

Oct. 26, 2022 Briefing Transcript

Speaker 1: Dr. Podolsky:

Good morning. I'm Dr. Daniel Podolsky, President of UT Southwestern Medical Center, and I welcome all of you who are joining me this morning for this monthly campus update. I can't help but begin this update in making note of the sad events of this past weekend, in which health care workers were killed in the very midst of trying to provide care to their patients at the Methodist Hospital here in Dallas.

Unfortunately, we've seen this rising trend across the country of violence directed toward health care providers, really throughout the pandemic. And now it has struck very close to home. I know for many on this campus, especially those working in our hospitals and clinics, this will be especially personal. Some of you I realize will even have known these colleagues. And I just want to first of all express my condolences to everybody who is feeling that pain and to assure you that we are committed to making UT Southwestern not only in its hospital and clinics, but in all of its facilities, as safe a workplace as possible.

We have already in the past years implemented a number of initiatives with that goal in mind, beginning in November 2021, for example, with the Crisis Prevention Institute. But none of that I realize takes away from the pain of an event that is so near to home and so shocking to the conscience as what happened in Methodist Hospital.

In respect and honor of the memory of those two nurses, we will observe a moment of silence at noon today across all of our health care facilities. We will be doing that in solidarity with all the other hospitals and health care facilities across the North Texas region. And so as we pause at noon, I think our prayers and thoughts will be with those who are no longer with us, but also for the safety of everyone involved in trying to provide care to our community.

I do want to make note for those who may be struggling in particular in the aftermath of this event or for any other reason, of the availability of resources through our Employee Assistance Program. You can reach an experienced counselor at no cost and in a confidential setting, through reaching out to the EAP, and the 24-hour helpline, to be sure you are aware of it, is 214-648-5330.

Finally, I will make note that in considering these recent events, I have asked our Executive Vice President, Holly Crawford, who is leading a committee in the broader context of our six-year strategic planning process – and I'll come back to that topic in just a few moments – to add as a priority for that update of our plan, a focus on campus safety, so that we take this opportunity to really think about where we can ensure the safety of our entire campus community.

And so leaving that sad topic, I'll turn now to our broader campus event. And in contrast to all of my previous briefings during the past 31 months since the pandemic first landed here in North Texas, I will really not provide the usual update on COVID except to make note that we are no longer providing a daily update on the census in our hospitals. Those who have followed it until very recently may know that our census has been quite stable now for weeks on end, in the single digits.

And at the same time, especially given the decline in the number of cases across the region, and with that, the lack of the same kind of depth of data available, we have discontinued our weekly modeling updates. That's not to say of course that we won't continue to follow the evolving landscape carefully. We continue to have the sequencing group spearheaded by Drs. Helen Hobbs and Jeff SoRelle, monitoring the evolution of the variants which are circulating here in North Texas.

And so, we certainly are not turning a blind eye, so to speak, that COVID is still here. And we'll monitor it and take actions in terms of changes in our policies as may be warranted. But at the present time, we find ourselves in a fairly stable circumstance. And it is in that context that those in particular working in our hospitals and clinic will know of a change in our policies for masking in those environments.

And I won't review all of the details, but broadly speaking, outside of some special environments, masks are no longer required; they're certainly also not prohibited, but they're no longer required, except in circumstances where someone is interacting closely, directly with a patient, such as in an examination room in the clinic. And as I say, with few exceptions, such as areas where patients may be especially vulnerable, like our Bone Marrow Transplant Unit or our Transplant clinics. And that is in a way our statement that we believe we have entered into for the foreseeable future, a new steady state in which we will continue with our operations essentially in full swing but with those special precautions in special circumstances.

So, let me now turn to other matters, and there is a number of items of good news to share. I hope everybody took note from the announcement that went out to the campus earlier this month that two of our colleagues, Dr. Lora Hooper, a Professor and Chair of the Department of Immunology, and Dr. Zhijian "James" Chen, Professor of Molecular Biology, were elected to the National Academy of Medicine in recognition of their very significant contributions through their research. With their election, UT Southwestern now has 18 members of the National Academy of Medicine on its faculty, along with 24 members of the National Academy of Sciences. I think that's a roster that any of our peer institutions would envy, and reflective, of course, of the quality and the commitment to excellence that distinguishes UT Southwestern not only in its research but in its other missions. And so, I don't want to miss this opportunity to congratulate Drs. Hooper and Chen on this well-deserved and important recognition.

I have already referenced in a specific aspect, the six-year strategic planning process. I want to just spend another minute on that to say it is well underway, actually being led by Dr. Hooper, co-chaired with Dr. Tommy Wang, our Chairman of the Department of Internal Medicine. And I'm really grateful for the dozens of members of our campus community – faculty, staff, administration, and our learners, who are giving their time and creative thinking to setting a course for us for the next six years as we advance our institutional mission.

