

Trish Kritek:

Welcome to UW Medicine, Town Hall. I'm Trish Kritek. Thank you for the encouragement. And it's my pleasure to welcome you to UW Medicine Town Hall. We have our usual panelists who I'll quickly introduce. Santiago Neme, Medical Director at UWMC Northwest. Anne Browning, Assistant Dean for Well-Being. Tom Staiger, Medical Director UWMC. Tim Dellit, CMO for UW Medicine. John Lynch, Head of the Medical Response for COVID and Infection Prevention at Harborview Medical Center. Keri Nasenbeny, Chief Nursing Officer at UWMC Northwest. Jerome Dayao, Chief Nursing Officer at Harborview Medical Center. Cindy Sayre, Chief Nursing Officer at UWMC and Rick Goss, Medical Director at Harborview Medical Center. And I got them all right today. All right, thank you for the positive feedback from the panel. It's my pleasure to welcome you back. We spent last week talking about vaccines.

Trish Kritek:

We're going to spend a bunch of time today talking about vaccines as well, but we're going to touch on some other topics that were questions from last week and this week. And so since we have got a lot to talk about, I'm going to jump right in and hand it off to Anne Browning for her well-being message.
Anne.

Anne Browning:

So I have downhill skied exactly twice in the last four decades and last week I found myself buying a pair of discount skis. See I'm a bit more of like a sun and sand person, and usually my wife and kiddo and I, we try to get out of the Pacific Northwest and get to some sunshine at some point during the winter. But that's not going to happen this year. So why buy skis? The anticipation of change is one of the greatest sources of human happiness and that the expectation of something new or something novel is actually a really powerful thing.

Anne Browning:

And since March, we have largely been kind of robbed or stripped of anticipatory joy. So in fact, we've actually been dealing with a lot of the grief in thinking about the things we lost or the things that didn't occur. The things we had planned that just didn't happen. So having something to look forward to is a major coping strategy. Why? Humans can only think about so many things at once and the more kind of positive anticipatory things we focus on, the less room we have for kind of negative thoughts and feelings.

Anne Browning:

It also fosters an approach to thinking in that I am excited about learning how to ski rather than being sad and disappointed that I'm not laying on a beach. So my little family is embracing the snow this year, and it's something that wouldn't have happened if we were in any other year that was not COVID related. And my wife also gets to reconnect with her New England roots, which I think is kind of fun.

Anne Browning:

So in the next town hall, if you see me in any kind of braces or casts, you'll know how my little kind of winter experiment is going and I hope you all are having great holidays. And that you find some new and novel ways to foster some anticipatory joy as we say goodbye to 2020. So thanks y'all. Trish.

Trish Kritek:

Thank you Anne, that's a great message. And I just want to tell you that you're incredibly valuable to me as a member of my team. So please do not injure yourself when you're learning to ski too badly. A small thing we can manage, but nothing big. Okay, Tim, I'm going to turn to you to start off. By far the most questions we had were about vaccines. One big theme was kind of where do we stand with our vaccination rollout? And I wonder if you could just give us an update on where things stand.

Tim Dellit:

Yeah, thanks Trish, and again, thank you everyone for joining us here and for all the work you're doing again for our patients as well as supporting one another. What an emotional week. On one hand, we continue to see just the devastation of this pandemic with over 300,000 deaths in this country and over 3000 deaths a day. And it's really horrific toll on our families. At the same time, there was hope.

Tim Dellit:

The vaccine brought hope and in many ways of release of emotions that have been bottled up for the past year, we saw that when we started to vaccinate a small number, 13 individuals representing a wide range of roles within our healthcare teams on this past Tuesday. And it was just so powerful listening to them share what this meant to them and their experience over this past year. And it was something that I certainly will never forget, and I was real honored and privileged to be part of that.

Tim Dellit:

Where we are with the vaccines is that after the EUA for the Pfizer vaccine was approved by the FDA last Friday, we did receive 3,900 doses within UW Medicine. Now 20% of those are for our community partners, and we're starting with our EMS partners to ensure that they get vaccinated as well. In the big picture, we're following the CDC recommendations around phase one A which are healthcare personnel and residents of long-term care facilities.

Tim Dellit:

The challenge is how do we operationalize when you have upwards of 10, 15,000 healthcare workers that you are trying to very quickly get through and get vaccinated? And so we tried to start with those individuals who had a direct and regular care for patients with COVID-19. We recognize this isn't perfect and I also acknowledge and understand some of the frustration from groups that maybe weren't part of that first wave and thought that they should have.

Tim Dellit:

And again, this was absolutely no value statement on your contribution and importance to the team. We try to just do this as best we could for those people directly on those COVID-19 units as a starting place and the emergency department. We then plan to continue to expand this out. The rate limiting factor is how much vaccine do we have? And so good news, the FDA advisory committee recommended that the FDA approved the Moderna vaccine yesterday. Hopefully, the FDA either later today or tomorrow will approve that EUA.

Tim Dellit:

Where we are in supply is that we won't learn until this weekend, how much vaccine we will actually receive next Tuesday. So that's why we held on the next wave of group one. And all of this is on the website, by the way, outlining the different groups and when we anticipate registration. Our goal is to release that next wave on Monday, again, depending on how much vaccine we get. The good news is

that if Moderna is approved, that should also be coming next week as well. And that will help in terms of supplies.

Tim Dellit:

Then the following week, we would move into group two through waves. So we absolutely want to get everyone the opportunity to get vaccinated. We want to get everyone vaccinated. And again, I really appreciate your patience as we work through this process. A large army of individuals that have been working around the clock to try to do this in an effective manner and quite frankly, as we're hearing from other healthcare systems, our team's knocking it out of the park. Yeah, there are challenges in terms of how we group things, but from how we have set this up, the team is doing a phenomenal job.

Trish Kritek:

Okay, so started on Tuesday I will just acknowledge that I was unbelievably privileged to be part of that first 13, and because so many people have texted me, I feel great. So if you're wondering if I feel sick, I don't. I feel great. My arm is not even sore anymore. And we started with that folks who work on COVID care units and in the ED. A couple of follow-up, very specific questions. One is, we've said this before, but I want to say it again because the question comes out, what's the spectrum of roles that were part of that first tier of people who were being vaccinated?

