Trish Kritek:

Welcome back to UW Medicine town hall. I'm Trish Kritek, associate dean for faculty affairs, and it's my pleasure to welcome you back. Let's go through who's here. So, I'm happy to welcome back Seth Cohen, who's here. He's the head of infection prevention at UWMC, and he's playing the role of John Lynch this week, because John is actually on service, which I think might be the first time since the pandemic started. I'm not sure. So John, thank you for taking care of patients. We really appreciate it.

Trish Kritek:

Keri Nasenbeny, chief nursing officer UWMC Northwest. Tim Dellit, chief medical officer UW Medicine. Rick Goss, medical director Harborview Medical Center. Cindy Sayre, chief nursing officer UWMC. Santiago Neme, medical director UWMC Northwest.

Trish Kritek:

You'll note that Jerome and Tom aren't here this week. They both have other obligations, and you'll also note that Anne's not here. So, we don't have her words of wisdom about wellbeing, but we have her actions about wellbeing. She's off on a mountain. I got a picture of it this morning, and she asked me to reinforce to all of you the value of getting away and getting fresh air and goofing off once in a while for everyone's wellbeing. So, that's her message in her actions, as opposed to her words this week.

Trish Kritek:

Heads up to the panel, Anne is usually monitoring the chat for me. So, if there's stuff that comes up that you think I should know about, you can do what she does, which is text me and see if I can manipulate all that data at the same time.

Trish Kritek:

I also want to say at the beginning, I'll say it at the end again, we're actually going to take next week off, and we'll be back again on the 12th. Again, I'll say this again at the end, but we're going to invite a special guest, Dr. Danielle Zerr, who is a pediatric ICU doc. So, we can do some ask a pediatric ICU doctor at the end of town hall next time, because we've had a lot of questions about kids going back to school and kids interacting with their grandparents and things like that. So we thought that would be a good idea. A couple of things for the 12th just so folks know about it.

Trish Kritek:

Pediatric ID. Did I say ICU? Good lord. Everyone's nodding at me. Yes, she's a pediatric ID doc. Sorry, didn't mean to suck you into the intensive care world.

Trish Kritek:

All right, so with no further ado, Tim, I was going to start off today talking about finances because there have been a bunch of questions about finances, but after I got myself prepared last night, a lot of things happened overnight. So, there actually were questions in the inbox this morning about it. People heard about a lot of vaccines being given overnight at UWMC to campuses. So, I wonder if you can talk about what happened and why.

Tim Dellit:

Yeah, it was a very active night, and I have to say it's another reminder to me of just why I am just so proud to work at UW Medicine. We have such amazing colleagues. I can't say enough about the people who responded last night. Sometime around 9:00 we learned about another health care system that was having issues with their freezer, and they had essentially 1500 doses of Moderna vaccine available that was set to expire by 5:30 this morning on Friday. So they reached out to us, they reached out to Swedish. We split those doses, and fortunately we still had our clinic at UW Medical Center that was still up and running at that time of the night, and so we quickly mobilized. We called in a number of volunteers, and we set up all night essentially vaccination or at least until the early morning both at the Montlake campus and the Northwest campus.

Tim Dellit:

It was just a truly phenomenal response. It was also in coordination. The governor's office was involved. For instance, they reached out to teachers, grocery store workers. Public health was involved, and given the fact that this was going to expire, we had coordinated with them, because we tried to stay as much as possible within the criteria. We did that by calling out people who were 65 and older and blind and put them to the front, but we also did not want to waste any vaccine. So that's why there was an expansion into some of those next tiers of individuals to, again, try to do as much as we could within the guidelines, but ensure that we did not waste any vaccine. We succeeded in that measure.

Tim Dellit:

We collectively gave an additional 800 plus doses last night. Swedish, I think gave another 700. So again, just a fantastic response from our community.

Trish Kritek:

Outstanding. Amazing. I happen to know that both Keri and Cindy were ... I don't know if you were actual vaccinators. I think you were, but definitely were a part. So Keri, you were giving vaccines? And Cindy you were-

Keri Nasenbeny:

I was. It's a testament that I'm still teachable. It's been 20 years since I've given a vaccine. So, definitely teachable, and anybody can do it. Any nurse, pharmacist. We welcome you all in the clinic.

Trish Kritek:

I know that that's true, because I-

Keri Nasenbeny:

And physician. Sorry.

Trish Kritek:

Yeah, I know. Thanks. Yeah, even docs can do it, and I gave vaccines earlier this week in the UWMC Montlake clinic. Cindy, it sounds like you were herding cats.

Tim Dellit:

We had surgeons. We had surgeons vaccinating earlier this week in the Montlake clinic.

Keri Nasenbeny:

Yeah, Dr. Simon showed up last night at Northwest and gave vaccine, too. Yep.

Trish Kritek:

A huge kudos to everybody. I think this was outstanding rallying to meet the need and get people vaccinated. It's really inspiring. So, thank both of you, but thanks to everybody who was part of that effort. It was really impressive.

Cindy Sayre:

Trish, can I add one thing?

Trish Kritek:

Please.

Cindy Sayre:

It was one of my favorite times in my 20 years of being here. One of the things that made it really special was that this was a complete surprise to people. This wasn't people coming for their scheduled appointments, and as the newspaper article that Keri was featured in says, some of these people have been trying for weeks to get an appointment. So, that part was also just heartwarming, exciting. It was definitely a great energy about it, and I'm immensely proud of our team.

Trish Kritek:

Thank you. Honestly, it is really inspiring story. So, thanks to everybody involved and thanks for talking about it. I'm so appreciative of all of you.

Trish Kritek:

Tim, let's stick with vaccines for a little bit since we started on vaccines. There were, of course, questions about how many vaccines we have administered so far, and maybe you could comment on that to start with. I have a bunch of questions about, "And now what else do we have for people who are wanting to get vaccinated?"