The expectation is that that plan will be finalized by the end of the calendar year, and when it is in final form it will be shared with the entire campus. And I would hope that everybody would take the time when it is available to read it, to review it, to understand how you are part of that vision for the future of our institution. To move on to another important topic and another area of planning for the future, I wanted to mention the imminent launch of an environmental assessment and sustainability initiatives

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work group. This work group, as I have mentioned in other fora, is really aimed at both understanding where we are having an impact on the environment through our operations, whether that's in our carbon footprint, our usage of water, our usage of nonrecyclable versus recyclable materials, to see where there are opportunities for us to be responsible in not contributing unnecessarily to the impact on our planet of our activities.

At the same time, as we look for the opportunities to minimize that impact, we also want to be sure that we are taking reasonable steps to cope with the impact of severe weather and other environmental challenges, which I think have been all too real for us over these past two years when we think of the really remarkable freeze of Feb. 21, and then the pretty remarkable string of 100-plus days of weather that we navigated through this past summer.

So I will be certainly looking to share the recommendations of that group when they are provided at the end of its work, which I expect will be in the first calendar quarter of 2023. I want to acknowledge Holly Crawford, our Executive Vice President for Business Affairs, who has agreed to take on the important responsibility of chairing that effort.

I've said I had a number of good news items to share with you, and among those, in addition to the election of our members of our faculty to the National Academy of Medicine, I've been bringing two very important investments to the important milestone of now being available for the mission that they serve.

So just a few weeks ago, we had the formal dedication of the Peter O'Donnell Jr. Biomedical Research Building, and then even more recently, the dedication of the Cancer Care Outpatient Building. These are both going to be the outstanding environments to carry out our dual and joint missions of advancing our understanding of disease and our approach to better treatment, cure, and prevention through research, and, of course, in providing the very best care possible to our patients today through those two facilities.

I hope many of you did take the opportunity in the open houses, which preceded the dedication, to have an opportunity to see those great additions to the UT Southwestern campus. I am very both optimistic about what they will make possible in the forms of new discovery in the O'Donnell Research Building, and of course, the number of patients who will be served along with their families in an environment which supports all of our health care team in the Cancer Care Outpatient Building.

I want to give a special thanks to those who played important leadership roles in bringing those very large, complicated projects to a successful conclusion, including Dr. Dwain Thiele, who is executive champion on the overall project; Vice President of Facilities, Juan Guerra; Becky McCulley, leading the effort in the Cancer Care Outpatient Building; and there are many others who worked along with them.

I would make note of a collateral part of that project: if you are going up Harry Hines, you may notice a new street sign right over the intersection between Harry Hines and on the left, Clements Hospital. On the right the entrance to the new phase 6 buildings – that is to say the Cancer Care and Outpatient Building, the latter driveway and access to our North Campus now being named the Paul M. Bass Way.

Paul was a remarkable champion for UT Southwestern before he passed away many years ago, an ardent supporter and community friend, as well as a former chair of the Board of Managers of Parkland. So he has really served in many, many ways to improve our community. We all feel that it is great to know that his legacy will live on with the naming of this now really kind of ... one of our central access points on the campus.

I hope by now everybody is well aware that we are in the midst of our Values in Practice survey, the VIP survey. This is for our nonfaculty employees. I want to emphasize the importance that I personally place, and I know this is also shared by the leadership team, to what you tell us through those surveys.

So I really want to urge you, if you've not responded or participated yet, to do so before it closes on Nov. 6. Your responses, including your written feedback, I can tell you, is read and is an important source of guidance to me and the rest of the team in addressing your concerns and doing what we can to make UT Southwestern the best environment possible for all of those who come to it to work.

So, again, please make sure to complete that survey by Nov. 6. I just want to note, finally, that you can be assured that your responses are completely confidential and in no way can be ultimately tied back, if anybody was so inclined, to you as the source of any particular comments.

So not only should you participate, but we're looking for your candid comments as a really powerful tool for us to be able to address UT Southwestern in all of the ways it can be improved as a place to work.

Let me wrap up in the next couple of minutes with some coming attractions. First, I'll make note of what will be one of our larger initiatives in the next two to three years, and that is the oversight of the planning, the construction, and then, when it's complete, the operations of a state psychiatric hospital on our campus.

If you had not otherwise heard, this will be located on Harry Hines on the south end of our campus, right across Medical Record Drive from where Zale Lipsky is. With the great leadership of Dr. Hicham Ibrahim and many others working with him, in conjunction with the Health and Human Services Commission of Texas, we expect to break ground on that site in early December.

