

# April 24 Town Hall Transcript

**Trish Kritek MD, EdM, Associate Dean for Faculty Affairs, UW School of Medicine:** Okay. I suspect there's going to be some more people joining, but I'm going to get us started so that we can take advantage of our entire time. So welcome back to the town hall. It's a pleasure to join you all again this afternoon. I'm Trish Kritek, Pulmonary Critical Care doctor at UWMC and Associate Dean for Faculty Affairs. And as you can probably tell, I'm not in the usual room. I'm in my office because I'm on service right now in the COVID ICU here at UWMC Montlake, which has been outstanding today and really inspired me. So I'm going to start by thanking everybody again. Thanks to everybody who's been working together to take care of our patients, their families and each other. I'm going to do a special call out to the folks who are taking care of COVID patients at all of our sites right now. We started by thanking them. I'm going to thank them again today as I'm kind of in the middle of it. Our nurses, our respiratory therapists, our residents and fellows, our MAs, our pharmacists, our hospitalists, intensivists, etc. I'm inspired by being part of the team today and I just want to say thank you to all the folks who are doing that care. It, it's, it's getting better in terms of our numbers and we're going to hear about that in a little bit, but the, the folks who are still taking care of our patients are still in the midst of it. So I just want to acknowledge that and say thank you to all of those folks. **I'm going to start us off today by turning to Anne Browning, who's back in health sciences for a wellbeing message.** And then we'll turn to Tim for an update and we'll get going with your questions. So, I'm going to hand it to you.

**Anne Browning, PhD, Assistant Dean for Wellbeing, School of Medicine:** Sure. Thank you. So my name is Anne Browning and I'm your Assistant Dean for Wellbeing in the School of Medicine. I wanted to start off today by saying that we're 18 days post peak. But we still have one more curve. We have to think about flattening from looking at research on the impacts on health care professionals who have worked through crises like these in the past, whether it be earthquakes other illnesses. We actually know that the emotional trajectories for, for folks who are doing this difficult work at time of crises is that we actually see emotional highs increased after, you know, some anticipatory strain. We do see people actually kind of have a pretty big lift. Well, they're able to provide the care that they need in the time of crises. But we also did see a pretty big drop in wellbeing and emotional wellness in the, the kind of months that follow. So if we think about how we can actually flatten this curve, that's really going to be our area of focus on, on wellbeing in the coming weeks. And what can we do there? What we can do is really think about our wellbeing while we're still under this acute stress. And some of that is going to be what we're doing around programming, which will be focused more on a kind of micro-practices of how we can reduce stress in the moment for people who are working. But then it's also kind of a call to action to pay attention about the things that we're consuming, whether it be the things that we're actually like eating and drinking, but it's also consumption in terms of, of media and news and what we're actually allowing ourselves to focus on as well. And it's also a big call to make sure that in these moments of, of response to crises, we have a tendency to almost over effort and kind of overextend ourselves. And that's part of what leads to kind of these emotional lows that sometimes follow and really makes sure that you're taking the time now to recover and focus on our own wellbeing so that, you know, we actually can flatten that curve out is what we really want to see is that in three months, six months, 12 months, that we have a really healthy, thriving group of kind of community members within UW Medicine as we kind of recover from the crisis that we've been in and that is ongoing.

**Trish Kritek:** Thanks Anne. I appreciate that. Tim, I'm going to turn to you for a little bit of an **update on what's happened in the week.** Then I have a bunch of questions that I'll start with you a four with about antibodies and then we'll get to masking.

**Tim Dellit, MD, Chief Medical Officer, UW Medicine President, UW Physicians:** Great. Thank you Trish. And again, thank you everyone for joining us and all the work that you're doing both in helping us respond as well as we think and reimagine what that future state is going to be. As Trish alluded to we are finally starting to see some slow reduction in the number of cases we talked last week about we've had this sustained plateau of cases really since April 1st yesterday we had 99 patients within our four campuses and today 92 that hitting 99 yesterday was the first time we had been below a hundred since March 30th. And so that really is something of significance and we want to see how this pattern continues. But it's really encouraging. Uh as we continue to think about recovery, the things we're really paying attention to is what's happening within our community in terms of the overall new cases, new deaths as well as looking at the hospitalizations. And those all seem to be headed in the right direction, albeit slowly. We also are looking at testing capabilities and the need to really expand our ability to test and linking that with the ability to do contact tracing. And so we had been partnering with public health and having a number of discussions about how we can help support those efforts for our community. When you look at what's happening with populations affected, it seems to be things are from where we initially saw them on the North end of particularly around that Northwest campus for our system with the longterm care facilities and the older population within those neighborhoods to South King County right now is where we're seeing increased influx of patients. And we still are very concerned about those communities where they haven't had as good an access to testing. And so as Paula mentioned last week, we've launched the mobile vans to increase access to testing for our population and other marginalized populations. And so that's really where we are right now. We're looking forward to recovery, but we still have a lot of work internally because we still have 92 patients within our system that we're actively caring for. Would you like me to talk about antibodies?

**Trish Kritek:** Well, I'm going to ask you about antibodies. I just want to tell everybody that I'm going to get to John in a little bit to do all the details of the numbers. But yes, I would say by far, the most questions that we had were about antibody testing. And I'm going to ask you the first two together and you can kind of reflect back on both of those. The first one that came up the most was **are we going to test the staff? Can I be tested as a member of the healthcare team as a UW Medicine employee?** And the second one is **what are we going to do for our patients?** So maybe you can reflect on both of those and then I can do some follow up.