Tim Dellit:

All members of the healthcare team, not just physicians and nurses. Respiratory therapy, environmental services, if there was nutrition, dietary, all members of the team that are caring for those patients with COVID-19, there's no differential between them. We also had house staff, residents. We want to incorporate our students as we go forward as well. All members of the team are essential in providing the care for our patients.

Trish Kritek:

Yeah, I know that there was an MA and a PCT who were a part of that group as well when I got vaccinated, as well as a paramedic from outside the system. The other biggest question, and you've alluded this, but I want to address it directly is there's a lot of discussion in the press right now about a 40% decrement in the amount that a vaccine that Pfizer's releasing and people are concerned. I think one that they're not going to get vaccinated. And then two that if they got vaccinated, is a second dose going to be available to them?

Tim Dellit:

Yeah. I think one, you will get vaccinated. I will be honest, we don't know exactly what that means. So there's different views if you look in the media, right? On one hand, the federal government has said that certain states are going to have a 40% reduction. At the same time, Pfizer has said they have no challenges with supply and the vaccine is available. So I'm not entirely sure where the miscommunication is.

Tim Dellit:

Again, until we hear this weekend, we won't know what we actually receive, but I am very confident based on what we've heard from both Pfizer and Moderna that there will be adequate supply to get everyone vaccinated. I think we're just in that initial phase where there's some fits and starts where they get this pushed out to the states and then the states allocate to the various healthcare systems.

Tim Dellit:

But I really anticipate over the next couple of weeks that the flow will be much more consistent and we won't have this kind of stop and start and waiting to figure out how much we're going to get on the next one. But this is the beginning piece and it's not totally surprising. But I honestly don't know what that 40%, if that's fact or fiction, quite frankly.

Trish Kritek:

Okay, more to come on that. None of us know for sure. We'll know more on Monday what we receive. I think the other thing I heard you say is we're hoping that Moderna will be approved today or tomorrow. And then we will be getting Moderna probably next week as well?

Tim Dellit:

Correct.

Trish Kritek:

One of the questions people ask is will they get to choose if they get the Pfizer or the Moderna vaccine?

Tim Dellit:

I don't think there's a significant difference between the two of those. They're both mRNA vaccines. They both have 94 or 95% efficacy. I think the side effects are going to be similar. I think we will use whatever we have to be able to get people vaccinated. I think where the choice is if people are waiting for a particular type, I would think that would be more waiting for either an annual virus vector or whether they want the protein down the road. But I really think operationally, we have to say whatever mRNA vaccine we have available is what we would offer for the individual.

Trish Kritek:

Okay. So probably not a choice, but as we've said before, you can defer and you will get an option later to be vaccinated, maybe there's the opportunity. You've talked about how we're collaborating with the community then 20% of vaccines are going to folks outside of our system in the community, like the paramedics. How are we collaborating with SCCA and Seattle Children's? Because I think people are hearing about different vaccination strategies at other institutions that are partners with us and not partners us.

Tim Dellit:

Yeah. So both of them have their own vaccination programs. So the SCCA as a great example is a separate site. They got 975 doses. We got 3,900 just because four hospital campuses times 975. So the SCCA got vaccine. They're working through, particularly with their staff. We have shared faculty and so our teams are coordinating in terms of ensuring that we get everyone vaccinated and they don't fall through the crack. And then we will work with the SCCA. They may not even use all 975, right?

Tim Dellit:

And so we'll work with them in terms of how do we use some of that to help support additional community partners as well. Similarly, on Children's, they have their own vaccination program. Faculty who are based at Seattle Children's should get vaccinated at Seattle Children's. Again, we want people

to get vaccinated where they are primarily located because of that two doses that they need and the tracking.

Tim Dellit:

And so Children's also has their separate and they have also been in coordination with our teams. There are some subtle differences in terms of how they're working through their employees just based on numbers and different activities. But in general, we're trying to stay as much as alignment as possible.

Trish Kritek:

Okay. So people should get it where they primarily work. We're collaborating with Children's and SCCA, and we're trying to make sure we use everything we have, which I think has been a priority from the beginning.

Tim Dellit:

Absolutely.

Trish Kritek:

I'm going to ask one specific question again, and that is, are we saving a second dose so that we know that you have a second dose? Or how are we making sure that there's going to be a second dose for people?

Tim Dellit:

No, we're told not to save doses at this level, right? Whatever we get we're going through with that first dose. We're registering people for that second dose, but we've been instructed not to save doses for that second. That will be subsequently coming.

Trish Kritek:

Okay, and that's state guidance?

Tim Dellit:

Yeah, state and federal.

Trish Kritek:

State and federal guidance is telling us vaccinate as many people with the first dose. We're feeling reasonably confident we're going to keep getting doses so that people will be able to get their second dose. And we're already scheduling you for your second dose when you schedule the first one. Okay, last question for you. And I suspect the answer is it will be a little bit of time, but I think there's a bunch of people out there who are, think they're in the second tier or whatever we're calling that. And I think the question is, do we have any idea of the timeframe when folks in that tier will start being vaccinated?

Tim Dellit:

Yeah, we've started, if you go to that website again, we've outlined there the next wave of group one would be next Monday, which I believe is the 21st. Then we are anticipating again, depending on the supply, but we're anticipating then we would go to group two, wave one on the 28th and then group two wave two, I think it's on January 4th. So essentially each week going through a next wave, a little bit

dependent on the tricky part is we don't know until literally the weekend before how much vaccine we will get that following week.

Tim Dellit:

So that's why we're scaling it that way. All of that's listed in terms of the groups. Again, they can't be absolutely comprehensive of every job description. We've tried to bucket people. And if there are questions, certainly we're happy to address them, but we've tried to give some context and general guidance. But when you step back, that's amazingly fast. Considering we have been in this since last February, March that in a four-week timeframe, we're going to get everyone their first dose, meaning those individuals in the clinical healthcare setting. That's phenomenal.