Tim Dellit:

Yeah, absolutely. Overall, we've given now I believe over 57,000 doses including, I believe, over 44,000 first doses. So, really phenomenal effort. I do want to frame where we are overall, because we've talked about the challenges around the supply before. It still remains unpredictable and limited. Even though we had that burst unexpectedly last night, overall it is still very limited. Earlier this week, unfortunately, and we put this on their website, we had to pause further scheduling of first doses. Now, we had already scheduled first doses through the end of February. So, quite a ways out over the next four weeks, but until we have a more stable supply chain, we have paused, at least temporarily, further scheduling of first doses.

Tim Dellit:

Everyone who is currently scheduled, we still plan to give those doses, particularly the second doses. So, I just want to reassure people we know that we have enough vaccine for this next week. People have heard some places, unfortunately, have even had to start canceling some of their appointments. We

don't have to do that next week. It's going to be week by week. We'll reevaluate at that point and develop a plan if we need to, but for right now we're good through next week. We're committed to the second doses, but we are having to pause further scheduling of new first dose appointments.

Trish Kritek:

Okay, so I think you answered the second question I had, which is no one's been canceled yet, but we're not scheduling new first doses for now. It's a week-to-week supply. Did we get a new supply for this coming week? Is that what you're saying as well?

Tim Dellit:

We did, yeah. We are good for next week, which is very reassuring.

Trish Kritek:

I think following up on that, I think the other thing I heard you say is we're committed to the second dose for everybody who's gotten a first dose here. There are people who've gotten a first dose in other places who are wondering if they can get a second dose here.

Tim Dellit:

We're really encouraging people to get that second dose where they got that first dose if at all possible largely from a tracking standpoint. Remember, the CDC did expand that you can get that second dose within six weeks. So, there is more latitude there than originally we were really focused on that three weeks or four week window. There is more window of opportunity there.

Tim Dellit:

So, in some situations, other health systems may delay for a week based on their supply. That's still okay. Again, right now we're not changing any of our second doses. We think that we'll continue to have adequate supply for that. The real challenge will be as these other mass vaccination sites get set up around the state and the allocation shift from the hospitals to those mass vaccination sites occurs, it's impacting our ability to do the first doses.

Trish Kritek:

So, as the supply changes, we're going to have to keep reassessing first doses, particularly as we open up the mass vaccination clinics, which we're not opened yet.

Tim Dellit:

Right.

Trish Kritek:

I have two groups that I wanted to follow up with you on specifically. What about new frontline workers, the folks that we vaccinated at the beginning? Can they get in to get their first dose?

Tim Dellit:

New-

Trish Kritek:

Like EMS or firefighters.

Tim Dellit:

Yeah, the 1As, again, that are scheduled are still there. We aren't scheduling new doses right now, though, for either of those groups. We just don't have the capacity at this time.

Trish Kritek:

So, neither group. Okay, thank you. I think the answer I already know, but I'll ask, because it came up. How about inpatients? Are we doing any inpatients yet if they fit into the 1B?

Tim Dellit:

Yeah, there's been discussion even like with the end of the day to ensure that we don't have wastage of doses if we have leftover doses. There was actually some discussion last night. I'm not sure if that actually came to fruition, but we've been thinking about how to incorporate potentially inpatients. So at least at the end of the day, end of the clinic time if there are leftover doses.

Trish Kritek:

We've been talking about using leftover doses at the end of the day. I see Keri and Cindy nodding. I'll just have you-

Keri Nasenbeny:

Yeah, we have a process at Northwest where care management works with the hospitalist to identify patients ahead of time, and then when we have extra doses at the end of, there are patients that fit into that tier 1B. Or I suppose I guess it could be 1A, but mostly that 1B we're using those. We also focus, too, on the psych unit because of some of the challenges we've had there. So, that's been working really well. I don't know, Seth, if you had anything else to say about that, but ...

Seth Cohen:

No, I completely agree.

Trish Kritek:

Cindy, is the same thing happening at Montlake?

Cindy Sayre:

No, it's not quite yet. Our focus was on expanding capacity and making sure those processes were solid. That said, I'll say that the vaccine staff and the charge nurse make sure that those doses are not wasted. We're calling in staff that are on a call list and hope to start vaccinating patients when we can. It's a little bit more complicated.

Santiago Neme:

Yeah, Montlake has been giving 860 doses a day. Insane.

Trish Kritek:

It is really impressive. I will just comment that I did do vaccination on Tuesday evening. They did let me hold a needle and deliver vaccine to some of our employees as well as some members of the community. It was awesome. They then said, "Maybe you'd be better off just drawing up syringes." So then I got sent off to just draw up syringes, and I didn't take it personally. Then I got to call people to say come in now to get vaccinated, which was awesome as well. I did this whole potpourri, but amidst that, I saw the charge nurse and the kind of second in command doing these counts to really keep track of everything and make sure that we didn't waste anything. Honestly, we'll talk more about volunteering later, but I encourage everybody to do it. It was a great experience and super affirming. Sounds like last night was even better, but just a regular volunteering was good.

Trish Kritek:

Okay, I'm going to come back to more vaccine questions later. I will hopefully come back to some finance later for you, Tim, as well, but I want to get to where we stand with current numbers. Seth, I'm going to turn to you. Maybe you could tell us what's going on across UW Medicine and a big picture on the state of Washington.

Seth Cohen:

Yeah, sure Trish. I'll try to keep this brief, because we have a lot of exciting topics to get to. The total number of infections in our state is still high, but this does seem to be trending down. It's finally dipping down below about 2,000 new cases a day, which is really nice to see. In King County, our test positivity rate is still about 6.6%, but we're making a lot of improvements in areas like hospital admission rates and ICU capacity.

Seth Cohen:

As you know, Governor Inslee has updated his roadmap to recovery, and so the Puget Sound region will be moving to phase two next week, which makes me a little anxious, but I'm glad to see that we're heading in the right direction.