**Tim Dellit:** Terrific. And I think the first and probably most important word here is patience as we sort out some of these details. But I think it's also really important to understand what does this test mean? What does the serology test testing for antibodies mean? And what does it not mean currently? So this is a test looking to see, has our immune system responded to an infection? And it's important to remember that it takes at least 10 to 14 days for those antibodies to develop. So this is not a test to be used to diagnose acute infection. If you are worried as someone has an active acute COVID19, then they need to have the PCR tests done, which again, we have readily capability within our system. So don't use the test to diagnose acute infection, take some time for the antibodies to develop. What we also don't yet know, although we think that when you have antibodies that there's some protection against re-infection. We don't know that yet. We just haven't done the studies there. So, it's really unknown whether having a positive serology test really correlates with immunity and will that prevent you from

being re-infected. This also should not be used as a return to work strategy. We just don't know how this is what this means. Think about the individual patient and recognizing that a lot of people have curiosity about have I been exposed, have I been infected? And they want to see and have that test. But for the individual patient is really not going to change your medical management right now. And that's why we have some time to get the process in place to be able to actively allow this test to be best used. Where it probably is most useful right now is to really get a sense of what's the prevalence of infection within a given population. In other words, if we wanted to look at a population of individuals, what proportion have been infected during this period of time? Because it really is looking at past infection. With that in mind, we are doing a lot of work with our planning and operation teams within our incident command structure to think about how can we offer this to our UW Medicine employees? Because that population of healthcare workers may be an ideal population for whom to offer this test. You get a sense of how many of our healthcare workers have been infected. Again, it won't change your ability to come to work. It doesn't change the PPE that you have to use or what you do at work. But it would help us to understand, okay, what's the prevalence in our population? And then going forward to be able to see, do those individuals become re-infected as we anticipate potential future waves of infection down the road. So for our employees, absolutely, we're working on this. I'm thinking about how we could potentially best do that, but we have to do this in a thoughtful manner because we have almost 30,000 employees. From a provider's standpoint again, the key message here is patients cannot just show up to our lab to be tested. They need to be having a discussion with their provider to understand what the test means, what it doesn't mean, and there has to be an order for the test by your provider. So please don't just come to the lab asking to be tested.

**Trish Kritek:** So, if I was going to do a synopsis of that, number one is for the employees, you're saying, if I were saying, I'd like to be tested, **the answer is we will be testing employees. We're still working on a plan for exactly how we're going to do that. Is that right?**

**Tim Dellit:** That's correct. So just a little patience until we get all the pieces in place. And again, no hurry in getting that testing done, but we absolutely understand that we actually are very interested in that as well.

**Trish Kritek:** Okay. I think that's a useful answer for everybody cause I think we read about other places testing their employees and I think people can hear it, we're going to do this. It doesn't change what we're going to do day to day at work so I get it. I kind of want to know if I'm antibody positive but it doesn't, it's not going to change anything right now. I think in terms of the guidance for patients, I heard that and **for our primary care providers, are we going to give them some specific guidance on this in a formal way?**

**Tim Dellit:** Yeah, so the Neighborhood Clinics, I've done a nice job with their leadership in putting together some initial information that they're giving to their providers. They also are trying to get their structure in place and really looking towards that May 4th date of when they can actively offer this to their patients. They've chosen May 4th in alignment of when we are thinking of gradually increasing the in person visits within our clinics. And so they're taking some time here to get the process and set up in place. Because right now, keep in mind, 95% of the visits in the Neighborhood Clinics are through telehealth. And so they want to get things in place so that as patients start to return to clinic, they can offer this. And right now we're doing a nice job of messaging to all of their providers so that we can

provide patients with the right information so they really understand what this test does and does not tell them.

**Trish Kritek:** Okay. I think that, thank you. I think that answers a lot of the questions. The other one that I saw a bunch of was **do we know the sensitivity and specificity of the test that we're using?** I don't know if you know the answer or John?

**Tim Dellit:** My understanding from the lab medicine colleagues and they're using the Abbott tests and they've compared to all of them. But this one has extremely high sensitivity and specificity, essentially approaching 98% or higher. I mean, it's thought to be an extremely good test. The one caveat I will say is that because the prevalence in the population we think is only two to 3%, that when your prevalence is that low, there is a risk for false positives. So again, they think that false positive is probably only around maybe 0.4. So in general, we think that it's going to be a good test, but there is that risk because the overall prevalence is low. I can say since they've started to test this, they did get a, a large number of samples from Idaho. And when they look there, it was about 2.2% were positive. So that's very consistent with what we're thinking. Again, not directly from our local area, but within this Northwest region. So we don't think this is going to be a very high percentage right now. And that's what we're already thinking, that it's about two to 3%. That number is important because that means that a large proportion of our population is still potentially at risk and vulnerable to subsequent infection.

**Trish Kritek:** Yeah, I think that's an important thing to hear because I think we've been, a lot of us were hoping maybe a lot of us had it and we just didn't know it and that we're going to have a much higher percentage and probably that's not where we are yet. So thank you for clarifying that. John, I'm going to turn to you John Lynch Head of Infection Prevention and Control at Harborview Medical Center. **Let's start with the numbers. Give us the numbers and where we stand.** Tim gave us a little preview, but you can give us a little bit more and then I have some follow-up questions about numbers.

