

June 3, 2020, Weekly Briefing Transcript

Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I'm pleased to welcome you to this weekly briefing for the UT Southwestern community. As in past weeks, I'll begin by sharing some perspectives on the events of the past week here on campus, and then with the remaining time, I will take the opportunity to answer the questions that you have sent since we last got together this past Wednesday.

This week, rather than begin with the challenges of COVID-19, I certainly want to address what I know is foremost on everybody's mind, and it is not COVID-19: It is the confrontation we've had once again with injustice and inequality in our country and our society laid bare by the murder of Mr. George Floyd. I have shared some of my thoughts on that, particularly as it relates to UT Southwestern, in a message to the campus, and I thank the many of you who have written to share your thoughts in response to that.

Clearly we are at another juncture in our country where we can't help but face the fact that we do have ongoing systemic problems with racism and inequality, and that clearly lands most heavily on communities of color. We at UT Southwestern reject all that that reflects and embrace the value, dignity, and equality of all individuals.

As we see the events unfolding across our country, which we can only hope will finally lead to a transformational change in how we live and work as a country, I have certainly reflected on what we can do here at UT Southwestern. And I would say first and foremost, what we can do is really live that respect for the individuality of someone, irrespective of what their background may be – race, religion, ethnic, national, sexual, or gender orientation. And that's for all those who are part of UT Southwestern or those who come to our campus – our patients. It includes our learners, our colleagues. And that respect is without regard to what their role may be here on our campus.

I will be looking to the President's Council on Diversity and Inclusion to redouble the efforts and focus on where there are opportunities for us to improve in our own efforts. The President's Council brings together leadership from all sectors of the campus to be sure that no area goes without attention to the importance of really having embedded diversity and inclusion in all that we do to advance our mission.

The other dimension of the response of UT Southwestern really goes to the very nature of who we are as an institution, and here I can't help but recall the comments that we often come to in January when we celebrate the birthday of the Rev. Martin Luther King Jr. and his comment that of all the forms of inequality, injustice in health care is the most shocking and inhumane. And so while we're seeing in the present day the confrontation of racism and many other arenas, and the intersection with the criminal justice system, we can't overlook the fact that health care is just as central to what ultimately needs to be addressed for the global good.

So with those thoughts, let me then transition to an update on where we are in meeting the challenge of COVID-19, and I'm pleased to be able to say that we remain on a path of a gradual return to our more normal operations as the COVID-19 pandemic remains in a relatively stable status here in North Texas.

Again, I turn to the great work of our modeling group, which has helped in a very accurate way, give us a roadmap – at least a roadmap in the form of what we can anticipate for at least the next two-week horizon.

The number of patients we are caring for at Clements University Hospital remains about the same as it was last week when I spoke with you – in the high teens. And the same is generally true for the patients we care for at Parkland, where the number of patients there has been, on a daily basis, somewhere in the high 50s to low 60s. The most recent update of our model predicts flat to perhaps even slightly declining numbers of new hospitalizations and infections. And that pattern, among other factors, which I'll come to in a few moments, has given me some confidence, but based on the recommendations of our EROC, [we have] the ability to begin to plan the next steps in further expanding toward our normal operations.

Before I get to those next steps, a brief status report on the Health System: We've seen progressive expansion of our patient care activities. The patient census now in our University Hospital is not quite pre-COVID, but about 90% of that, and now going to a full schedule. I'm certainly very glad to say that that is happening while keeping our UT Southwestern caregivers and everybody who supports them safe and also with the return of our patients, our confidence that our patients understand that we are doing everything we can to keep them safe.

We have been somewhat slower in the increase in the outpatient setting, in part because so many patients have really found that the telehealth option, which we deployed at the outset of this crisis, is a very satisfying way to get care. And as I have said in past weeks, I believe this will be one of the lasting "goods" that come out of the necessity of addressing the pandemic – other ways that are even more convenient for our patients to access UT Southwestern care. But having said that it is lagging somewhat behind the inpatient, it nonetheless is progressing, and we are on a path to, we hope, be at – subject to circumstances permitting – the full operational expansion of our health system by the end of this month.