Seth Cohen:

Across UW Medicine, we have about 51 total patients who have COVID, and that is down from mid-December when we were at 124. So, big decrease.

Trish Kritek:

I think that's awesome to hear. Locally we're way down, and I feel that. Then across the state we're coming down, too. Moving into phase two next week with a little bit of, "Let's remember to mask and physically distance and wash our hands," because it's a little nerve-racking.

Seth Cohen:

I do want to say in employee health we've been celebrating lately for the last week or so that we've really only had somewhere between zero to one staff member a day test positive for COVID.

Trish Kritek:

That's wonderful news.

Seth Cohen:

So our baseline right now over the past week is about 1.8%. So we are all really thrilled. None of the staff who tested positive were fully vaccinated to my knowledge, meaning they had both of their shots and it's been two weeks. So, we think a lot of this is vaccine effect, and we're just thrilled to get to this point.

Trish Kritek:

It's great to hear we think that the vaccine is helping. That's awesome.

Trish Kritek:

I think the most common question that we had this week was should I double-mask. Should I double-mask at work? Should I double-mask at the grocery store? Should I double-mask when I'm going out and about? So Seth, I know you answered this question at a more gust interviewer than me recently. So maybe you could tell us your thoughts on double masking.

Seth Cohen:

Yeah, I'm happy to. I think Jeff Duchin, our public health officer, may also make some comments about this in the near future. I got to say I love that the conversation has switched from should I wear a mask to how many masks should I wear. I think people are realizing that the flimsy fabric may not be good as some of the thicker, higher quality, multilayer masks that people wear, particularly masks that really have a good fit. That's what we want. So I'd say in general to me it doesn't matter how many masks you wear. We still see people wearing hospital-grade masks, but they're below your nose, and that doesn't help anybody.

Seth Cohen:

What we want is really people with multiple layers of fabric or material between their mouth and their nose in the outside world and a mask that fits their face. I'll just remind people that these medical-grade masks that we wear in the hospital, these are three layers, and they really provide excellent protection. So, I don't foresee any changes with our hospital PPE in the near future.

Trish Kritek:

So wear our masks appropriately that fits and covers you, keep it over your nose. Two, have multiple layers, but that could all be in one mask and often is, and our surgical masks that we wear are three layers. Or I guess a cloth mask that has multiple layers. That seems like to be the recommendation. Is that right?

Seth Cohen:

Yep, that's right.

Trish Kritek:

So people are wondering about two masks, but they're also wondering about less eyewear. Multiple questions, again, about now that I'm vaccinated, and a lot of us are vaccinated. You just told us people are getting infected less. Do I still need to wear those little side things that I put on my glasses or shield or whatever?

Seth Cohen:

I completely understand where that question's coming from. I think all of us are getting frustrated with foggy eye protection. That can be a pain, but I would just say with our community rates as high as they are, we are just not ready to back down on our PPE and let down our guard quite yet. So maybe at some point in the future we can start to decrease all the burdensome requirements that we've put in place, but for now we're staying quite vigilant.

Trish Kritek:

Okay, numbers are high enough in the community that we're still going to stick with the requirements around PPE that we have. Happy to continue to look dorky.

Trish Kritek:

This is the thing that I think people are all thinking about. Any updates on this concern that you could be vaccinated and still be asymptomatic and spread disease? John's talked about like, "Yeah, it seems like it would make sense that you don't do that, but we don't know that." So, I'm going to keep asking this question, and you're in the hot seat today. Is there any evidence that I know that I'm not going to spread disease now that I'm vaccinated?

Seth Cohen:

Yeah, really hot topic. I'll just come out and say I fully expect that the data will likely show that vaccines decrease transmission. We don't know what degree this will be. So we are also awaiting more data and publication of the studies. I think they will likely block transmission to some degree. We just don't know.

Trish Kritek:

Okay, so it sounds like you and John are on the same page, that biologically it seems to make sense. We don't have the evidence. So we're sticking with kind of where we are until we have that evidence.

Seth Cohen:

Yep.

Trish Kritek:

It brings up the other topic that I think ties into the double-masking as well, which is unbelievably common in the popular press right now, which is these new variants and the concerns about two things, which I'll ask you about, that the standard things like wearing masks and physically distancing and whatnot are still protective against those. Then the second part, which is a harder one: And are the vaccines protective against those strains?

Seth Cohen:

Yeah, this is also a tricky one. I would just remind folks that there's nothing magical about these variants. They're not able to suddenly penetrate our masks any more efficiently or jump long distances. So, all of the public health measures that we've put in place are going to be effective against these variants. The challenge is they could be more contagious, and so even with our numbers coming down in the community, we still really need to fight the COVID fatigue that all of us are experiencing.

Seth Cohen:

I think that the challenging question is whether they could evade vaccine-induced immunity. For the most common variant, the B117, which is the one that was found in the UK. So far we think that Pfizer, Moderna vaccines are going to remain very effective against this variant, which is great news.

Seth Cohen:

There are some other variants that are out there. There's one that was found in South Africa. There's one that was found in Brazil, and they're also finding their way to the United States. I think we don't have quite as much information about these. There is some suggestion that the ability of the antibodies to neutralize them in the test tube may be slightly decreased. On the other hand, these vaccines are so effective that are antibody levels are super high to begin with after you get these vaccines. And so whether there is a little bit of a decrease in that efficacy, whether that truly plays out in terms of decreasing how effective that vaccine is, we just don't know yet.

Seth Cohen:

So, Pfizer, Moderna, and other companies are looking into whether a booster dose might be necessary, but there's no recommendation on this yet. They're still exploring it.

Trish Kritek:

Okay, still learning. Sounds like feel pretty good about finding the UK variant. Less clear about South African and Brazilian, because I can't remember those letters and numbers for them. So, I'm going to go with the countries there. More to come, and maybe we will be thinking about boosters.