**John Lynch, MD, MPH, head of Infection Prevention and Control at Harborview Medical Center:** Sure. Happy to do so Trish. So as Tim mentioned we're at 92 total patients with COVID 19 in our hospitals, this is the second day we've had in a row with less than a hundred patients since March. 60 of those folks are in acute care and 31 are ICU. Valley medical center has 27. This is the, from this morning, 27 patients, 22 in acute care, five in the ICU. Northwest, 20 patients total of 15 and acute care and five in the ICU. Montlake had seven total, a three in acute care and four in the ICU. Harborview has 38 total with 21 in acute care and 17 in the ICU. Just a couple quick little things. We've had some great successes yesterday. Nine people were discharge from Northwest, Montlake, and Harborview --three each, which is just tremendous. We're seeing people get out of the ICU and go to acute care. And one really big highlight and Trish knows about this, that a patient at Montlake who was on ECMO or ECLS came off of that machine. And that's a big deal cause those folks are very, very ill, take a lot of care for a long period of time and that, what's called decannulation, that the lines were taken out, happened yesterday which is a, a big win for that patient. But also that patient's team.

**Trish Kritek:** Yeah, the COVID ICU team over here at Montlake was really excited about that. And as John said, that was a patient who was on basically heart, heart, heart, lung bypass and they were able to

come off, which is wonderful. And my team would say the numbers are changing as we speak cause we just accepted a transfer into to Montlake as well. So we're up one. Yeah. But I only say that cause otherwise I want to go back downstairs and are going to say, why didn't you say we're doing more work? So thank you. There was a ton of work. The team down there is doing an outstanding job. I want to follow up, there were questions about do we have a sense of what's happening in the more rural parts of the state and whether or not you could reflect on that.

**John Lynch:** Yeah, sure. So I also participate as the work I do with a program called the UW Tele Antibiotic Stewardship Program, which works with critical access hospitals across Washington state, Oregon, Idaho and into Utah. And so far the, I have probably two things that I've gotten out of those meetings with these, we meet with them every week is that they are getting prepared. They're doing a really nice job of learning from what we're doing, using a lot of the tools that UW Medicine has put together out there. They are starting incorporate in their community and in their interfaces between the community and healthcare some really nice activity around for instance, masking and really learning from what's worked in other places. And then lastly they are seeing probably more suspected cases then diagnosed cases. But there are a lot out there . Um we know that Yakima isn't necessarily a rural area, but I think people have seen, I've heard about outbreaks in that area in Ellensburg. Some of these are associated with specific industries. There was one in the Seattle Times this morning about an outbreak in a meat processing plant, which is just in line with what we're seeing in other parts of the country. And so were you sort of industries that tend to be outside of cities are just as much at risk and we're starting to see some of those things happen here. And this is kinda true throughout. I know that the North Idaho area was in the newspaper a couple of weeks ago and I talked to that team up at Boundary Health and they're doing okay. They're not seeing any cases up there which is consistent with the data you just talked about from the antibody testing up there. It's really a spectrum, but so far they're doing okay and able to handle the load.

**Trish Kritek:** I think it's reassuring for folks to hear that you're in communication with folks in that we're working as a team across the state really, which is great.

**John Lynch:** There's about 70 to 80 of those really small, rural, critical access hospitals that join these calls. We have two sessions every week.

**Trish Kritek:** That's, I think that's wonderful and I, great part of UW. The other part is also an area of outreach that we got questions about and we've talked about before, but Tim alluded to a rise in positive tests in the homeless population. So I wondered if you could reflect on that a little bit as well and what we're doing around the homeless population and if anyone else wants to jump in after John, that's fine as well.

**John Lynch:** Yeah, I might look at others on the call just to get the numbers, but you're right. A lot of people have been doing really great work in partnering with public health, but also just representing UW across our city. I'm just going to do a quick shout out to two folks, but there's many involved. So Dr. Herbie Duber and Dr. Nancy Sugg, emergency medicine, internal medicine and doing just great work, but lots and lots of people involved. There's been some the, the work that Tim mentioned around free testing in the mobile van, I believe most recently that was down in the Rainier Valley. And there was a, you know, nice community call to get tested there. We're doing work with public health and shelters

and with some of the more at risk congregate facilities the team just went out to the 1811 facility here in downtown and did screening and they went back today after finding a number, I think about six positive individuals, five residents and one healthcare worker. And I went back for seven day screen today of the individuals who are still there. And just in terms of numbers, you know, we are seeing Rick, I'm not sure if you remember the numbers we saw, I think it was around 76 is the number seems to be coming to mind to me right now. But do you remember?

**Rick Goss, MD, MPH, FACP, Professor Medicine, Associate Dean, UW School of Medicine; Medical Director, Harborview Medical Center; Director, Quality of Metrics Reporting, UW Medicine:** I think, I think what I recall was approximately mid-seventies, that are COVID positive in the quarantine units and approximately 10 that are positive in Harborview Hall. Right?

**John Lynch:** Right. And so this was a basically a long stay shelter on the Harborview campus has been converted to a place for folks who don't have homes who are either waiting the results of their tests or have tested positive. And right now we have 10 individuals staying in that facility who are COVID positive.

**Trish Kritek:** So it sounds like we're seeing more people who are marginally housed or homeless who are testing positive and it sounds like perhaps we're also seeing some more of those folks being admitted to Harborview, not the Hall, but Harborview the hospital as well as Harborview Hall.

**John Lynch:** Yeah. And I think this is where this balance is that Tim sort of talked about is that we're seeing overall numbers going down, but I'd say at Harborview, we're still seeing pretty high number of patients in the ICU and in acute care. And just to illustrate that we had six admissions yesterday, which is actually a lot of people with COVID 19 and of those six, two of them were homeless. So you could just sort of extrapolate from there. You know, that's a third of our admissions yesterday are people with unstable housing. We are tracking this. I want everyone to know that UW medicine as part of our dashboard is looking very carefully and tracking the proportion of people who test positive and are in our hospitals who have unstable housing, people of different ethnicities and races and specifically the, the limited English proficiency populations. Really looking at making sure we're keeping an eye on equity and also epidemiology to make sure we're getting those vans where they belong.