Trish Kritek:

I agree. And so I think what I heard was we're going to do this week by week. And so the next two, three weeks are going to be moving into that tier two. We've alluded to this website a bunch of times. I'm going to ask actually Santiago, can you put the link to the website in the chat for folks so that they can access it? Because I think Tim's alluded to it a few times.

Tim Dellit:

There was also if people look in their email from yesterday in John Lynch's message, there's a link in there that goes to that website as well.

Trish Kritek:

Thank you for highlighting that Tim, I appreciate it. Speaking of John Lynch I'm going to turn to John Lynch, and John, Tim said, this is a hopeful time and it's also a challenging time because we have had more patients. And I'm wondering where we stand today in terms of numbers.

John Lynch:

Yeah, we're actually down a little bit today compared to where we've been for the last week and a half or so. We have 117 patients across UW Medicine. We've been up above 120 for last week and a half. Valley is right around 50 at 49 patients, Northwest at 25, Montlake with 12 and Harborview with 31 patients.

Trish Kritek:

I think that's a little optimism. One of the things that people have asked relevant to that is you can't miss in the news, people talking about California running out of ICU beds. And so I think people are curious about across our region, county, state, how do we stand in terms of acute care beds and ICU beds and capacity? Do you have a sense of those things?

John Lynch:

Yeah, so I did. I reached out to our colleagues Steve Mitchell and Mark Taylor who lead the Washington Medical Coordinating Committee about that question just before this. And they said that over the last week things have been actually pretty stable, so no big fluxes up and down, and that's ICU and acute care. Things are much better in Central Washington where they were having a real struggle with access, but on either end of the state, both in the Spokane Area and on the King County Area in Western Washington we're definitely continuing to be somewhat stressed in terms of capacity. It's there.

John Lynch:

Spokane is definitely impacted a little bit differently because not only do they have the urban area in the surrounding catchment, but Idaho is also requiring their help. And so they've kind of got both things going on. And so again, stable, we have capacity both within our system and outside our system in the state, but things are still pretty stressed in certain parts of the Washington.

Trish Kritek:

Okay, I'm going to ask one clarifying question. There are acute care beds and ICU beds in all of those regions still?

John Lynch:

Oh, there are. There definitely are. And the number of required transfers across the state have actually gone down.

Trish Kritek:

Okay. So stretched, but stretched with capacity and stable compared to a week ago?

John Lynch:

Right.

Trish Kritek:

And fewer transfers.

John Lynch:

Right, and no discussions around the same situations that are being encountered in California and some other parts of the US.

Trish Kritek:

I think that's reassuring and I appreciate you clarifying that. The last kind of numbers question I'm going to ask before I turn to the three ID docs to answer some more vaccine questions is a couple of different questions came in about demographics, about the patients that are admitted in our system. And actually some very specific questions about who's on ECMO. But I think people were curious about age, spectrum of ages of people who are being admitted and actually also other demographics like race. Are we seeing the disparities that are seen across the country?

John Lynch:

So again, I checked with... We do ECMO or ECLS at both Montlake and at Harborview. We, for whatever reason, have done more of the COVID cases on ECMO at Harborview more recently. So I actually checked base, talked to Mark Taylor again around that. He actually says they don't have demographic information on ECMO patients, to answer that question specifically. But I can definitely tell you the patients who we're seeing at Valley Northwest Harborview and Montlake who require hospitalizations represent the entire breadth of King County. And we can definitely see the disparities that are playing out among different groups.

John Lynch:

Here in King County, just to kind of give you just a broad perspective on this, about 60% of our population identifies as white yet are only about 40% of infections. And then when you look at the Hispanic or Latinex populations, there are about 10% of our population yet about 30% of infections. And that is definitely true with our inpatient populations. When you see our acute care here at Harborview, certainly at Valley is similar.

John Lynch:

We see similar disproportionate impacts on the black community. And then also here in King County, the Pacific Island, this is a big Islander population. Those are probably three of the most distinct disparities that we've seen play out in our inpatients and other presentations.

Trish Kritek:

So we're seeing those disparities and testing positive as well as being admitted to the hospital. And I...

John Lynch:

Being positive and hospitalization and death.

Trish Kritek:

And death and mortality. I think it remains a source of much concern for lots of members of our community and I'm glad that we're continuing to work on those efforts. We talked a little bit about it with vaccines last time, and we can talk about it again. Thank you for all of that. And I will say I'm going to come back to more numbers maybe later, but I'm going to focus on vaccine for a little bit because there were so many questions about vaccines.

Trish Kritek:

So John, Santiago and Tim you don't have the cover of those other experts on vaccines and our vaccination strategies this week, so it's the three of you. So you're going to have to channel your inner Deb, Ana and Shireesha to answer these questions.

Tim Dellit:

Do we have a buzzer?

Trish Kritek:

No, because I'm afraid no one would buzz in and then I would have to try to come up with an answer. So no, you do not get a buzzer. So John, I'm going to start with you. There's certain populations that people ask a lot of questions about in terms of what our recommendations are. So I'm going to ask about some of those categories. The first one is folks who are immuno-compromised, whether that's through treatment for cancer or auto-immune disease or other immune suppressing medications. What is our recommendation for folks who are immuno-compromised in vaccination?

John Lynch:

Just a couple of quick things, one there were some immuno-compromised individuals and populations in the studies but you remember that the breadth and variety of people who have an immuno-compromised state are varied. And sometimes it's due to medications, sometimes it's long lasting,

sometimes it's short. With all that, I want to emphasize that the mRNA vaccines are not what we call attenuated or live virus vaccines.

John Lynch:

They have no virus in them, which are often contraindicated to people with very serious immune-suppression. And so this is not that type of concern. And my understanding right now is that there's no reason for folks who are immuno-compromised, immune-suppressed to not get this medication as long as there's not a specific reaction that other parts of that vaccine itself.

Trish Kritek:

Okay. So not a live vaccine and in general, the recommended... And some of those folks with immune-compromised were in the trials and generally our recommendation is that it is something to proceed with.

John Lynch:

Correct.

Trish Kritek:

Okay. The second group that I'll ask you about as well, and I know Tim commented on this last time is pregnant people. What's our recommendation?