Trish Kritek:

Okay, I'm going to ask you three more, Seth, and then give you a break. I know this is right up your infection prevention alley. Now that I'm vaccinated, if I get an exposure, do I still need to quarantine like I did before?

Seth Cohen:

I think some changes on this may be coming. My hope is that in the near future we won't have to put people on home quarantine for high-risk exposures that happen at work. Okay, so that's for workplace exposures. That would be great. That is my hope. There's nothing firm about that.

Trish Kritek:

We're not there yet, but probably for workplace exposures in the future, you won't have to quarantine. Not yet.

Seth Cohen:

Not home quarantine.

Trish Kritek:

Home quarantine.

Seth Cohen:

We might have people do a work quarantine, which means a series of testing and making sure that they're still being very vigilant, but not being out of work for 14 days.

Trish Kritek:

Thank you for clarifying that.

Seth Cohen:

Yeah. For people whose exposures are in the community and particularly household exposures, those are still really high risk. I don't anticipate those policies changing in the near future. And I would say we've seen several people test positive for COVID between the first dose of vaccine and the second dose of vaccine. I just want to remind folks that even after you get your first shot, you still don't have maximal immunity. That's just not a time to let down your guard.

Trish Kritek:

Okay, so that last part I think I'm going to highlight. That is we've seen people get infected between dose one and dose two of their vaccine. So we need to stay vigilant. Thus, if you're at home and have an exposure at home even if you've been vaccinated, we're going to still say you quarantine like we have.

Seth Cohen:

Yep.

Trish Kritek:

Okay, thank you for that clarification.

Trish Kritek:

Two questions about should I give the vaccine. The first one is I had an allergic reaction to antibiotics in the past. Can I get the vaccine?

Seth Cohen:

Yes, you can.

Trish Kritek:

Yes, you can.

Trish Kritek:

This one's harder. I had Guillain-Barre when I had a vaccine before.

Seth Cohen:

You can still get the vaccine. There's no association with Guillain-Barre according to the CDC, and so even if you've had Guillain-Barre in the past, you can still safely get the mRNA vaccines.

Trish Kritek:

Wonderful. So yes to Guillain-Barre, which is pretty rare, and yes to antibiotics with an allergic reaction. More common. Both are fine.

Seth Cohen:

Yep.

Trish Kritek:

Thank you.

Trish Kritek:

The last question I have for you, Seth, is something that actually we talked about a while ago with Santiago. You're here now, and I think you actually looked into this. We had this outbreak on 4NE at UWMC Montlake and a lot of worry about that. I'm asking you because I actually know already that there was further investigation into the outbreak, and I wondered if you can give an update to the group on the investigation into that outbreak.

Seth Cohen:

Yeah, I really appreciate you asking about this. Some of you might remember that we did have a cluster of infections on our 4NE unit at Montlake. At the time, the genesis of those infections was not clear, but in the interest of transparency, we sent an email to all staff at the medical center explaining the situation and really acknowledging that there is potential for patient to staff transmission that happened.

Seth Cohen:

Since then, we've continued to work with public health and the virology lab, and we actually compared all of the different sequences of the viruses to each other. We were actually able to identify that this cluster unfortunately could likely be traced back to a staff member who worked for several days while they were contagious. And so it gives me no pleasure to say that, but I do think it's really important to correct the record publicly since we did widely distribute a message about this. I think the message generated a lot of inquiries about how protecting is our PPE, particularly when people assume that there was a patient to staff transmission.

Seth Cohen:

I'll just say in the bigger picture, this really fits with our themes of just about every outbreak over the last year and reinforces the fact that the riskiest interactions are often with our colleagues. So we need to continue to remain vigilant when we're around our colleagues.

Trish Kritek:

I appreciate the work. That's a lot of detective work, and I think the take-home is it was from a symptomatic staff member or an infectious staff member, which is not the take-home. I think the take-home is really that we feel more reassured about our protection of our folks in the hospital that were not transmitting from patients to staff, and that I think was pretty scary for people and raised a lot of questions. So, thank you for clarifying that.

Seth Cohen:

And the other take-home for me was just how supportive not only the manager on 4NE, but all of the unit managers were covering for each other and supporting each other. It's just really a very collegial response to that.

Trish Kritek:

Thank you. That's another very nice take-home.

Trish Kritek:

Santiago, we missed you last week. I wonder-

Santiago Neme:

Yes, we did.

Trish Kritek:

... if you want to tell us why you weren't here.

Santiago Neme:

Yeah, so apologies for missing Town Hall. I had kind of a pretty rough 36-hour period. On Thursday of last week, at 8:00 AM I got my second dose of vaccine. I proceeded to work all day, and then that day, kind of early afternoon I started to feel very tired and somewhat achy. I came home, and then I started to get a mild headache and maybe some chills. Then I checked my temperature. Low-grade fever, and I'm like, "Okay." Then I get this profound fatigue, and I go to bed. The next day I wake up with a pretty bad headache.

Santiago Neme:

The good part is that it really ended at 36 hours, and at 48 hours when I woke up the next morning, which was Saturday morning, I felt back to normal. So in a way, the reason I think it's good to tell this story is that a lot of us somewhat suffer alone. I know that this was kind of transient. I think a lot of us don't like to tell folks when we're not feeling great, and one of the repeated messages that I was getting from colleagues was like, "You're not alone. I felt the same way."

Santiago Neme:

In terms of what I did, because we've been talking a lot about analgesia and anti-inflammatories, and I honestly was surprised that after a couple of doses of Tylenol my body aches were better. I did take a dose of Naproxen when I woke up with a headache the next day, which is what I take when I have a headache. Again, I wanted to emphasize that there's no contraindication to treating symptoms after vaccination. We don't recommend pre-treating with medications before vaccination. I would basically just start gradually. Compresses if it's local, maybe some range of motion type of exercises if it's my arm.