**Trish Kritek:** Thank you. Last question about numbers. Do you have a sense of how many people in skilled nursing facilities are testing positive that we're collaborating with?

**John Lynch:** Yes. I should have brought this number up. I didn't have it ready for you, but I would say that it's probably even a better measures looking across the state. We have a lot of skilled nursing facilities in the state. I think just under a hundred or so, we have actually nearly a thousand adult family homes in the state and the governor have really made a commitment to get people into every one of those facilities to do assessments. I say that the metric that I keep going back to, and the one that sticks to my head is that we look at all the deaths in Washington state due to COVID 19, about 60% of those are people who are residents in skilled nursing facilities. We are seeing outbreaks and positive cases in a very large number, if not the majority of skilled nursing facilities in the state, but a lot of work yet to be done.

**Trish Kritek:** Okay. So we don't have an exact number, but we're still seeing positive, significant numbers of positive patients in skilled nursing facilities and we're still doing outreach to them.

**John Lynch:** Absolutely. So Dr. Ong and Dr. Alison Rocksby and a large number of volunteer nurses and physicians and other providers are actively going out there. As I mentioned, I think that group is out at the 1811 facility today. I'll bring back better numbers next week, I'm sorry.

**Trish Kritek:** That's okay. Don't worry about it. I don't tell you all the questions in advance,

**John Lynch:** But we do have, the state has been tracking those and the numbers are available and I just want to make sure people know that it is being tracked and it is out there. I just don't have it.

**Trish Kritek:** Okay, well we'll follow up with those numbers. I'm going to shift gears. Santiago, I saw you nodding. I don't want to make sure, is there something you wanted to add to that about the skilled nursing facilities? I know you've done some of that work.

**Santiago Neme, MD, MPH, Medical Director at UW Medical Center – Northwest:** No, I just wanted to say that, I'm Santiago the Medical Director at Northwest. I wanted to say that we're about just complete that UW Affiliated scanning of facilities and Dr Rocksby is finishing that up and there's been multiple visits in the past week involving over 30 faculty from ID, general medicine, et cetera. And but we're expanding beyond the UW facilities. So the facilities that have contracts with UW.

**Trish Kritek:** Awesome. Thank you. I'm going to shift gears. John, you're not off the hook. So we've talked a lot about masks. We had a major change in our approach to masking this week and we're moving towards required universal masking when in clinical facilities. I think we could spend the rest of town hall talking about masking, but I don't want to do that. I do want to talk about it a little bit and so I'm going to ask you to give us a little bit of an overview of what it is and then I have like two or three follow-up questions that I've heard a lot.

**John Lynch:** Okay, great. So I'll be brief and you know, it's hard for me, but I'm going to do it and that's that. As we move into May, I think everyone is looking at May and a couple of the dates May 4th, may, I think 18th as periods or dates where we're going to be seeing relaxation or some transition away from physical distancing in the community and within our facilities. It is not going away. It is just going to be a little bit less. As we move into that and we see that physical distancing back off, we're gonna be, people are going to be a little bit more out in the community, right? And there's going to be risk for more cases. The physical distancing that's been in place has been extremely effective as we just talked about with the numbers, not for every community. You know, the homeless community it's not working great for it necessarily, but for the overall, for the area it's been working great. So when we look going forward what can we do to help mitigate or balance that relaxation of social distancing or physical distancing, the idea of using masks which is supported by CDC and many other you know, national authorities within healthcare facilities really came to the front as a way, in my opinion, in our work group to mitigate balance off that relaxation of physical distancing. So the real big ask here is that next week, starting Monday, everyone who works in UW medicine will have some sort of mask on when they're working. We really strongly encourage that people are wearing masks when they're not working as well. And we

have lots of details coming out, lots of posters and education. We have some videos and lots of FAQ to help people through this next week is really going to be learning how to do this. For those of us who haven't really engaged in wearing a mask throughout our day, it's gonna be a challenge. It's going to be a little uncomfortable for some folks, including me. But we can do it. And next week's gonna really be about group work where we're going to be working together, working as individuals and helping to remind each other, Hey you, you, you just touched your mask. Hey, you can't have that hanging off your ear. Hey, you can't be underneath your chin. Hey, you can do this and help me too. And so all of you are on this call, please. If you see me and I'm doing something wrong with my mask, let me know. Cause I am still in that phase of learning how to do this when I'm outside of patient rooms.

**Trish Kritek:** And I think I really want to echo what you just said, which is I'm hoping that we're becoming a stronger and stronger community through this. I feel like that in my heart. And so part of that community is going to be talking to each other and working through this together. So I heard that loud and clear and I'm just going to echo that. I think one thing that has come up as a question of like what if I'm going to a lab or what if I'm work in an administrative space or I'm going to my office, do I need to wear my mask in those settings? Could you just touch on that? Cause that was one theme that came up.