A number of events are coming up that I want to call to your attention. Tomorrow, our final President's Lecture Series of the calendar year, presentation will be held at Gooch Auditorium. You can sign up to be there in person, or it will also be livestreamed. That's tomorrow at 4 p.m.

Our speaker is our own Provost and Dean, Dr. Andrew Lee, who is Executive Vice President for Academic Affairs. His presentation is titled "New Frontiers in Transplantation: Hand and Arm Transplants." Really, it should provide an opportunity to hear about the exciting, groundbreaking group that Dr. Lee led in his capacity as the Chair of Plastic and Reconstructive Surgery at Johns Hopkins before coming to UT Southwestern to serve as our Provost and Dean.

Our eighth annual Veterans Day celebration is scheduled for noon on Nov. 10. That'll be held in the

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Solomon Education Center on the second floor of Clements University Hospital. And we'll be hearing from our colleague, retired Col. Mark Raschke. He was a 27-year Army veteran with five combat tours, currently serves on our campus as Manager of Leadership Development within the Organizational Development and Training Team in our HR. I want to thank Chris Rubio, our Associate VP and Chief Operating Officer for University Hospital, who is the Executive Sponsor of our Veterans BRG. And Chris will be moderating a Q&A session with Mark as part of that event.

And finally, later the same day, we will hold our fifth annual Leaders in Clinical Excellence Awards event. It's scheduled for 4:30. Again, that's on Nov. 10 in the Gooch Auditorium. This was another year of really inspiring, to me, and I hope to all of you, of focus on the constellation of events celebrating excellence in its many dimensions here on the campus in the care that we deliver.

We had a record number of nominees for the seven award categories, and I really do hope you'll join us there in Gooch for this very special event in recognizing the recipients. I want to also take the opportunity to once again thank Drs. Maeve Sheehan and John Mansour, who co-chaired the selection committee that recommended the nominees for the awards this year, a daunting task, considering the number of outstanding nominations that were received. And so with that, I'll conclude this briefing and, as I have in each of our prior briefings, turn to Jenny Doren, who'll pose the questions that you have forwarded to us for us to consider this morning. Jenny?

Speaker 2: Jenny Doren:

Thank you, Dr. Podolsky. As you addressed during your opening remarks, what happened at Methodist is obviously weighing heavily on our campus community, as well, and a few people inquired if we offer

active shooter training, and I know that you did touch on this, but if additional security enhancements are now being considered in light of what happened?

Speaker 1: Dr. Podolsky:

Well, the answer, as I've already alluded to in part, is that we have, over the last couple of years, with great leadership by Chief Marcus Lewis, been expanding our initiatives to add to the safety of the environment. And that does include training for incidents that we hope will never happen, but we know only too well now are possible.

So our Crime Prevention unit is responsible for scheduling, conducting the training, and they can be reached for any area on campus who wants to be fully informed of the best ways to respond to a situation, really of any type, but certainly including an active shooter, that can be reached at utcrimeprevention@utsouthwestern.edu. And those who will receive the training will include guidance on best practices, tips and strategies on how to respond in the event of an active shooter incident. That's roughly a one-hour presentation that can also be tailored to the specific needs of a given area of the campus.

Other initiatives that you will perhaps be aware of are signage that point to where help can be obtained. We've also upgraded the blue boxes where you can summon support in the event of an emergency of really any sort, and also the distribution of early alert systems that can be keyed so that, at a central location, if someone, particularly in a clinical environment, is confronted with a potentially dangerous situation, that there's a situational awareness outside of that specific room.

As I mentioned, we don't assume that we have reached some state of full perfection and what can be done for optimizing and maximizing the safety on campus. And we'll be looking, as one of the important outcomes from our six-year strategic planning process, for a particular focus on increasing safety in, really, all aspects of the campus.

Speaker 2: Jenny Doren:

That's very good to hear. To build on your remarks on masking, will UT Southwestern continue providing masks at clinic and hospital entrances, despite scaling back the masking requirement in some health system settings?

Speaker 1: Dr. Podolsky:

Yes. Just to be very clear, we will continue to have plenty of masks available through all of our sites of service and that will not change. Some will notice new signage that reflects the change in our policy mentioning that, given our low level of COVID-19 community transmission, masks are welcome but optional if you are symptom-free. Of course, we would encourage anybody who was ill to wear a mask as we do our part to keep infection low, not just of COVID, but of other respiratory infections, which are already rising as we enter the late fall and winter. That includes both flu and RSV. And so just to be very clear, once again, masks will certainly be available with the same ease that they have been throughout the pandemic.

Speaker 2: Jenny Doren:

Keeping with COVID, the sustained decrease in COVID-19 cases here locally, obviously welcome news, but in parts of Europe, we are noticing that cases are beginning to climb again. Any idea what that could mean for the U.S. this winter? And do the bivalent vaccines offer protection against those newer variants?