This past Monday really was a milestone in two of our missions: For the first time since this all began, our students, beginning with our fourth-year students, have returned to clinical rotations, a vital part of their curriculum, of course, on their path to their medical degree next spring. In our laboratories, we have increased the level of activity from 25 percent to 50 percent of pre-COVID activity. By all indications, that has all gone without complication and, again, sets the stage for what we will be able to do looking out into the weeks ahead.

What about the weeks ahead with the expectation that the pandemic will remain at its current level, if not actually declining in some small degree? At my request, EROC has worked very diligently, as they have all through these months, to plan for that next step of expansion. The first part of setting that stage was to really crystallize the criteria by which we can make the judgment that it is safe to progress, and I will tell you that they've landed on a mixture of criteria that reflect what's going on on our campus in combination with the factors of the pandemic in our North Texas community.

We will be looking and making judgments based on our census of patients in Clements University Hospital, the adequacy of our supply of PPE, and the ability of our own Occupational Health to adequately survey and respond to individuals within UT Southwestern who have been exposed to COVID-19 or have actually been found to be infected. Those are internal looking criteria, and those will

be crosswalked with DFW COVID metrics, including the frequency of positive tests, the number of new cases per day, particularly here in Dallas-Fort Worth, and hospitalizations.

By those various metrics, we believe we're on a path that it is possible to safely expand to full phase three of our institutional operations. I will highlight a couple or a few aspects of what that change means to phase three, but I would also ask that you all follow our COVID-19 website and the announcements from the EROC, which will provide details on many other aspects beyond those which I can cover this morning. Also, you should look to your supervisors as a resource for that information, as well as a place for you to have your questions answered.

Perhaps the most significant change as we move into phase three, and we are targeting June 15, so 12 days from now, a week from next Monday, we will expect that all those who are currently working remotely would return to their work here on the campus with a few provisos with that. First, that will be subject to review with your supervisor. We recognized there may be some instances where someone can actually be more effective working remotely, and that would be a basis to continue to do that. Second, we understand that there are colleagues who may have concerns about their increased risk, and therefore it may be more appropriate to continue to work from remote on that basis. And those will be decisions and discussions with the supervisor, but the expectation is otherwise that those currently working remotely will return to the campus.

One other important provision will be a consideration of the work environment to be sure that it's possible to maintain physical distancing. In instances where that may not be possible at all times, there will be the requirement to also wear a mask to minimize the possibility of transmission.

Another change that would be effective June 15, assuming we make this transition, would be to allow meetings of groups up to 10, but, once again, with the requirements that the space in which those meetings take place makes it possible for all participants to remain at least 6 feet apart. All meetings, though, will also need to have the option of participation from remote by one of the virtual platforms or teleconference, and that is an option for any participant, if they are more comfortable in participating in that mode.

As I've said, there are a number of other aspects. I won't go into them in full detail here, but I really encourage you to follow those closely at our website and in discussions with your supervisors. I do want to emphasize that this is a plan that is subject to the conditions of the next 12 days in terms of whether we see the parameters by our criteria that I've shared with you continue to be in a favorable state so that we feel that this is a safe step to take. We will not hesitate to pause if in fact things change in the intervening time. I have thought it was important to share all this with you though – even if there is the possibility that we might find ourselves unable to progress – in the interest of giving everyone in the UT Southwestern community the benefit of time to think about arrangements they may need to have in place on the assumption that we will in fact be able to progress into phase three a week from next Monday. And so, this is progress that I can tell you was certainly welcomed by me, and I'm sure by all of you, but one that we obviously make with continued vigilance as to the pandemic and its evolving scene here in North Texas.

A couple of other topics I'd like to touch on before turning to your questions: One has I think a welcome sign of the activities of the campus which go on irrespective of some of the extraordinary circumstances we are in. Next week, we will launch the 2020 cycle of our Leaders in Clinical Excellence Awards, which recognizes outstanding clinicians, outstanding teams, outstanding programs. And I hope you will be on the lookout for those announcements and consider those with whom you work – who you see as exemplifying everything we aspire to in providing our care to patients – and nominate them for that recognition.