**John Lynch:** Sure. So I'm going to just throw out a couple of definitions in the way we're using it. So if you're in a building that has any clinical activity, you're any type of patient care that counts as a clinical building. If you're in a building that has no clinical care at all, right, then that's a nonclinical care building. So in, let's do the easy one. The nonclinical care building, the expectation is that you wear some sort of face cover. That could be the one you've purchased. It could be a face mask that you purchased or it could be one that you UW Medicine provides for you. But the expectation is you have one on when you're in any part of the building where you could potentially, or you actually are within six feet of someone. So that means if you're in the hallway and the elevator, there's a realistic expectation you're going to be within six feet of someone. If you're in an office, you know you're lucky enough to be in a place in an office where you're at a desk and you're more than six feet away from other people continuously, you can work without a mask on. Now remember, hand hygiene is really important before and after touching that mask and you need to have a safe place to store it. I'm using a Brown paper bag myself and yeah, I've got all the tools right here. Yes, I'm practicing today. I need to practice. And now if I'm in a building that does do clinical care, right? A clinical building, then the expectation is that I can wear that face cover and it's going to depend right on where you work, what building you're in. Some places when you get to that threshold, at some screening places someone may hand you a mask that, you know, one of the ones that we use, like there's a fresh one, one of our ear loop mass. And you'll can exchange your cloth face cover for one that we give you. In other places you may go up to your unit, right? Say you're a nurse or physician working, Trish is going up to the ICU and you could exchange there. We are not going to be policing exactly where that transition happens because we have so many different facilities and so many different workflows, some places that may be where you're, you know, if you work in a, a group of cubicles it may, the exchange may happen there. The real differentiation I want to emphasize is that if you're in a building where there's clinical activity, we're going to ask the people transition to a mask that we provide for you. Cause we really want these to be used by our healthcare workers in those places.

**Trish Kritek:** Thank you. I just want to acknowledge that this is an evolution. There've been many questions with people asking us to evolve to this for quite a while and I think it reflects us having an



ongoing conversation and the conditions changing. So thank you for walking us through that and thanks for saying we know we're going to get questions next time about how we're implementing this and that's fine. We want those questions. We want to hear from you about what's working and what's not working as we figure it out. So thank you. I know that there've been some questions that have come in. I'm going to try to circle back to some of those questions. I will just throw in that the numbers at Children's and at the VA, I didn't give them this week and I apologize. They're very low. Like we're talking three patients at the VA and unfortunately, I don't know the Children's numbers today, but they have been very low. So I think we continue to have very low numbers there. I'm going to continue on this theme of our new infection prevention bundle and I'm going to pivot to Santiago and give you a break, John. And I'm going to ask about social, physical distancing because there are a bunch of questions about people saying, Hey, I feel like in the hospital people aren't doing physical distancing the way we should. And I wondered what the guidance is in this new infection prevention bundle about physical distancing. Santiago, can you talk about that briefly?

**Santiago Neme:** Yeah, thank you. As you all know from the beginning we thought that infection prevention of Covid specifically and in many for many infections and not just one element and we know that physical distancing is one of the tools of that many tools that we utilize as much as we utilize testing and hand hygiene and, and masking, physical distancing we know has been effective at decreasing or flattening the curve. And for physical distancing, there's several components that we put into place and one of them is right here we're using a video conference conferencing tool called zoom. There's Skype, there's different ones. We also have tele-health whereas Tim mentioned UW neighborhood clinics has been using a lot of telehealth and other clinics around our system to kind of avoid that that closeness in terms of, of, of a, a physical distance. This is just one of the elements of this bundle of interventions. Again, the, the bundle has the hand hygiene component, the masking, the testing, a lot of education. I wanted to highlight and, and, and John alluded to this, that the masking strategy also fully relies on the education because we want to see that folks are using this tool correctly because we've seen numerous examples across the system where people are not using the masks correctly. It's kind of laying around your neck or hand hygiene is not performed, et cetera. So a key tool within the bundle is to do proper education of how to wear a procedural mask or your cloth mask.

**Trish Kritek:** Yeah. I appreciate John demonstrating for folks how not to wear the mask while you're talking. I'm, I hear you. And I, I feel the passion about masking and I, I, I appreciate it. I'm going to go back to the, And I, I just want to ask a very specific question. Are we going to put up more signage in our hospitals about physical distancing?

**Santiago Neme:** Yes. Yes. So it's been a challenge and everybody's seeing this physical distancing break rooms. It's funny, it's like when we're walking around the halls, some people are kind of more aware of this, but suddenly where they take a rest or a break, they put the mask down and then they're like with the colleagues talking very close. And our team rooms are not really designed to help this. So there's signage. There's also actually posters and indicators that are going to sit on actual chairs to make sure that we facilitate that distance. Similar to what you see in the cafeteria where you have these lines that kind of break the distance. We're going to do more of that and we're going to have capacity at break rooms and areas where, where nurses and doctors and team members congregate because that's been a key issue. And if you remember a couple weeks ago, the Northwest outbreak of that floor had a specific association with the break room on that unit and that's been a problem and that's something that we're tackling.

**Trish Kritek:** So we are working on signs, posters, physically moving spaces?

**Santiago Neme:** Yes, and messaging, messaging. One more thing. I'm tying the masking strategy within the bundle because as physical distancing relaxes, then we need to come up with a different barrier. We need to strengthen the barrier. That's one of the rationales for the mask.

**Trish Kritek:** I appreciate that, I appreciate that. And I think we all still want to continue to give feedback on the masking and on the physical distancing. One place said that there's a bunch of questions about physical distancing and I'm going to turn to Cindy Sayre. That's my telegraphing that we need to unmute that room is in clinics and people are concerned about when we start opening up clinics that it's going to not have the ability, I'm dragging out this question, need to unmute that room. There we go. That we're not going to be able to maintain physical distancing in clinics. So **Cindy, can you, can you talk a little bit about what our strategies are for clinics?**