Speaker 1: Dr. Podolsky:

Yes, it is correct that there are reports of increasing numbers of COVID-19 cases in parts of Western Europe, of note in particular France and Germany, and those are being tracked carefully, as you would expect here in the U.S., and also by ourselves, locally. We've learned that much of the increase is being driven by, really, a range of new subvariants of the COVID Omicron version with even more diverse names, as it were, such as BQ.1, XBB. Some of these variants appear to have increasing abilities to partially evade immune protection against vaccines or prior infection.

Again, as I mentioned in my initial briefing comments, we continue to monitor by virtue of sequencing positive samples from the region, as well as our own clinics, the variants or subvariants which are circulating. The dominant by far in the high 90% continues to be that BA.5, which took over as we got into the late spring and early summer, but certainly the group is sequencing to detect these other variants, which have at least popped up in Western Europe and seem to be driving the increases there.

The question of the efficacy of the bivalent vaccine is, to a degree, still an unsettled question. There is evidence that it may be less effective against at least some of these subvariants, which as I say, at least here so far, are not a significant presence, if here at all, but we will continue to monitor that. And our expectation is that the vaccine manufacturers will be evolving the vaccines that will be available in the future, not at the present time, to reflect whatever is our future reality here in the U.S. in terms of these new variants and the need to tailor the vaccine in a more targeted way to them for efficacy. The

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best way to prepare for a possible increase in cases this winter, nonetheless, is to be updated on the current vaccines. I think it should be of concern to all of us that broadly speaking, now I'm not reflecting just our campus, the uptake of the most recent updated vaccine has been quite low. And so there are many in the collective community who have not taken advantage that an updated vaccine will give to them personally and to ourselves collectively. So I guess I won't miss this opportunity to encourage anyone in the UT Southwestern community who's not done so and is eligible to go ahead and take advantage of the availability of the bivalent vaccine.

Speaker 2: Jenny Doren:

A related question: Will UT Southwestern offer other COVID-19 vaccine options to employees and patients such as Novavax, as they are authorized by the FDA?

Speaker 1: Dr. Podolsky:

To acknowledge, yes, there are now three available approved vaccines, the Merck, the Moderna, and now the Novavax available here in the U.S. The data for all of these, and I'll say more particularly the newest vaccine, the Novavax, have been reviewed by our UT Southwestern experts. And on their recommendation, our plans are to currently only offer the Pfizer and Moderna vaccines as the primary COVID-19 booster options on our campus. Some of the reasons that they offered for this recommendation is that there are no large-scale head-to-head comparison of clinical effectiveness between the mRNA COVID-19 boosters and the Novavax booster. And just for those who may not be aware of the distinction in contrast to the mRNA of Moderna and Pfizer, the Novavax is a protein-based vaccine.

Studies have been published looking at a comparison of the immune response to the initial vaccine series with the four available U.S. vaccines, and these show broadly similar antibody and T cell responses across the vaccines, but slightly lower CD8 T cell-responses for Novavax. The clinical importance of this is not clear and probably won't be known for some time, given that there's a much larger and longer term

safety record and profile for the mRNA vaccines, which have been given to hundreds of millions of individuals in this country, and billions, I think, worldwide as compared to the smaller track record with Novavax, mainly from the clinical trials where it was given to about 30,000 participants. It was in the view of our experts that that much greater body of evidence of efficacy and safety warranted the recommendation that I've shared that will stick with the two mRNA vaccines.

Speaker 2: Jenny Doren:

I believe we have time for one more question. Now that UT Southwestern Medical Center at RedBird is open, has any consideration been given to building and operating an emergency room in the community?

Speaker 1: Dr. Podolsky:

Well, I appreciate the question and certainly remain excited about the excitement around RedBird and just how much is being embraced in terms of patients coming to receive UT Southwestern care there from the broad southern sector of Dallas. But at this time, we are not planning for any new emergency rooms there or frankly elsewhere off the main campus. During our many listening sessions with the community in RedBird, we heard mainly of the need for broad-scale specialty care, which aligns with our Health System strategic plan and continues to be evolving under the leadership of Marcia Schneider, our Health System Chief Strategy Officer and her team. So we will continue to be making investments to improve access to those specialty cares. As needs may change, those priorities will, of course, be subject to reconsideration, but for the time being that does not include the expectation of emergency services off campus.

Speaker 2: Jenny Doren:

Well, thank you very much, Dr. Podolsky, and perhaps another reminder of the moment of silence today at noon.

Speaker 1: Dr. Podolsky:

Yes. Again, that moment will be at noon and will be observed in all of our clinical facilities, both hospital and outpatient.

Speaker 2: Jenny Doren:

Thank you.

Speaker 1: Dr. Podolsky:

Thank you, Jenny.