Santiago Neme:

In a way, I feel like the other thing that came up in these conversations with colleagues was, "Well, I didn't feel that. Does that mean that the vaccine did not work for me?" I think that's a common concern, and I don't think we have any evidence to say that if I felt it more that means that I have more antibodies. Definitely when you look at the studies of thousands of people, it was a highly efficacious vaccine. So, I kind of wanted to share that it wasn't pleasant. I was pretty much out of commission for maybe 30 hours where I couldn't be in the meeting, but I felt completely fine 48 hours later. I strongly recommend the vaccine to everyone.

Trish Kritek:

Well, thank you for sharing that. I know that you felt crappy, because I know you wouldn't have missed Town Hall unless you felt crappy. I'm really glad you felt better. I think you took Tylenol and some

Naproxen. I also took some Naproxen. I think it's fine to do that. Tim might want to take it tomorrow, because he got his second dose today. So, we'll be checking in on him later.

Trish Kritek:

Thank you for sharing that, because I do think it's important for people to know that you do feel bad, but then you feel better, and you would be vaccinated again. Did you get Moderna or Pfizer?

Santiago Neme:

I got Moderna, but just in talking with colleagues, you can see that people who got Pfizer, some got the same reaction. Trish, you got Pfizer, right?

Trish Kritek:

Yep, I got Pfizer.

Santiago Neme:

Shireesha was sharing some preliminary information that she got from CDC. So I think soon we will have the complete set of data from the V-safe app that we've been filling out. So it'd be great to have that summary when it's done.

Trish Kritek:

Yeah, we'll bring that forward. That's a great point. Thank you.

Trish Kritek:

Santiago, while we're talking, there are some questions about how we're doing vaccine outreach to folks who either don't use eCare or are homebound or don't speak English as their first language. I wondered if you could comment on how we're doing outreach to make sure that more vulnerable populations are getting opportunities for vaccine with a caveat of what Tim said before.

Santiago Neme:

We were working with the contact center and with our clinics doing a lot of outreach. Oftentimes when I think about the patients that I see at Harborview, most don't have eCare. 20% of my patients don't speak English. So, it's really an issue, and relying on eCare alone is a problem. So there's a lot of emphasis from the contact center and the hospital administration in reaching out. There's also some plans to do some more outreach into the community. So far we've been leading a lot of these vaccine safety discussions for UW Medicine in English and other languages, but now the plan is to do this more for the community and the public. We're working on that, and we're also evaluating a strategy instead of drawing people in where that we can go to their place, because there are people, as you said, homebound who won't be able to come to us. So, there's a huge emphasis on really administering and delivering care in an equitable way.

Santiago Neme:

Paula Houston and Tim, we're all really involved and Cynthia in looking at what are the percentages, how are doing in terms of is this mixed enough or are we still vaccinating those folks who have eCare and have a car. So we're thinking about strategies that don't rely on vehicles, that don't rely on phones or computers. So, there's a huge emphasis on this group.

Santiago Neme:

We have a vaccine equity group that meets twice a week, and we're working closely with communication. We're trying to capture all the videos we're making and putting them online for folks to access. I think we're on a different stage where it's going to get more interesting, because we're going to be more in the community as opposed to inward.

Trish Kritek:

Okay, so that's a lot of really great stuff. We have a vaccine equity committee that's meeting on a regular basis, we have the local discussion about vaccination in a lot of different languages, and we're going to try to start broadcasting them out to the community so that we'll reach more people. We're in discussions about getting the vaccine in a mobile strategy over time, and we're keeping track of our numbers to see where maybe there's underlying inequities that we need to address. Yes?

Santiago Neme:

Exactly, yeah.

Trish Kritek:

That's great work. Thank you and thanks to Paula Houston as well for partnering on all of that.

Tim Dellit:

Trish, I just wanted to also add there's a lot of conversations with the city and the county as well around this issue. So I anticipate there's going to be partnership to really help really address this issue of getting vaccinations to vulnerable patient populations. I know King County announced they're going to be opening sites in Auburn and Kent on February 1st. They also are looking at various mobile and other alternatives.

Tim Dellit:

I think, again, some of this will get sorted out here in the next couple of weeks, but there's a very clear recognition that we have to continue to keep our eye on this equity issue.

Trish Kritek:

Wonderful. So partnerships with the state and the county opening sites in Auburn and Kent, which has been a question before. And then thinking about mobile. Thanks.

Santiago Neme:

Yeah, and we already have a really good partnership, but we're waiting for those details that Tim was just mentioning. Where are the sites going to be? How many people? How can we augment that? How can we partner? What are their needs? To try not to do everything from scratch, but more of a partnership that has strategic idea.

Trish Kritek:

A strategic partnership. Excellent.

Santiago Neme:

Exactly.

Trish Kritek:

Okay, thank you. That's really helpful. I have one more question for you, Santiago, before I pivot to our chief nursing officers. Someone wrote in, "I know that young people can't get vaccinated now, but I have a young person in my family who doesn't think they need to get vaccinated, because they're not going to get sick." Would you recommend to young people when it's their turn to be vaccinated?

Santiago Neme:

Absolutely. No hesitation. Everyone should get vaccinated if it is their turn and they meet criteria. Anybody over 16 or 18 currently would meet criteria, depending on the vaccine.

Santiago Neme:

We've seen some pretty tragic, and you know, Trish, being an ICU doc some pretty bad cases of people who are just completely normal and die from this. So, I would take this very seriously. It's definitely worth it, and we have currently two amazing vaccines, and there's more coming. We're already know there's J&J, there's AstraZeneca, et cetera. So, there's a lot of exciting news.

Trish Kritek:

J&J is Johnson & Johnson. Okay, so the answer is yes, you should get vaccinated. Partly I think because you can get really sick, and I would affirm that we have had very young people in the ICU. And maybe also because of the kind of impact on the folks around you if you should-

Santiago Neme:

Exactly. That's probably a bigger point that when we get vaccinated for the flu, I don't think about myself as being the main benefit. It's more about the cancer patient who I'm interacting with at the grocery store, and I might kill that person if they get the flu. So, it's that part of it, yeah.