John Lynch:

Yeah, and this continues to evolve. And so as we know, no one in the... We didn't have pregnant people in the studies that have been published so far, the data that we have so far. So we can't make an express recommendation based on safety data. I can't say X number of pregnant people got this vaccine. It worked that well, it was this safe. But we have lots of experts in the field ranging from national and local. Nationally, the Society for Maternal Fetal Medicine last week came out with recommendations for both pregnant people and breastfeeding people to get vaccinated. And they saw no biological reason for concern, for safety concern.

John Lynch:

On Monday, the academy or American College of Obstetrics and Gynecology, ACOG came out with another recommendation for this exact same thing. And then when you look at our local experts like Dr. Jane Hiti, who's an obstetrician gynecologist who has a lot of history and experience and expertise in infectious diseases in pregnancy is also supportive of this. Our own teams are also behind that. So there you have both from local to national strong support for folks doing that. And just to be clear, we are offering the vaccine and we actually would like to see folks who are pregnant or breastfeeding get vaccinated.

Trish Kritek:

Okay, so our recommendation is yes for vaccination for pregnant and breastfeeding folks. The other question that I didn't ask last time when I met you was the space of folks who are trying to conceive. Do you have a recommendation in that space?

John Lynch:

I have less information. I'm looking to Tim and Santiago, but I don't believe that that would be any different than someone who is pregnant or is about to become pregnant.

Santiago Neme:

Just from Dr. Dhanireddy on the chat, she says that there's a new recommendation that no vaccines be given two weeks before the first and second weeks after...

Trish Kritek:

What are you trying to tell us?

Santiago Neme:

Hold on.

Trish Kritek:

Okay.

Tim Dellit:

It says separate out so that you're not receiving another vaccine within two weeks before or after you receive this one.

Trish Kritek:

Okay, so we don't want... Timeout, timeout, because now it's getting confusing. So let's save the vaccine question for a second. My question on the table is what about someone who's trying to conceive?

Tim Dellit:

It would be the same recommendation as John just discussed. In a high risk group, we would recommend that they received the vaccine.

Trish Kritek:

Wonderful. So I think that that's a place that there's a lot of members of our workforce who are in that space of trying to get pregnant. And so they're wondering if they should get vaccinated and the answer is yes, that would be our recommendation. Now, the thing that Santiago and Tim are clarifying is something about getting vaccinated around getting other vaccines. Can one of you explain that?

Tim Dellit:

Yeah. So we're just saying that we want two weeks either before or after you receive the COVID-19 vaccine. In other words, we don't want you to receive the COVID-19 vaccine along with another vaccine at the same time or within two weeks of one another.

Trish Kritek:

Okay. So this is a separate question that I didn't even know it was being asked, but now it's been asked so just to say it clearly. We want to have a timeframe around other vaccines, whether it's like the flu vaccine or the Hep B. vaccine or something like that so that you're not overlapping with that one week, two week boundaries, is that right? John.

John Lynch:

Just a quick plug for folks, health workers who are pregnant and are getting vaccinated, which is great, there's going to be a QR code each vaccine site, if you want to enroll in this study. So UW Medicine researchers are looking at how the vaccine works in pregnant people, and this is an opportunity to be part of that information gathering and inform future vaccine.

Trish Kritek:

Great. So we're trying to learn more and if you're one of these folks you can enroll so that we can study that. Thank you, I think that's really helpful. Last question for you, John, before I pivot and I asked this one last too, but I think it's really important. If I've had COVID before, could I get vaccinated?

John Lynch:

Yes. So the answer broadly is yes. We are trying to exclude folks and this number keeps changing. As you can tell from the comments we're getting right now from Dr. Dhanireddy and others and she could potentially comment right now. That we have a 90-day window. If you had a COVID positive test last three months, we want you to hold off until you get beyond that three-month window and then get back. So the idea is that there's interference.

John Lynch:

It's just that you probably have a good amount of immunity and we just want to let other people get vaccinated so that when your immunity starts to potentially theoretically wane, then we vaccinate you with that. So it's no problems, no danger, just the ability to get as many people immune as possible.

Trish Kritek:

With our goal of getting as many people as immune as possible wait, but it's good to get vaccinated eventually, and it's safe to get vaccinated eventually. And I saw Shireesha who I should have invited to come today is affirming that in the chat, so thank you. Okay, Tim, I know that you're looking at the chat, but I'm going to ask you a question. Can you talk a little bit about when we say people with allergies maybe should be concerned about getting vaccinated? What types of allergies are we talking about? And is it drug allergies? Is it general allergies? Who are the people that maybe there's concern for?

Tim Dellit:

Yeah, no, that's a great question. And they're really talking about people who have had a severe reaction to a vaccine in the past, such as anaphylaxis. So not people with food allergies, not people with medication allergies. If you know that you have either a severe allergy to one of the components of the vaccine, which quite frankly is hard to know. Most of us don't know what is actually in the vaccine aside from the mRNA. But if you have had an anaphylactic reaction or severe reaction to prior vaccination, then that is someone who is recommended to wait.

Tim Dellit:

This is also partly why we watch everyone after they get a vaccine for at least 15 minutes to ensure that there's not an emergent reaction. Sometimes when you vaccinate large number of individuals, you are going to unfortunately have someone who has a response, even if they don't have a history. And we've seen reports of that in the media as well, but that's also why we monitor and are prepared to respond should we see that.

Trish Kritek:

Okay. So really the focus on allergies to vaccination, vaccines in the past and we're monitoring people and we're still encouraging to get vaccinated?

Tim Dellit:

Yes.

Trish Kritek:

Santiago, many people have asked, why can't I stop wearing my mask after I'm vaccinated?

Santiago Neme:

I think there's two reasons for that, that I can think of. One is that we're really waiting for the whole population to have at least 75, 80% immunity, that way we're all protected. Second, when you look at the studies, they've actually studied symptomatic infections that is disease as opposed to asymptomatic infections. Therefore, we do not have proof that the vaccine is effective at preventing transmission.