**Cindy Sayre, RN, chief nursing officer for UW Medical Center:** Yeah, I will. I'm Cindy Sayre, Chief Nursing Officer for UWMC and I think we all share concerns about as we start to see increased volumes in clinics and procedural areas, how are we going to manage that in this new reality? In addition to the masking that we've just talked about, I want to make sure people know that we will be masking patients at the entrances to the clinics. And, and if they're, if the clinics within the medical center, they'll get their mask when they cross the door of the medical center. And that goes for the visitors as well. So I think just this idea of universal masking will help somewhat. And then we have some physical controls that we need to do, like taking out maybe every other chair in a waiting room, for example. So we don't even allow people to sit close together and, and marking areas within the clinic that allow for six feet distance with a staff member and a patient. We know we're not going to be able to achieve six feet every time. If you're delivering care to a patient, you might have to approach a closer than six feet. And that's why the masking and the hand hygiene is also part of that intervention bundle. And in the last, well two more things. One is we're going to really be thoughtful about how we schedule these appointments. So we don't have a whole lot of patients arriving at the clinic at one time. So they might be a reforming the hours of the clinics, maybe looking at some weekend times to spread that volume of patients out. And finally there's a lot of attention to sanitation in the clinics and making sure that the surfaces that are being touched are being cleaned frequently with the right with the EPA approved cleaner.

**Trish Kritek:** Okay. Thank you. I appreciate it. **Do you know if those in like the physical spaces and signage is starting to happen in our clinics?**

**Cindy Sayre:** Yeah, I think that they're working on it right now in anticipation of this May 4th date. Yes.

**Trish Kritek:** Good. That's good to hear. Cause I think a lot of people who work in the outpatient setting who are concerned about that.

**Santiago Neme:** I wanted to add one thing, the toolkit in the bundle have different slides and things that people can print and make into posters. So that's available on the website and it's an ongoing project that we have. So people will be able to pick their intervention and then post it and, and educate on it.

**Trish Kritek:** Okay. And I think we need to make sure that people know where to find that. I know it's on the Covid website, but it's not entirely intuitive where it is there. So we can think about how we make that more prominent for folks.

**Santiago Neme:** We'll include that in the message.

**Trish Kritek:** Thank you. Keri, I'm going to go to you cause I, I'm going to ask another question about clinics or, or EDs or other places. People have seen the plexiglass that they have often like at the grocery stores now and they're curious if we're going to have that plexiglass in some of those spaces for folks.

**Keri Nasenbeny, associate chief nursing officer for UW Medical Center:** Yeah, thanks Trish. I'm Keri Nasenbeny, Associate chief Nursing Officer for UWMC and I have responsibility over the Northwest campus. And I think that's a great question. And I would, what I would say is that I don't know that there's been a final decision on that yet. And what I would say though that is super challenging for a variety of reasons, but mostly because each of those desks are divided, designed differently and they're in sort of different places and different setups. And so I think that the focus really is more on what Cindy was talking about. So creating some signage and really, you know, stanchions using some other methods to make sure that folks are six feet away from desks. And when they need to approach desks that we're using masks, we're using hand hygiene, sanitizing desks, areas. I think that there's going to be times where somebody's, a patient's going to need to sit at a desk and talk. And so I think that's where our masks come into play. That's where our hands, you know, hand hygiene and the sanitation and that Cindy spoke to. So I think there's a lot of overlap and what Cindy asked about, and you know more to come on this, but I think that there's a number of complexities with the plexiglass solution that are challenging.

**Trish Kritek:** So to be slightly less nuanced. It sounds like no plans for plexiglass barriers right now.

**Keri Nasenbeny:** Yeah, I think it's still under consideration, but no final decision. Yeah, that unless anybody else has heard anything different, that's my understanding of where things stand on that.

**Trish Kritek:** Nobody seems to be unmuting themselves to tell us something different. So I'm going to go with that. We're not, we're at this point in time, maybe continue to discuss it. We've proven lots of times that we discuss things and things change. Absolutely. I was saying that over and over again and could still change, but right now we don't have a plan for plexiglass barriers. We do have plans for physical movement of spaces and then all the stuff around masking and physical distancing. I appreciate all those answers and I know we'll get more questions about that and we want your questions about it. I'm going to look I think I see Tom there. Tom you know, I think just Cindy and, and Keri both said when clinics open on May 4th, is that still the plan for four clinics to open on May 4th? Is that what we're looking at?

**Tom Staiger, MD, Medical Director at UW Medical Center:** So I'm Tom Staiger Medical Director at UWMC and we are currently operating with a plan to get ready to open up more clinic visits on May 4th

operating under Governor Inslee stay home, stay safe guidance. We, we recognize that, that it's possible that that May 4th date could get extended for some populations in some situations. We are also mindful that there are patients who have urgent problems, things that shouldn't wait more than three months that that fall within governor Inslee's guidance of those things can occur already. And so we will increasingly be looking at who are the more urgent groups of our patients that need to come in for face to face visits. But as governor Inslee clarifies whether or not he's going to extend past May 4th we will be opening up more face to face visits for patients that weren't-- all continuing to do a lot of telemedicine visits because we've made a tremendous amount of progress over the last two months. And setting up telemedicine capacity in some of our patients may prefer to continue to do that. And, and for some patients that will be a more appropriate visit venue for them.

**Trish Kritek:** All right, thanks. You actually answered one of my followup questions was, which was **will we continue to use telemedicine? And I think the answer to that was yes**

**Tim Dellit:** And Trish I just want to echo a couple of things that Tom said. One. We've kept our clinics open this entire time. We have shifted a lot of that work, particularly in primary care to tele-health, which has been easier there than perhaps in our specialty clinics. And the key as Tom said is the clinics are really working to prioritize those individuals with the most urgent needs to be seen in person. And so I think even if the governor were to extend the stay at home order, I suspect that he will allow certain aspects such as healthcare. And again, particularly if we focus on those who really need to be seen urgently or else they run the risk of harm, I think we can move forward with gradually increasing those visits.