Trish Kritek:

It's taking care of each other.

Trish Kritek:

Okay, I'm going to turn to the chief nursing officers before they fall asleep on me. Kari and Cindy, I'm so glad you're both here despite working all night. I think you already answered my first question, which was do we have wait lists at our vaccine clinics. It sounds like ... Well, actually I'll ask it. Keri, do we have a wait list for folks?

Keri Nasenbeny:

We do have a wait list, though I think our priority really is to vaccinate the tier 1B inpatients. That's been our first priority, as well as our psych unit, because of the high risk nature of most of those are in the geriatric population. Really focusing on those top populations at the moment.

Trish Kritek:

Cindy, is there a waiting list at UWMC?

Cindy Sayre:

Yeah, there is currently. We are going around the units and trying to determine who might be eligible for a dose if we have extra. I think we will be pivoting to a patient strategy. So, I don't know how long this will go on.

Trish Kritek:

Rick, you might not know, but do you know if there's a wait list at Harborview for the vaccine clinic?

Richard Goss:

I know that we have had to roll back a little bit because of the pause. I think by definition there is a waiting list.

Trish Kritek:

Awesome. Cindy, do you know how much we currently have of vaccine that's wasted?

Cindy Sayre:

I do. I'm really proud of UW Medicine for transparency around wasted vaccine, and it's been pretty rock solid at 0.01% for the last several weeks. So, we are good stewards of this vaccine.

Trish Kritek:

That is awesome. Like I said, the efforts I saw were impressive. 0.01% is remarkable.

Trish Kritek:

Do we still need volunteers for vaccine clinic? I see nodding yes. So I'm going to go the circle. Keri, is there any change in how people can volunteer to help?

Keri Nasenbeny:

We're still working on the process for community volunteers. If you're somebody in the community who's not affiliated with UW Medicine, don't currently have a faculty or a staff position, hold tight. That should come out soon.

Keri Nasenbeny:

For staff, for faculty, we can definitely use you. We now have an online system I think at all of our sites for our vaccinators. So, if you connect with any of us, we can get you that link to sign up for vaccinators if you're a clinical person, a provider, a pharmacist, a nurse, et cetera. For non-clinical volunteers, for Northwest you can reach out to me, and that's probably the easiest. Then I'll funnel you on to somebody else just to be frank. Rick and Cindy can speak to how that would work at Montlake and Harborview.

Trish Kritek:

I'll go Cindy and then Rick.

Cindy Sayre:

Yeah, well I did see one of the questions about are we going to adopt a tool, a volunteer scheduling tool like Swedish has. There is work in that regard. I'm not exactly positive about what the progress toward

that is, but we realize that what we have right now is a little clunky. So, we have some room for improvement there.

Cindy Sayre:

At Montlake if you are an employee, you can email Cynnie Foss and I will look for her email right now and put it into the chat to everyone (fossc@uw.edu).

Trish Kritek:

Okay, so emails, working on an electronic tool. Rick, at Harborview?

Richard Goss:

Similar in that at Harborview we're aiming for approximately 500 vaccinations per day. With the initial call for volunteers plus some staffing positions, we're pretty much keeping up with that, but still really looking at that internal already employed group.

Richard Goss:

As people from the broader community have expressed interest, we're certainly keeping track of those individuals. Of course, if our vaccine numbers get to expand perhaps some additional sites, we would definitely want to engage a broader group of people.

Trish Kritek:

So you're doing pretty well at Harborview, which is great. Keeping track of folks who are volunteering from outside and potentially will need more.

Trish Kritek:

I've seen stuff come from the chat. People watch this recorded. If someone's out in the ether listening right now and wants to email it to my email, I'll put it into the email that goes out tomorrow morning so we can get all of that information to everybody who watches the recording live, because I think there's lots of people who want to volunteer, and I think just to say it out loud again, you don't have to be a clinician to volunteer. You can be staff, and we have jobs for everybody. That's great.

Trish Kritek:

Keri, you suggested that you relearned giving vaccines last night. Some folks asked about would we consider doing some kind of broad scale teaching of how to do an IM injection so that we can get more people trained? Is that something we've considered?

Keri Nasenbeny:

I do believe the School of Nursing is doing something like that, and maybe, Cindy, you can speak to that. At Northwest, this was probably the third time I've given vaccines, and it was sort of see one, do one, teach one. A little bit more than that, but I think as a nurse you remember how to do it. But you just work with somebody for a few times and figure out the workflow, but I think that maybe ... And Cindy, can you speak to the School of Nursing and what they're doing. I think they are putting together a class for folks, and that's a little bit more in-depth than ...

Cindy Sayre:

Yeah, a vaccine bootcamp they're calling it, and you get a card that says you're competent. I will try to bring that information back next week. I don't have it right off the top of my head of how you can access that, but I think if you go to the UW school of nursing site and type that in, you'll find it.

Trish Kritek:

So vaccine bootcamp School of Nursing. If we don't get it now, we'll get it out to folks later. Thank you. That's great.

Trish Kritek:

Last question for Keri and Cindy. Questions about changing our visitor policy both for the outpatient setting and for the inpatient setting. Are we thinking about changing our visitor policy as more people are vaccinated now?

Cindy Sayre:

No.

Trish Kritek:

I see the head shaking.

Cindy Sayre:

No. For really the reasons that Santiago and Seth have stated about our understanding of transmission of disease even once you're vaccinated. Even if we find out that vaccination decreases the risk of transmission, just the logistics of checking everyone's vaccination status that comes into the hospital would be not feasible. I think it's more in line with what the community transmission rates are, which is what we've been doing all along.

Trish Kritek:

Okay, so because we still see numbers in the community the way it is, we're not changing our visitor policy relevant to what I think folks have said earlier today. Thank you. I think people will keep asking. It's a big impact to not have more people with you when you go to an outpatient visit, and it's a big impact for folks in the inpatient settings. So we'll keep checking in about that.