Santiago Neme:

We think it probably does, just given the high efficacy but we haven't really seen the studies that show that. So those are the two reasons. Number one is we really want the whole population to be covered and protected. Number two, we do not have that scientific proof yet. And we'll see if Dr. Dhanireddy makes a comment, but that's kind of my take.

Trish Kritek:

It's like Shireesha is watching over everything and I think she may actually appear in town hall at some point at this point. So if that happens, great, I'll roll with it. And if not, that's okay too. I am going to pivot away from vaccination at some point. So just as a word of warning, there are other questions that I'm going to include.

Trish Kritek:

So Santiago, what I heard you say is we don't know for sure if you could be asymptomatic and transmit disease, because that wasn't tested and that we're also working towards getting everybody vaccinated before we start not wearing masks, because we won't know who's been vaccinated and who isn't vaccinated. One follow-up question, which is a tougher one, is what if I'm vaccinated and the person in the room with me is vaccinated, can we then not wear masks?

Santiago Neme:

No, based on the data that we have right now. Remember that no intervention is perfect. We're talking about high efficacy and we do not have enough information yet. So I would say probably the risk is lower, but we can't say that we're home free. I invite Tim and John to comment on that if they have a different opinion, but I wouldn't feel comfortable changing anything at this point.

Trish Kritek:

All right. So it sounds like your recommendation is still, no, you should still wear your mask and...

Santiago Neme:

Exactly.

Trish Kritek:

It's going to be a recurrent question because I think that part about people wanting to be liberated is going to keep coming up.

Santiago Neme:

It's counter intuitive, yeah, but.

Trish Kritek:

Yeah. Shireesha, I see you there. You're welcome to turn your camera on and I will be happy to introduce you. Dr. Shireesha Dhanireddy, who is also an infectious disease professor and coordinating leading the vaccination plan. So welcome. It's good because those three were trying to read your comments to them and now they can focus. I'm excited to have you.

Dr. Shireesha Dhanireddy:

I was just trying to weigh in and help out, but it was getting more confusing.

Trish Kritek:

It was great, it was awesome. I love it, and I love that this is the first time that we've ever had someone pop in to town hall. So that's totally cool. Welcome, and so now that you're here, I'm going to you a question. When we think about the next phase of people being enrolled, there's a bunch of questions in our workforce about if we're using things like people's age or their previous conditions or other things that would put them at higher risk in our prioritization for the next wave of immunizations.

Dr. Shireesha Dhanireddy:

Yeah, that's a great question. We actually reviewed that and we involved ethics and equity in our initial discussions around prioritization for that reason and really looking broadly at risk and not just based on age and other demographic factors, but really thinking about where are they in their communities and what is their community risk?

Dr. Shireesha Dhanireddy:

What is their situation at home? Are they living in a multi-generational household? Do they have vulnerable people in their households? So these are factors that are really hard to obtain about employees. We just have no visibility about that and we don't want to be asking those personal questions for people to obtain that information.

Dr. Shireesha Dhanireddy:

So I think we really wanted to frame this more about risk and their exposure at the hospital. So not the individual, but their risk and where they work in their units, what kind of work they're doing when we provided the framework for prioritization. So I know that a lot of people have concerns about their own individual risk, but that's not really how we've approached the prioritization process because that's really hard to tease out in an equitable way.

Trish Kritek:

Okay. So because of challenges in terms of being equitable and understanding people's privacy, maybe even as well, the decision is that the priority decision is based on role and exposure at work in that role, is that right? Okay, I think there's so many questions because people are still super anxious and it's understandable and I think that's why I'm going to keep asking these questions. I'm going to do two more on vaccines before I switch gears. And if we have time, I'll come back to some more. Tim, a lot of primary providers were asking what's our communication plan for patients because lots of patients are calling and asking about when they can get vaccinated.

Tim Dellit:

Yeah, there is information posted on the website, also messages that have gone out to all of our patients via email letting them know our process as well as I believe they'll be pushed out through e-care. So there is recognition that obviously once we start vaccinating even with the healthcare workers, there's a lot of interest in the community. We want to support that interest, but also let them know when it's going to be time.

Tim Dellit:

Right now we're still waiting for CDC guidance on when we move into that phase. And so we've included that in the messaging and are encouraging people just to be patient until we get to that level and get through this first phase of healthcare personnel and the long-term care facility residents.

Trish Kritek:

Okay, so no specific date yet, information on the website. There'll be information going out through e-care and we will keep pushing information out to our primary care teams so they can share it with their teams, with their patients.

Tim Dellit:

Yeah. And again, we send out an email notification to all of our patients. I got one, many of us probably have gotten that as well that was sent to you as a patient.

Trish Kritek:

Hey, what the heck? I'm a patient, I don't remember getting that email, but okay, I believe you.

Tim Dellit:

You probably just deleted it.

Trish Kritek:

That's possible. Okay, Shireesha, last question on vaccines and Tim kind of alluded to it. Folks were wondering, how are we helping with vaccination plans for long-term care facilities? Or are we helping with plans for vaccination in long-term care facilities?

Dr. Shireesha Dhanireddy:

Well, we are working with our long-term care facility staff and providers to make sure that they're vaccinated. The state is working directly with the residents through the federal partnership, federal pharmacy partnership program to get the residents at those sites vaccinated. So the state has allocated

vaccine separately to those sites. My understanding is that over 90% of long-term care facilities have opted into that program. So I know that a fair amount of vaccine will be going out to those residents.

Trish Kritek:

Okay. So we're partnering on the healthcare team side of it and the state's working on the folks who are residents in those facilities, and the vast majority of them sound like they're participating and hopefully getting vaccinated imminently. I think I have a friend who told me his 90 year old mother was getting vaccinated this week. So very exciting. Actually, I don't think he's a friend. I think that's what he said. All right, I'm going to pivot to our chief nursing officers, Keri Jerome and Cindy. This is actually a vaccine question and there's two of them.

Trish Kritek:

The first one was, and I don't know which of you might want to answer and it may end up being Shireesha again. There are a bunch of questions of nurses who said, I volunteered to help with vaccination, but I haven't heard anything. Does anyone know?