**Trish Kritek:** Okay. Thank you for that clarification. I appreciate it. Rick, I'm going to look to you and kind of ask about **what our preparations are around opening up surgeries.** And Tim talked about this last time. I wondered if you wanted to add to that add we are this week.

**Rick Goss:** Sure. Thanks Trish. A tremendous amount going on there. Again, Rick Goss, Medical Director at Harborview. So with respect to the, to the ORs, there's a lot of parallels here in which I think people know we're doing just those most urgent emergent currently and at Harborview, I know those numbers have better, you know, we're taking essentially 24 operating rooms and effectively working out of about 10 currently. So as we begin to look at that more three month window in other words, if further delays beyond three months would potentially negatively impact somebody. We really want to begin to layer in those cases. So a lot of work going on at the system level, lot of leadership and a lot of very focused work at each site to identify those cases that we think have a more urgency but are still not quite yet at a some future, you know, May 18th timeframe where you would have more elective. So with that the, I think the most important message there is that getting ready to do more cases in the OR and procedural areas also involve the clinics. They involve staff, they involve people that have been distributed and deployed in lots of areas that may have something to do with that sequence of events. So I can't say enough about all the preparation and the coordination and I do sense that there's a little bit of anxiety about how are we going to do this in a methodical way. I have total confidence that all the same principles and the way we work together will lead us into success there as well.

**Trish Kritek:** Thank you. I think you hit on that kind of staffing and patient care parts of that question, which I really appreciate and I think I appreciate your confidence and I have confidence too. I also know

that we'll learn as we go and that's how we roll on these things. I have a follow up question to that and then I kind of have a rapid fire series of follow up questions that are kind of all over the place so everyone has to be prepared for them. So my follow-up question, first of all, is to John Lynch one thing that I heard in some of the questions is **if we're going to start doing more surgeries, how is going gonna affect our masks and our gowns? And so are, are we okay on masks to start doing that?** So I'll ask you that question first.

**John Lynch:** Yup, great question. We definitely looked at that before we went into this. And yes, so for the type of mask like ear loop masks, what we call procedure masks, there's lots of words for, these are the ones that we supply. We are good. We work with our supply chain every day. We just had a meeting today about looking to forecast as we add back a surgical volume as we add back more clinic visits. Are we going to be able to do that? And right now we're looking good. The question is just like, how far out can we forecast that, you know, is it a month? Is it two months, is it three months? And whether we can look at whether, if more Covid cases come in, less Covid cases come in and the speed with which we get back to sort of standard. We're all tweaking that and learning how to figure it out. But yes, we're good to go.

**Trish Kritek:** Okay. That's great. My favorite question I'll ask you, **how do you keep your glasses from fogging up when you're wearing a mask all day?** Multiple people asked that question.

**John Lynch:** Yes, that is a tough one. And it's going to, it's going to be a little challenging. So I think that people are going to see different masks that are out there and there may be a mask that works better than others. My good friend and partner in infection control here, Vanessa Makarewicz has commented on the size of my nose and that it doesn't work with every in a very positive way and doesn't work with every mask. And so you may want to try different masks. I work glasses and one of the things that I really try to do is pinch. Most of the masks that we provide have a little wire in it. And if you really pinch that ahead of time and then, you know, get it on there and really seat it, well, it may go have to be a different part of your nose, like higher up versus lower and these mass all open up. And so they can be a little bit bigger than we're used to wearing. A lot of us just throw them on historically kind of square, but you can really stretch it out a little bit better. See it goes pretty far and we really want to go from below the chin to up on the nose to be, that's an effective mass and you want to have it maybe not so low on the bridge, but maybe higher up. And so it's going to take practice next week. Maybe it's a different mask. Maybe it is how you put it on, you know, if you're going to be wearing a mask, in a clinic, there's other more drastic things like putting a little piece of tape some people like there just to hold it on and keep it safe and keep them from fogging up. But for instance, like this mass for me, like I can't get close enough to my camera but this is working for me. I have a patient, I am not fogging up. It is possible whereas I use this blue one. It does fog up a little bit more than this one does

**Trish Kritek:** I just want everybody in town hall to know that I didn't tell John I was going to ask him to do that. I was completely spontaneous. Okay. Thank you. That was an outstanding answer and demonstration I so appreciate that. In all seriousness. There's lots of questions about it. I wear glasses too, so I get it. It's a real question. Thank you. Tim I'm coming back to you. There were some questions about with all the **testing, are we, is it going to be affordable? The serology, how are we to deal with the cost around the serology?**

**Tim Dellit:** You know, the cost of the serology test I believe is about \$42. So it's less expensive than the PCR. And that's one of the things as we work with our operational and planning team to think about how we will implement this for our employees. That's one of the things that we'll be looking at as well. Again, the goal is not to put, if we do employee testing, we would not be charging our employees, right. So there'll be a different way to cover those costs.

**Trish Kritek:** Okay. **And is there a risk that we're going to run out of tests?** If we started doing that,

**Tim Dellit:** They have thousands and thousands. They can do several thousand already and they have a lot more reagents coming in. So right now the lab does not anticipate a limitation to being able to do a large volume of these tests. Again, the key is just patients as we get everything set up.

**Trish Kritek:** Okay. Cindy Sayre there was a question about are we letting this is kind of serious, **are we letting in visitors when patients are dying who are Covid positive?** And I'm curious if you could comment on that.

**Cindy Sayre:** Uh yes. We actually are there's a lot of precautions that are taken as you can imagine. And we, we made sure that that a team member greets that the family at the door and depending on, on how, how worried we are about the family being symptomatic, we would not let somebody that's symptomatic come into the building. So I'll make that distinction right. And sometimes they've been living together so we've seen that. But if the patient is at the end of life and that's determined by their provider we, we have a way of letting them come in and it's limited and it's, they are, they are wearing PPE. But what we are doing that here.

