, as they had, is maybe natural that people, at times, let their guard down or are less able to maintain that rigor of keeping the mask on all the time. And the percentages that I've seen says that we in North Texas are using masks, at least as self-reported, less than some other areas of the state, which are not seeing the same level of increase we are.

Also, we in North Texas seem to be going out and about more than others. Interesting point, unfortunately. And I'm not saying cause and effect is, people in North Texas are going out to restaurants more than other parts of the state. I was very surprised to hear from our modeling group. If you look at

reservations on the Open Table website, for those restaurants, which are open, it's actually above pre-pandemic levels in terms of how many reservations are being made. So, that may be part of the fatigue. We've been cooped up and it's understandable. And again, I don't want to draw cause and effect, but I do think the aggregate message is, we've got to rededicate ourselves to doing the things that we know work until that vaccine is available and or other things that are available that allow us to really put a definitive end to the pandemic.

Jenny Doren:

An important message. We have time for one more question. And as we do every week, those questions that we don't get to, we will update our website. With the holidays rapidly approaching, our health and safety, of course, still top of mind, can you please clarify the personal travel policy? How often will hotspot areas be updated and quarantine requirements in our Texas hotspots included? There's some confusion about that.

Dr. Podolsky:

Yeah. So personal travel itself is not being reviewed by the Travel Oversight Committee. But, of course, we encourage everybody to take the same precautions and safety measures during your personal travel as we mandate through any university travel. And that is the same precautions you take locally as well. Because, as the question implies, you don't have to travel far to be in the midst of COVID. That's where we are here in North Texas at the moment. And you do now need to consult with Occupational Health to confirm that there's no reason in the course of what you've done traveling or where you've been, that there would be a problem in returning to your regular professional or educational activities. Depending on that, there are areas where a 14-day quarantine might be required, but it's really less site-specific than activity-specific. That's been the pivot in terms of the advice coming out of our travel advisory committee. But some of those high risk activities are things that you normally might naturally do in traveling, such as using public transportation.

It's going to be important, whether you're here or anywhere, to avoid large gatherings. And that also will factor in the risk assessment as you return. The list of hotspot locations is determined just for people's reference by a collective group that include our ID specialists, Occupational Health and Infection Prevention and Control expert based on public data. And that's updated at least every two weeks.

And finally, knowing our time is about up, although we will have a chance to connect again the day before Thanksgiving, when I'll be giving my next briefing, as you think about the holidays, and this will be a tough thing for all of us, given that this is a time when we would otherwise normally, at least for many, be looking to large gatherings of family and friends, given where we are, I really want to urge you all to think about how you can do that in a safe fashion. And that's going to mean smaller in-person gatherings and unfortunately staying connected with maybe the larger groups that you really have those relationships with, through virtual means or through separate gatherings.

So, now as much as any time since the pandemic landed here in North Texas, this is a time for vigilance. And so with that, I hope everyone will have a safe next couple of weeks and I look forward to our next briefing two weeks from today. Thank you.