Cindy Sayre:

I can answer for Montlake. We're handling this on our own sites. So for Montlake, as you can imagine, standing this clinic up in a very short time period has been a really heavy lift. So we have now created a live link for signups for volunteers. And I think that we're just working our way through all the emails that we received before that spreadsheet was implemented. And so hopefully you will hear soon, but you can ask your managers, all got a link to the spreadsheet that they can share with you so that you can sign-up. I can offer just two more points of clarification about the vaccine. One thing is, remember, this is going to be happening for months now. So don't feel sad if you don't get to volunteer in the next few weeks, right?

Cindy Sayre:

We're going to need help for the next few months. And we're clarifying the vaccinator, whether they're going to get a vaccine themselves and there's clarification around this. And I look at Tim also just to make sure I'm saying this correctly, but we don't... The vaccinators wouldn't "jump the line" ahead of wherever their primary role is assigned. So if their primary role is assigned in group two, they would go with their group, except for at the end of the sessions, the vaccine sessions if we have extra vaccine, they have the opportunity to be vaccinated. Tim, did I say that correctly?

Tim Dellit:

I think we unfortunately had some confusion initially with some of our messaging and the vaccinators were included in that group one. We also acknowledge and we'll honor what we said there. But the goal, and I think this is where we really ask everyone's patience, is to wait until it's really your group to be vaccinated and allow those who are at greater risk to be vaccinated first. This is where we've stayed together for the last 10 months. We need to stay together as we go through this process to ensure all of us have the opportunity to be vaccinated.

Trish Kritek:

Okay, but I need to clarify that last part. Is the part about if there's extra vaccine at the end of the shift that we'll use that for the folks who are there, is that accurate?

Cindy Sayre:

That's like-

Dr. Shireesha Dhanireddy:

I can chime in on that because there was final wording about that and I think it's up on the huddle also, is that the vaccine that has already been drawn up and used at that site for the day, if someone doesn't show or there's extra remaining in the vial, that can go to vaccine staff.

Trish Kritek:

Okay. So it sounds like we're going to use whatever resources we have. We're not going to waste anything. That's not a guarantee that if you're volunteering there that you'll get vaccinated, but that's a possibility if there's extra left behind.

Dr. Shireesha Dhanireddy:

That's exactly right.

Trish Kritek:

Okay. And then it sounds like UWMC Montlake, talk to your manager to get your name put back into the system in case you haven't heard. They're still working through the people that have volunteered. Keri, how about at Northwest?

Keri Nasenbeny:

Yeah. I mean, I think every site had a huge outpouring of volunteers, which is just phenomenal. And so they are working through those folks. The challenge too is whatever your schedule is. So say you're an ICU nurse, right? The days may not line up, and so I know that they're really doing an amazing effort to try to get folks who want to volunteer into there and also manage all of those different schedules. So have some patients like Cindy said. We're going to need these folks for the long haul, and we really just appreciate the outpouring of support. It's phenomenal.

Trish Kritek:

It is remarkable how many people have volunteered to help. Jerome, Harborview, same process?

Jerome Dayao:

Same process for Harborview. The other thing that we're balancing for volunteers as what they were saying, we have a lot of people that are volunteering. But our priority too is staffing our ambition areas and making sure that those areas are staffed before we allow those nurses to come in and help volunteer. But we have received lots of volunteers and we're still are asking for more volunteers throughout this days that we are going to be vaccinating staff.

Trish Kritek:

And is it clear at Harborview how you would say that you're interested in volunteering?

Jerome Dayao:

Yeah. I mean, if they're interested, we have sent out a list of people where they can sign-up.

Trish Kritek:

Okay, great. So use the emails or your managers to find out ways to sign-up. The other question for any of the three of you is there are folks who are former UDaB nurses who are wondering if they could help. Can they volunteer?

Cindy Sayre:

So Keri and I kind of connected about this offline. I think the answer is yes, they could volunteer. I would see them as not the vaccinators, because then we would have to deal with competency demonstration for a volunteer to give about vaccine. But there are other roles, as everybody knows where they would be very helpful.

Trish Kritek:

Okay, so they could volunteer, not as a person injecting someone, but there's lots of other help needed. I appreciate that. And I think that goes for other people who are saying they want to volunteer as well. I'm going to pivot now and just hit a couple of things that aren't vaccine related. At our entrances to our hospitals, do we ask about pending COVID tests as part of our screening? That was a question that somebody asked. Do you know Keri if that's a question that's asked if people are screened?

Keri Nasenbeny:

I pulled up our screening questions and I can't talk today, apparently. So we ask, of course, all the symptoms. We ask if you've been in contact with anyone that's tested positive. We ask if you've had a positive test within the last 14 days, and we also ask within the last 14 days has public health or a medical professional told you to self monitor, self isolate or self quarantine. So while we don't ask that question specifically, I think we get to the nature of it.

Trish Kritek:

We're trying to figure it out.

Keri Nasenbeny:

Yes, exactly. So I think between the symptoms, exposure, if you've tested positive and/or if you've been told to quarantine yourself or monitor symptoms, I think we're really getting to the root of that question.

Trish Kritek:

Okay. So I think the answer is we don't ask that specific question. We think that the questions we ask should reveal that. It's possible that somebody could still not reveal that and it's an imperfect system.

Keri Nasenbeny:

It is an imperfect system and it relies on people being honest to be frank and I think most people are.

Trish Kritek:

Yeah, I think that's true too. And I think the times that it might not happen, might be because somebody feels sick and they're not processing everything so well.

Keri Nasenbeny:

Yeah.

Trish Kritek:

Okay. Tom and Rick, I haven't talked to you all of last week or today, so I have a couple for you. Tom, have physicians redeployed to handle the surge so far? Have we actually started to use redeployed folks?

Tom Staiger:

So we have scheduled moonlighters working up and above their usual clinical activity to supplement the Harborview ICU team and to create another COVID ICU team at Harborview and to supplement the med surge team at Montlake. We have identified some individuals that could be potentially redeployed, but to my knowledge, we haven't redeployed any individuals as yet.

Trish Kritek:

Okay. So moving in that direction, but haven't done it. How about at Harborview Rick?