**Trish Kritek:** Okay. Thank you for commenting on that. That was a question that came up.

**Cindy Sayre:** Can I say one more thing Trish? You know, I keep reading in the press about patients dying alone and I just want people to know that really is not happening here. I mean we have end of life provisions for patients and if the family can't get here fast enough, I've received so many stories of, nursing and providers that are at the bedside with the patient. So I just want to reassure people about that as well.

**Trish Kritek:** Thank you. And I know that to be true from my personal experience, Santiago, there was a question or a comment really about **are the signs going to be in multiple languages or if not, can we strategize to make the signs in multiple languages around physical distancing?**

**Santiago Neme:** Uh they're not right now, but I, I'm going to work on, on that.

**Trish Kritek:** Okay. Thank you. Tim, I'm going to ask you this one again. **Do you think, do you think we're going to be masking for the next year or so?**

**Tim Dellit:** I think that is a hard one to predict. I, what I can say is that I think this is going to be with us for a while quite a while until we actually either have a vaccine or quite a bit of immunity within the population, which we do not have. So this is not just going to be, get through the next few weeks and we're done. This is going to persist and I think we have to realize that the new, our new norm is going to be different than what it looked like three months ago. And so right now I can't really say when we would be able to stop masking. We have to see how things evolve here. And again, both the summer but also anticipating an increase in volume next fall as we run into a respiratory virus season again. So it's, we'll just have to see as we go along.

**Trish Kritek:** And I think just to follow up on that, what you just alluded to, the last part of it was another question, which is, are we planning for a second surge?

**Tim Dellit:** I think that we need to maintain our ability to respond. And so even with our incident command, from my standpoint, I think we need to keep that going. Even as cases come down, maybe we won't meet as frequently, but we have to maintain that ready capacity. As John said, this is going to be a dial, not an on and off switch. We may see as restrictions loosen within the community, some increase in certain populations and we have to then be able to dial up and respond to those. And so some have called this a hammer and a dance. I don't know if you've seen this, that you know where you have the surge and you hammer it down and then it's a dance. It's going to be a dance as they kind of have these waves going forward here, but it's going to be with us here over the next year.

**Trish Kritek:** I'm not going to comment on that dancing [Laughter]. I'm going to hit a couple of other ones quickly. Someone asked if they have lost their sense of smell, should they be tested. I'm looking at all the infectious disease doctors.

**Unknown speaker:** Yes.

**Trish Kritek:** If you lost your sense of smell that that is a symptom and you should get tested. John one last one for you. Do you have a sense of men, males versus females in terms of positivity?

**John Lynch:** Yeah, I don't have the tip of my fingers, but early on there was reports that men were a sicker and dying at higher rates in women. And I think as we've gone forward and have a lot more cases that we're not seeing that same tendency. I'm looking at Santiago and Tim. I think that's correct. We're, we're seeing a more balanced number of patients. It's much more associated with comorbidities. So heart disease, lung disease, things like that.

**Santiago Neme:** And the limited the limited English proficiency. And the other aspects.

**Trish Kritek:** Yes, thank you. Santiago. Yes.

**John Lynch:** And age.

**Trish Kritek:** Yeah. And I will say there were a bunch of clinical questions that people sent in. We are, we ha we were treating people with hydroxychloroquine quite a bit. We're now only doing it in the setting of a trial. We, there were questions about clotting and there we have seen some clotting. We haven't seen the clotting that I think we see across experiences in New York city and other places. And I think that's an area of ongoing investigation and evolving recommendations. And then we have seen people with renal failure. Again, perhaps not to the degree that was published in some popular press. And again, I'll recommend that we're posting the internal medicine conferences that have more discussion about the clinical issues. So I know there's more questions than we answered. I tried to sneak in as many as I could here towards the end. So I appreciate everyone being ready for those rapid fire questions. I very much appreciate the protecting your, your glasses from fogging demonstration and the fact that you have showed us sustained defogging through the end of this conference. Much appreciate it.

I'm going to end by telling folks that next week is going to be different and I'm going to invite you all to come to town hall again next week, but we're going to do something different. We're going to do something called Schwartz rounds. Schwartz rounds is something that we do at most of our institutions already. There are time when healthcare providers come together and talk about kind of the heart of the issue, what it feels like to be a healthcare provider in a variety of different settings. And this time we're going to talk about what it feels like to be part of the healthcare team during Covid and grieving that loss of normalcy. So we're going to bring a really interesting diverse group of voices together to reflect on what this experience has been like so far.

And so I'm going to invite all of you to come to town hall next week, same time, same place, and you're going to see some different faces and you're going to hear some different voices. And I think it will really enrich everyone's understanding of what this experience has been and how different it is for all the different members of our healthcare team. So please come to Schwartz rounds same time next week, and then you'll see all of us again back the following week for a regular town hall. We still welcome all your questions and if there's so many questions and we don't have town hall next week, we'll put some, some of them together in a frequently asked questions and send it out by email. But, but I think we all feel like taking a pause to hear the voices of the folks who have been impacted by this in many different ways is perfect for next week. **So I invite you to join us next week for Schwartz rounds.** I say thank you to everybody. Who is listening in today. Folks who are listening in tomorrow. Thanks to all the folks who are our discussants, who have become my Friday afternoon family. And thanks to all of you for the care that you're delivering to our patients, to their families, and for taking care of each other. We'll see you. I'll see you briefly next week. We'll all see you again in two weeks. Thanks so much. Bye bye.