Trish Kritek:

Rick, you said that Harborview is doing up to 500 vaccines a day. One of the questions was, "What are we doing about the folks who may be volunteering if they need to park when they come to Harborview?" Do you know they should do for that?

Richard Goss:

Well again, when you say those that are volunteering, at this stage those are going to be predominantly people who are employed.

Trish Kritek:

So they're okay?

Richard Goss:

Yeah, and in terms of patients-

Trish Kritek:

Yep, that was the next one.

Richard Goss:

... who come to get vaccinated, I checked on that. There's some kind of rules and regulations, and there's also the physical space capacity. At this point, the way this is framed is this like coming to the clinic or the hospital as a patient, and right now there's no adjustment or protected space for that. So, that's the current state of parking.

Trish Kritek:

Nothing special for parking. Parking is as if you were a patient or getting there without your car in some capacity.

Richard Goss:

Correct.

Trish Kritek:

Last question for you, Rick. I think this is kind of similar to the other things we've talked about. Someone asked are we doing in person didactic teaching for residents yet.

Richard Goss:

Yeah, that's a great question. With the hope that we're really starting to feel with the vaccinations and with the stabilization of the numbers, it's a very obvious question. I do think, though, that at this moment in time with still a lot of focus on just managing that community rate, still kind of working on surge issues, some of the uncertainty around the variants and our different precautions all lead us to right now to really uphold our current policies around very few people in a room, distancing, et cetera. For sure, we all look forward to getting back to that more normal with great attention to our residents, our trainees, and just all disciplines and really all groups that meet, but we certainly want to get there. I don't think we have an immediate plan yet to change that.

Trish Kritek:

So, not face-to-face didactics yet, but understand the reason people keep asking and how we want to get there. Thank you.

Trish Kritek:

Seth, I'm going to come back to you, and then, Tim, to you with some more questions. You might have seen Town Hall or not, but John said something about how we should change our masks after we take them off. He and I have talked about that for the last two weeks. Someone said, "Is there actually a policy that says this? Is it written down somewhere?" Because they can't find it.

Seth Cohen:

It is actually a policy, Trish. We have extended use masking, which is what we expect folks to do. This is actually a regulatory requirement. Anytime you take off your mask if you're using one of these

disposable masks and you're in a clinical area, then you should be getting a new one to put on. So, after you take a break to get a sip of water or some food. This is in our PPE policy, and I can dig up the link for you if that would be helpful.

Trish Kritek:

Okay, so PPE policy on our intranet compendium of policies.

Seth Cohen:

Yep.

Trish Kritek:

Okay, I think people can try to find it. If they can't find it, they know where to find me.

Trish Kritek:

Speaking of masks, we also have talked about the fact that there's almost no flu. So, the one question someone asked was, "Does that mean that masks are more effective against the flu than they are against COVID?"

Seth Cohen:

Yeah, it's really been a silver lining that we just haven't had to deal with a real flu season this year on top of the pandemic. Flu is less transmissible than COVID. The R0 for flu is probably one to two, whereas COVID's sort of two to three. And so any measures that we take to disrupt COVID are going to disrupt flu transmission even more. And there's less asymptomatic transmission of flu. So, with our culture of attesting and people not coming to work sick, there's just less transmission of flu in the workplace in general.

Trish Kritek:

So, less infectious and more commonly symptomatic if you're going to be infectious. You used the phrase ARNP. I'm going to ask you to explain that since you said it.

Seth Cohen:

Yes, thanks for asking. It just means the average number of people that you're going to spread an infection to. With COVID, one person is much more likely to spread it to two or three more people. With flu, you're more likely to spread it to maybe one more person.

Trish Kritek:

Okay, so thank you for explaining. That was a beautiful explanation of that ID talk.

Trish Kritek:

All right, Tim, I had said at the beginning I was going to ask a couple questions about finances. Over the last couple of weeks we've had more questions about wanting to know how we're doing financially. Maybe you could just give a little bit of a picture of how we're doing financially right now.

Tim Dellit:

Yeah, and I want to do this in comparison to our experience last spring. Last spring when we had our first COVID-19 surge and we got up into the 120s across our system in terms of inpatients, we turned off our non-urgent surgeries and procedures, and there was a governor's proclamation. We decreased our OR volumes by about 65%, and the overall productivity if we look at work RVUs from our professional billing decreased 48%. So, pretty significant drop.

Tim Dellit:

This time in December, as an example, we also got up to 120 in terms of number of patients, but we did this much more as a dial as opposed to an all off. We did postpone those non-urgent surgeries that required hospitalization, but we continued outpatient surgeries. By doing so, we did see a reduction in surgical volumes, but when I looked at December for both Harborview and UWMC combined across those three campuses, it was about 11 to 12% overall reduction compared to 65%.

Tim Dellit:

Within UWP, our physicians practice plan, our work RVUs were decreased by about 2% in December compared to that 48%. So, that's a big difference. I think we've done a much better job in managing and dialing and balancing the provision of non-COVID-19 care as well. As everyone knows, we've been extremely busy even as our COVID-19 numbers have come down. And so we are in a better shape financially. Overall, however, with that reduction, not unexpectedly the hospitals across the system, we had a three million dollar deficit. Fiscal year to-date, we're about nine million dollars below budget, but not nearly where we were in the spring.

Tim Dellit:

This has been very good. We're still not where we ideally would want to be, but much better management and much better situation financially right now than we were in the spring.

Trish Kritek:

So, the dialing effect has mitigated having those big drops. Smaller drops. Not exactly where we'd like to be with the budget, but pretty close, and overall doing much better than we were in the spring.

Tim Dellit:

Correct.

Trish Kritek:

This next question that came up was, "Are we considering layoffs at any point in time right now?"