Rick Goss:

Yeah, it's certainly the same idea that because people are so busy with so many other activities, we're very full, 107% census at this point. So people filling in these additional teams are doing it really over and above their baseline. And so we have provisions to support them in that work, but technical redeployment's very few, if any, at this point,

Trish Kritek:

Okay. So people doing extra work and being paid for extra work potentially, and then people who... But not taking you from one job and putting you into another job, is that right Tom?

Tom Staiger:

I see a comment from Vicky Fang, the Medical Director of the Neighborhood Clinics. It looks like some staff have been redeployed within the Neighborhood Clinics to work in urgent care, which if I read her comments correctly.

Trish Kritek:

Okay, so maybe in our outpatient settings that has happened a little bit for covering urgent care. Thank you for that clarification Vicky, appreciate that. Rick, I'm going to ask this other question to you. Care of the homeless population is a priority of folks at Harborview, and there were a couple of questions about how we're addressing testing and care of homeless patients. Are we again doing mobile testing? And do you want to comment on that at all?

Rick Goss:

Well, I'm really pleased with the question just because that's such an important part of our mission. Really all of our mission is to keep the most vulnerable in mind. And great credit to the leadership that has really developed innovated and supported this van program as well as our partners that are helping to fund it. So currently there is a van that continues. It has duties at a white center area, Mount Baker, as well as the homeless shelters. There's also a separate tent for additional testing down at Pioneer Square. Some just quick numbers, so the van has now tested approximately 1400 individuals.

Rick Goss:

And the positive rate of late has drifted up to around 9% higher than... It's a few percentage points higher than its baseline. But again, we're watching that now and it's holding steady there so as opposed to continuing to climb. So that's good news. Pioneer Square's tending to run pretty stable at about 5% positive.

Trish Kritek:

Okay. So it sounds like very much still engaged in that kind of South King County mobile van homeless populations, as well as Pioneer Square and attending to changes in that trajectory of infection. I appreciate that and I appreciate our community members who are curious about how we're still continuing to partner in those spaces.

Rick Goss:

Yes, thank you for that.

Trish Kritek:

Of course. John speaking of outpatient settings, there were a handful of questions about, concerns about an outbreak in the Harborview Medicine Clinic. And I wondered if you could talk a little bit about that outbreak.

John Lynch:

Yeah, sure. So it's our Three West clinic at Harborview Medical Center. I think it's medical specialties and adult medicine. They are separate clinics, but they have a few folks that go back and forth particularly some of the medical assistants. So at the beginning of this month we realized that we had, I think, two folks in that clinical who were there pretty much every day who are positive. And then subsequently had a business operating supervisor, BOS, business operations supervisor, an RN3, and then two doctors who turned positive.

John Lynch:

There was widespread testing or case finding testing. I think we ended up testing 155 staff, both folks who were there regularly and people who go in and out of the clinic and found one more person. And so ended up being a total of six people involved in that. No known patients were involved. Not very clear at this time where the virus entered into the clinic, whether it was one person or two people. But we've had no new positive since 12/09 or about almost 10 days out since our last positive person.

Trish Kritek:

Okay, so thank you for going through that. So a total of six positive, no patient, 10 days out from one last positive?

John Lynch:

Correct.

Trish Kritek:

Okay. I think that that topic in the same way when Santiago talked about it, about the outbreak and Keri talked about it in the General psych unit at Northwest causes anxiety. And so there were some more

questions about repeat testing of both... Repeat testing of inpatients, but the first question I'm going to ask you is a repeat question about, should we be testing healthcare providers periodically? And I've asked you that before and I'm just asking again, because the question comes up again.

John Lynch:

So we're actually working on a project with the Department of Health to figure out where testing of healthcare workers in what we call surveillance. Is there an outbreak? Is there not an outbreak? And testing the health workers beyond that. And so we're actually building a pretty, I think, a very thoughtful approach to that based on vaccine status, whether there's an outbreak, what level of personal protective equipment we're in. So remember those terms we used to use or we still use conventional, contingency and crisis.

John Lynch:

And looking at whether in all outbreak situations, we are 100% on board with doing widespread testing, right? This is case finding. And just like with the three west situation, we did 155 employee tests around that. The question is whether just doing surveillance testing of people and where we really, as a group at the state level are really homing in on in terms of guidance is where are we using PPE where it's what we call crisis use, like really...

John Lynch:

You get one and 95 or one surgical basket for a week and/or the numbers are extremely high and we can't test all the patients or other similar breakdowns. So where we see concern for transmission that we can't fix, right? Where we don't have control of the situation. Are they areas where healthcare workers surveillance is probably really important? And again, I think we're working on this at the state level and hope they come out with some direction as a community very, very soon.

Trish Kritek:

Okay, so more to come on regular testing or-

John Lynch:

Surveillance testing.

Trish Kritek:

... surveillance testing, sorry, surveillance testing of healthcare providers, but probably not in a lot of the spaces that we work in where we don't think we're at crisis levels of PPE, correct?

John Lynch:

Yes.

Trish Kritek:

Okay, so I don't think that's coming to us in the near future in most of the spaces where we work. The second question is about serial testing of patients, and I don't-

John Lynch:

Yes.

Trish Kritek:

And you want to comment on that?

John Lynch:

I would love to, more than anything. So as you know, we admit patients to the hospitals and we test all of them on admission. And for some patients, they get regular surveillance testing if they're undergoing high-risk procedures like aerosol generating procedures, or what we really should be calling high-risk procedures. We are looking at it as an infection prevention group, the med tech team, about expanding that out to looking at repeat testing of all patients regardless of whether they're getting those high risk procedures.

John Lynch:

So for instance, we're looking at retaining testing on admission day zero, day three, day six, and then every seven days for all patients. The major things of this just to be clear, we wouldn't be doing nasal pharyngeal swabs in those patients. We'd be doing the anterior nares, the front of the nose swabs. So for those of you worried about your patients, we're not looking at doing that to them.

John Lynch:

And this would be this front of the nose swabs. And so what we're really doing as of today, actually, we're just clicking the final numbers around how many swabs would that be so that we can let our supply chain know how many swabs we would need, and then working with our nursing leaders to make sure that the frontline folks, the nurses who would actually be doing the work can accommodate that work, right? And I think that if we're able to do that, we're going to have very robust surveillance process for inpatients.