The last topic before some of my concluding remarks is vacation planning. I'm bringing this up because it has been a question from, if not every week, most weeks. Just to make sure you are aware – as I shared in the last briefing during the question period – that as a matter of state law, we will not be able to carry over vacation time that's unused from the current year, which ends on Aug. 31, beyond the usual limits. So I would encourage you all to think about taking that time, between now and the end of our fiscal year. Obviously, in discussion with your supervisors so that there's coordination in the various areas on the campus as individuals take a vacation. And I understand that this year, the kind of vacation many would like to take is not going to either be possible or certainly not prudent, but nonetheless take advantage of that time for the revitalizing effects that a vacation can have, because we are going to need everybody here at full speed as we find our way to full activity at UT Southwestern and, hopefully, see the COVID-19 in due course in the rearview mirror.

I'd like to conclude by recognizing a number of groups that might be easily not fully appreciated for the vital role they play in having helped us move through these extraordinary couple of months, just as they do year in and year out. I include our campus police department, our housekeeping staff, those working in our facilities, shuttle drivers, technical support, food service staff, as we are restoring those services, and the many others who really make it possible for the campus as a whole to deliver on its mission to promote health and a healthy society and do that through really world-changing research, the teaching and training of the next generation of caregivers and scientists, and, of course, providing care to the patients who give us the privilege of their trust and come to us for help.

So with that, I'm going to finish my remarks, and I'm going to ask Jenny Doren, a Director in our communications [department], to pose your questions to me. Jenny?

Jenny Doren:

Good morning, Dr. Podolsky. When we met last week, you mentioned the developing news of one of the other large health systems in North Texas announcing layoffs. Should we as UT Southwestern employees expect to see similar layoffs in the near future?

Dr. Podolsky:

I appreciate being asked the question, even if it's been answered before, because I want the people to be assured that plans have not changed. We have no plans for involuntary layoffs or furloughs, which are also being used as I look around at many health systems and other components of the UT System. I want to make one caveat on that. There will be no layoffs due to the COVID-19 and its financial impact. Naturally we continue to expect people to perform their jobs and to be assessed on the basis of their work. But, there will be no layoffs or furloughs at UT Southwestern because of the COVID-19 crisis.

We were on track to meet our financial goals that were in our budget last Sept. 1 up until and through the start of the COVID-19. I've mentioned that the COVID-19 has had a very significant impact because of the lost revenues in our health system and the added costs, so that we still expect to finish the fiscal year with a significant operating loss. But, I also will share, once again, my confidence that with the discipline of controlling nonsalary expense and other items that in the next fiscal year, we will again, as we have in all past years, see a modest operating margin.

Jenny Doren:

So I'm going to stay with this topic a little bit longer. As you can imagine, we are getting a lot of questions about this. We're hearing from several people concerned about our colleagues who are facing serious financial hardships. Is there any chance that perhaps merit might be reconsidered for those most in need – many of whom have been longtime employees, all of whom are hardworking? Perhaps those who earn less than \$40,000 or \$50,000 a year could be considered for merit, and also any chance that employees will receive what's called a cost of living raise?

Dr. Podolsky:

Well, let me say we – and the we here is the Executive Vice Presidents and myself – thought very long and hard before coming to the difficult decision not to have a merit program and including the possibilities of a more limited program for some employees, but in the end made the decision which I've shared with you, and it was not a decision that was what I would otherwise want for us. But the plain fact of the matter is we have an enormous financial challenge, and we have prioritized, as you've heard, and going back to the first question, maintaining all employees on the campus, and even a modest merit program would put that in jeopardy. If in the coming year we find performance surpasses anything that we reasonably can assume, we would gladly re-look at what is possible to do without waiting for the subsequent year. But I think to make any commitments puts at jeopardy that fundamental priority of maintaining all our employees here at UT Southwestern. And the cost of living is not a mechanism that's part of compensation at UT Southwestern or, for that matter, the UT System. I'm actually not sure whether that's a matter of state law or UT policy, but for us that would be the equivalent of a merit in the sense of what would be the economic impact of us and our ability to ensure that the full employment that we were committed to.

Jenny Doren:

Finally on this topic, have any other incentives been researched to assist employees? For example, continuing to pause paying for employee parking?

Dr. Podolsky:

Well, we're in the circumstance of trying to balance the financial realities with our desire to do as much as possible. But, we are at a point where we need to really confront those realities, and we do not feel we can realistically continue to defer parking fees as we have done for these three months. And so beginning July 1, those will be restored. We have made a commitment, as I mentioned in a previous briefing, that we will keep all fees flat. Recognizing that nobody is seeing a merit increase, we are going

to do everything we can to see that there's no increase in the expenses at least here at UT Southwestern.