Tim Dellit:

No, there's no plan. Again, as we talked about, we did have an agreement with the union that if we get to that position, here's how we're going to manage that, but there are no plans to actually go into furloughs at this time.

Trish Kritek:

No plans for furloughs or layoffs at this time.

Tim Dellit:

No, we're busy. We need people.

Trish Kritek:

We need people. I like that.

Trish Kritek:

Then about merit increases? Will there be merit increases in 2021?

Tim Dellit:

Yeah, I don't know the answer to that. The way it works in our system, remember as a university is first we have to see how the legislative budget goes. Then the university makes their budget, and ultimately upper campus makes that initial decision around merit. So, it's a little early to have that information. Again, it's not a decision that UW medicine makes on their own.

Trish Kritek:

Is that true for staff as well? Or just for faculty?

Tim Dellit:

Yes, yes. We try to keep an alignment. What we do with from a merit standpoint, faculty and our professional staff, but we have to first wait until the decision from the University of Washington.

Trish Kritek:

Okay, thank you. I appreciate the questions from people about finances, because it is something that's kind of in the background all the time. We may get more questions about that, and we'll talk about that more over time.

Trish Kritek:

I'm going to end with a couple quick questions about other mask, quarantine, travel stuff. So, I'll jump to Santiago. Santiago, I think I've asked you this before, but people are asking now do they still need to wear masks when they're in cubicles. Not in the hospital, but in like academic settings.

Santiago Neme:

If it's a shared space, and a cubicle, my understanding is that it's kind of open. So you're in contact to the air, is in proximity to other people. In that situation, yes, you should be masked at all times.

Trish Kritek:

Okay, so we're saying yes to cubicles.

Santiago Neme:

If you're enclosed in your office like you are right now, then no.

Trish Kritek:

Luckily I can not wear mask right now. Thank you.

Trish Kritek:

Seth, you seem to be nodding. So you agree?

Seth Cohen:

Agreed, yeah.

Trish Kritek:

Tim, are there any plans to modify our travel recommendations in the near future?

Tim Dellit:

Not at this time. Again, I think we're still early in the overall vaccination process, and I want to see where the overall numbers go down. Again, keep in mind even though we in Washington state are seeing some reduction in our numbers, we still have a lot of activity around the country still. So, I think it's still early. It's a good question to ask, and we're going to keep looking at that, but no change right now.

Trish Kritek:

Okay, so no change in the travel recommendations. Seth, are we actually measuring antibodies for anybody who is getting vaccinated at this point in time?

Seth Cohen:

No, we're not. We don't think there's a great correlate of immunity right now. So the antibody level isn't going to tell us very much.

Trish Kritek:

So we don't think antibodies will tell us much, and we're not measuring them.

Trish Kritek:

And then one more. I think you or Santiago alluded to this before, but are we tracking adverse reactions to the vaccine? Or are we using this other online CDC tool? What are we doing with adverse reactions to the vaccine? Seth?

Seth Cohen:

Yes, all the above. We're tracking adverse events through the PSN system, and then we review those pretty frequently. We go through all of them. Thankfully allergic reactions are relatively uncommon, but we do need to try to sort out who can and cannot get a second dose of vaccine. So, that's really important.

Santiago Neme:

Seth, isn't there a study that you're participating in?

Seth Cohen:

There are actually several studies that are also looking at rates of reactions in employees and patients, yep.

Trish Kritek:

Okay, so we're studying it, and we're tracking it locally, we're tracking it nationally. Hopefully we can come back and report out what we're finding at some point in time in the future.

Seth Cohen:

That'd be great. We send a lot of information to the CDC, and there's also something called the Vaccine Reporting System. There's also something called V-safe, which all people who receive the vaccine should sign up for. It helps track reactions.

Trish Kritek:

Yeah, use V-safe so we can track of it, and we can learn as a community more and more about reactions to vaccines.

Trish Kritek:

Okay, I think that that will do it for today. I want to acknowledge the three people who have texted me to say that the décor behind me looks different. So, kudos to you for the what's different in this picture. You're right. It is different, and that's because I'm changing offices. I'm moving to a new space. I am happy to say that the office of faculty affairs is going to be an actual office, and will allow us to come together and be with each other. Maybe more when we aren't always working from a lot of the time. I'm really excited about that.

Trish Kritek:

I will also say that this has been a week of reflections for me, because I worked in this office for 10 years. More than 10 years. It is a remarkable thing to think about moving out of space that has been your home in many ways for a long time.

Trish Kritek:

I'm going to use this opportunity to say a special thank you, and that's to family up here on the 13th floor of the BB building. I remember coming here more than 10 years ago and riding up with Robb Glenny to the 13th floor and him saying, "You have an office on this floor." I thought to myself, "Who the heck builds a building with a 13th floor? That has to be incredibly unlucky," and it was the luckiest thing that happened to me was being on this floor. The people on this hall have been my support for the last 10 years, and I am in that reflection of this week, pretty feeling how really important they've been for this for me particularly.

Trish Kritek:

So, I want to give a special thanks to my 13th floor family for all the support they've given me for 10 years and particularly this year. It's really important, and I didn't realize how important it was until there was change. Change is invigorating, change is super important, and sometimes change is hard. So, this is a hard one for me, and I want to give the call out to people who noticed that there was change afoot. So, thank you for that.

Trish Kritek:

I also want to thank Seth. Seth, you are a model of efficiency. You can tell John Lynch that I said that. I want to thank the rest of the panel. I want to do a special thanks to everybody who rallied. Keri, Cindy,

and lots and lots and lots of other folks who were part of that effort last night. That is inspiring to me to be part of UW Medicine.

Trish Kritek:

I'll end by saying a thanks to all of you for taking care of our patients, their families, and most importantly, that's what all this vaccination is about, taking care of each other. Thanks, and we'll see you back in two weeks on the 12th. Remember we'll have a special pediatric infectious disease doctor join us then. Thanks so much. Bye.