Trish Kritek:

Okay. So first of all, I want to acknowledge you're international student hand gestures for nasal pharyngeal swab and nasal swab, because you were gesturing. So nasal pharyngeal swab, yes, is the one that goes far back. We're talking about day three, day six, and then weekly nasal swab for patients, for all inpatients with what you're moving towards, if we have the supplies to do that.

John Lynch:

Correct.

Trish Kritek:

And the training.

John Lynch:

Yep, and the capacity.

Trish Kritek:

Capacity, thank you. That's a better word. Okay, one more question John and I think we talked a lot before about N95's, and I think there was some hint that we might broaden the scope of people who will be getting N95's and an update on what the scope of people who would be getting N95's

John Lynch:

Yep. So I think the update for everyone this week is that we have both employee health, but we also have independent contract agency at Mott Lake, Harborview and Northwest doing fit testing. And I believe the fit testing hours are from 12 to midnight. They started yesterday, actually two days ago at two of the campuses and yesterday at the third campus and major important thing here is wear the 95, you have to be fit tested to make sure that that respirator fits you appropriate. The fit is what brings the extra level of protection, not the fabric or the material.

John Lynch:

And so that fit testing is really, really important. There's also a medical clearance part that we would like to see happen as much as possible. So I'll just a quick shout out here. The contractors who were onsite yesterday, there weren't tons of people showing up. So if you want to get fit tested, and you're at the campuses, please do it. Talk to your supervisor if you're not getting clear messaging on how or where to go, but we want you to go and get fit tested. Yes, Tom. Sorry, Tom needs to say something.

Tom Staiger:

Having been asked to send this message out, I believe it is particularly important for those who were 1870s and 1870 pluses to get refit tested because we're transitioning from an 1870 to a similar mass that requires refit testing.

John Lynch:

Correct.

Tom Staiger:

Yeah. So that's the group in particular that we really want and need to get in, in the next couple of weeks.

Trish Kritek:

But if I never wore an N95 before and I want to start wearing an N95, I need to go get fit tested.

John Lynch:

Correct. Everyone, if you have not been fit tested since... If you've never been fit tested, now's the time to do it. If you just don't know, now's the time to do it. If the last time you got fit tested was 2018, now's the time to do it. If you just don't have any idea, go for it. Get fit tested. We want to-

Trish Kritek:

Get fit tested because if you want to wear an N95 because that's going to make you feel more secure in whatever it is you're doing, the first step is to get fit tested so that we know that it actually gives you that added protection that you're seeking.

John Lynch:

Right, and then we can continue to expand access to the N95. So we've got to have that fit testing piece in place first.

Trish Kritek:

Okay, fit testing and then broader access. Tom.

Tom Staiger:

To remember when you were last fit tested, look at the little sticker on the back of your employee badge is how you tell.

Trish Kritek:

Okay. Look at the sticker. I want to say, if you can remember when you were last fit tested, go get fit tested. All right, thank you John. All right, this has been an intriguing and entertaining town hall. I want to thank you for that everybody. I also want to say that this is the last town hall of 2020. And first of all, Anne asked me why I was wearing a blazer today and I'm wearing a blazer today, and now she's wearing a blazer today because it's a momentous event for us. This is actually the 25th town hall that we've had since the beginning of the pandemic.

Trish Kritek:

I went to the new huddle website today, kudos to the communications team. It's lovely. There's a special link at the top for news and information that has all the town halls. And I went and counted. This is number 25. A huge thank you to everybody for coming together across all of these. I took a moment to reflect on the fact that in March, we were talking about so much uncertainty, so much anxiety, so much change happening so quickly. Our worries about our own safety, our family safety, should we wear masks? The answer was yes, things were evolving so quickly.

Trish Kritek:

And I remember those days we were together in a room and over the next several months, we went through worries and real, real impact of financial stress, furloughs, and the impact on us and our families, the financial crisis across this country. We went through the killing of George Floyd, the kind of re-reckoning around social justice and structural racism that's been a problem in this country forever. We had a little bit of a lull in the summer, and that was kind of nice. And then we started having more cases, surges across the country.

Trish Kritek:

We went through an election that was wrought with a lot of anxiety for many of us. And in the last few weeks we've been seeing another search. And we've come together and talked about that all several times over because it's important to answer the questions of our community and come together and support each other. We brought in guests ranging from Paula Houston, to folks who talked about D1, folks who talked about palliative care, ethics, HR. We've had Shireesha Dhanireddy just up here during town hall today. We brought all of those voices to you because you asked us really important questions.

Trish Kritek:

And in the last few days as Tim said, we've had unbelievable hope with this new step of having vaccine. And while this has been an incredibly challenging year for, I would say every member of our community, I am inspired by this moment of hope as we move into 2021. And I feel in my heart that there is no way that this isn't going to be a better year for all of us. We still have some hard road ahead of us. There's still planning for surges and high numbers of patients, and we will get through this together like we have before.

Trish Kritek:

So it's been my privilege to be a part of this for the last nine months, 25 town halls, many afternoons of reading questions and thinking about all the really insightful, thoughtful, provocative, helpful questions you've asked. So at the end of, nearly the end of 2020 with a light at the end of the tunnel, I think we're going to come together again in the New Year and we will get through all of this together. It's really been an inspiration to be a partner with all of you.

Trish Kritek:

I want to thank all the panelists, all the guest panelists, all the people who sometimes appeared as panelists when they didn't think they were panelists. Thank you to all of you. And most importantly, I want to thank all the members of our community for taking care of our patients, their families and as I always say, most importantly, taking care of each other. It's really been a pleasure. I don't bust out the pink blazer very often, this is for all of you. And I wish you all a really happy holiday season and a joyous 2021. I want everyone to unmute and say happy New Year to everybody because we're going to say an early happy New Year. So please unmute and happy New Year everyone.

All Panelists:

Happy New Year.

Anne Browning:

Happy New Year. Take good care.

Trish Kritek:

Bye.

John Lynch:

Thank you.