Jenny Doren:

Shifting gears to a couple of questions from our research community. With research laboratories opening up to 50 percent occupancy, would it be possible to have more than one person per bay so long as they're at least 6 feet apart and wearing appropriate PPE? Additionally, do the increasing laboratory operations apply only for South Campus or for all laboratories?

Dr. Podolsky:

Well, the guidelines are for all laboratories, irrespective of location across the UT Southwestern campus. And on the first question, actually as of yesterday, June 2, it is permissible to have two people per bay, but it's with the assumption that they will utilize proper PPE and that means masks and social distancing.

Jenny Doren:

Dr. Podolsky, we are learning about many innovations during this pandemic to minimize exposure and provide care to patients where and when they need it. Take telemedicine for example. And the other area that seems groundbreaking and getting a lot of traction – especially from our peers like Stanford, Duke, Johns Hopkins – is hospital at home programs, which serve patients with conditions that are simpler to treat. Can you share with us our strategy and initiatives in this area?

Dr. Podolsky:

Well, UT Southwestern is also exploring the hospital at home model and other emerging models of care as a part of our health care delivery transformation and digital health strategy. The rapid adoption and sustained use of telehealth is a great example of how our innovative teams are evolving our care models. To reduce hospital admissions and ER visits, we're currently having multiple services available for patients who are needing assistance at home.

UT Southwestern Home Health Care is a licensed and certified home health agency that works closely with our patients and their families. Our trained nurses, therapists, and social workers provide skilled care in patients' homes, including cardiac management, congestive heart failure management, intravenous therapies, including chemotherapy, rehabilitation, tracheotomy care, management of anticoagulation with immediate results, and others.

I would also mention, our UT Southwestern Care of the Vulnerable Elderly, the COVE program. It's a home-based primary care program that provides an interdisciplinary approach to elderly patients diagnosed with multiple chronic medical conditions and who have cognitive or functional impairment. I celebrate the work of our Geriatrics Division led by Dr. Craig Rubin. Our trained geriatric providers as well as social workers and clinical coordinators can provide nearly any type of care performed by a clinic, including physical exams, vaccinations, blood drawing, EKGs, joint injections, and mental health screenings. Our technology enables the provider, the patient, and the family to connect together with a

virtual appointment even if families are socially distanced, allowing everyone to be up to date on the patient status and health care needs.

Jenny Doren:

That's exciting, a lot of great information there. Wrap up with this question: You mentioned people, encouraging them to take vacations, and with summer upon us, the Emergency Operations Center briefings mention certain destinations requiring a 14-day quarantine after return for personal travel after June 15. And just as a clarification, not necessarily encouraging them to go travel, but to take some time off for their personal health. With the fluidity of the COVID-19 situation across the nation, will there be a website established to help employees view current UT Southwestern advisories on personal travel? Perhaps the site could also have links to FAQs such as does one have to check in with Occupational Health for all travel or only to stated restricted locations?

Dr. Podolsky:

I would just say that this is kind of an evolving matter. I know that our Travel Oversight Committee will be meeting later today to revise – review anyway – the criteria. And I would suggest that anybody interested in planning travel really follow closely by visiting our .edu COVID-19 website [utsouthwestern.edu/covid-19], which does provide up-to-date information on travel recommendations and guidelines, including destinations that will require post-travel quarantine. And the latter I know is certainly going to be revised after the group meets today. That's the site to answer this question on a real-time basis, because it will change as the question supposes. The final point I would make is that the Occupational/Student Health sections on our .net website have screening information, FAQs, and steps to take to return to campus following travel.

Jenny Doren:

Thank you. And Dr. Podolsky, before we officially close, I want you to know that we continue to receive very positive feedback about these briefings. One person wrote us, wanted this note to be shared. I'm going to read it in its entirety. "The transparency, candidness, and care about the impacts of the pandemic provided to our UT Southwestern community through Dr. Podolsky's weekly briefings contribute to my personal and professional sense of wellness and well-being, and the deep gratitude I feel to serve at UT Southwestern is nurtured. Thank you for leading with a spirit of kindness and solidarity through such a disruptive challenge." So on behalf of that person and everyone, thank you.

Dr. Podolsky:

Thank you, Jenny.