

Trish Kritek:

So 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 to town hall. With us today is really no special guests. It's the usual crew. Santiago Neme, Medical Director at UWMC Northwest, Keri Nasenbeny CNO at UWMC Northwest, John Lynch, Head of Infection Prevention, Employee Health at Harborview Medical Center, Anne Browning, Assistant Dean for Well-Being, Jerome Dayao, Chief Nursing Officer at Harborview Medical Centers, Cindy Sayre Chief Nursing Officer at UWMC Montlake, Rick Goss, Medical Director at Harborview, and Tim Dellit, Chief Medical Officer for UW Medicine. Tom Staiger is away this week, so he's not with us. And that's who we have. And I'm going to just jump right in and hand it off to Anne to follow on what we started last Town Hall. Anne.

Anne Browning:

Thanks, Trish. There was a beautiful, beautiful sunrise this morning. And I managed to make it out on a run through the Arboretum really early. It was fun, my little ferns that I've been watching intently over the last year have started coming up again. And it's just this realization that we've made it to spring. And right now it feels different. I feel like there's a little bit more hope and a little bit more light in every day.

Anne Browning:

And then last year, I felt like there was this dissonance between what was just this really beautiful spring, but this kind of odd, quiet and scary unknowns that were all around us. We've started sharing reflections on the past year, really where we were a year ago. And I'd recommend if you have a chance, consider doing this with your teams and giving folks a chance to check in with one another. Today, we want to give three more of our friends on the panel a chance to share. I'll actually started by asking Santiago to give some reflections in the last year.

Santiago Neme:

Thank you Anne. Hello, everyone. So for me, I would say that, reflecting I think that the first feeling that I have is the sense of gratitude for all of the work that everybody really put in, all the effort. And also, I would say it's a sense of pride for everything that UW Madison has done. And also the city of Seattle, as you guys probably saw, even the New York Times as feature Seattle has been an example of how many other cities should have handle the pandemic.

Santiago Neme:

And I think it's just a result of all the combined work. I do want to say that my experience, I recently participated in the short rounds at Northwest and it's one of the benefits of this integration with UWNC. And I was really taken aback by just the depth and the impact of the pandemic of several of our team members. And it's a dimension that I wasn't really too close to.

Santiago Neme:

I would say for me, it's been a really tiring year. It's been a lot of work a lot of hours. But I was fortunate not to acquire COVID, I was fortunate not to really have to see a lot of the pain and anger and death of patients and families and the distance and all of that. And it became really apparent through that session, that was incredibly moving. If you haven't participated in the shorts rounds, I've been to two already. The first one was about COVID and it was early on.

Santiago Neme:

But there were two stories that were really powerful for me. One was a hospitalist, who acquired COVID. And then had basically to distance himself from his kids, his young children, his family, and the second was an ICU nurse who really suffered PTSD from seeing so much death and how that impacted her life and her environment. And I would say it's really COVID has touched all of us. But I personally wasn't... I feel like that session got me much closer to the pain that a lot of our team members, care teams have felt and witnessed for many, many months I'm very thankful and grateful to them. Thank you.

Anne Browning:

Thanks Santiago. Keri, would you like to share some thoughts as well?

Keri Nasenbeny:

Yeah, first of all, thank you Santiago for sharing those thoughts. A lot of what you said resonated with me. And I thought about this and I thought about last year what was happening. And it struck me that it was just about this time that we discovered the outbreak in what was then our Gero unit, is now our adult psych unit. And really just what a low that was, I think for me personally and professionally, I was talking to Cindy Sayre last night and just how it felt like any sort of threads of control I was hanging on to just slipped right out of my fingers. And that was really hard.

Keri Nasenbeny:

I think, feeling like I couldn't keep staff safe, I couldn't keep patients safe. That was super hard. On the other hand, like Santiago, I think back about, I'm a glass half full person. And so just the amazing work that has happened, I think about the fact that a team came together and put that together that first drive through testing center, ever in the nation, in less than a week. And if you know UW, we don't ever do anything in a week. So we've learned to become nimble.

Keri Nasenbeny:

I think, I speak for myself, I learned a lot of humility through this process having to "Oh, wait, no, it's not this, it's that." I think about the work our teams have done just the incredible care they provided to COVID and non-COVID patients throughout this pandemic. And I think the last thing, well a couple things. One other thing, I think about the fact that we've really come together as a team and recognize the efforts of so many of our people.

Keri Nasenbeny:

So not just nurses, not just doctors, but our EVS team, our ops and maintenance human just how critical they are. And that it takes all of us. And then lastly, just working in the vaccine clinic. Yesterday, we had about 900 patients come through because we have a bunch of doses of J&J. And so it was all hands yesterday, and will be all through the weekend. And just the hope, seeing that hope. And also hearing from patients, just how much they appreciate you to have medicine, even if they're not a UW medicine patient. And it really just drove home for me that I think the other thing I've taken from this is just what a privilege it is. I mean, we say those words, it's an honor and privilege, but really have felt that through this.

Anne Browning:

Keri, thank you. And I echo that thanks to everyone in the vaccine stand up, the testing teams. It's just been amazing to see what has been pulled together by folks. Lastly, I'm going to give Rick a chance to share as well.

Rick Goss:

Thanks, Anne, and really nice comments, Santiago and Keri. I too was really reflecting on the New York Times article and just both with incredible sense of pride, knowing the leadership and the incredible skill and unity that went into this last year. But this weekend clinic, I was also reminded just again, on some of those sacrifices, the hardships. A patient that I was meeting for the first time in clinic was joined by her two adult children care providers.

Rick Goss:

And the patient had a very extended hospitalization at Harborview over the summer months, complicated by such things as a stroke, a pulmonary embolism, an MI. Things that she recovered from and has eventually returned to her home care setting. And the two children were just completely confused and had so many questions about what happened in hospitalization. And so in that setting, we were able to, on a one-on-one, face-to-face basis look at X-rays talk about some of these events. And I think they appreciated that.

Rick Goss:

But I also knew that I was leaning into that conversation with maybe a special empathy. Because I too, this last year, was unable to see my father during the last six months of his life, only to be near him with him in his final hours. And he was living only two miles from me in a care facility. And I think that I'm really starting to process a lot of things this last year, things with my own kids and other such occurrences. And I just have a sense that as maybe the threat and sort of the challenges that we're facing start to subside, I wonder if there is more of an opportunity for us to reflect about the strengths, but also the challenges that I know every one of us has faced. So thank you for allowing me to share.

Anne Browning:

Great. Thank you. I really appreciate it. I think you're right, it's going to be a challenge even as we think about reflecting on the year behind us and really kind of think about how do we transition forward. So thank you each for sharing. I really, really appreciate it. Trish, I'll hand it over to you.

Trish Kritek:

Anne, thank you for coordinating that. And thanks to Santiago, Keri and Rick. I think many of your stories are universal for the folks who are listening. And I think it's really generous of you to share those perspectives. I do think we need to have those opportunities with our teams. Anne and I and our team have been doing this to reflect on the impact of last year. I do think it's also valuable to talk about the losses that have happened, as well as the things, like the nimbleness or the teamwork, or the things that we did well, that we want to hold on to as well.

Trish Kritek:

So I'm going to echo Anne's encouragement for each of us to take this back and do this as an exercise with the folks with whom we work. And that could be on a large scale or small scale. All right, thank you all. It's been an amazing, crazy overwhelming at times year. I'm going to jump into some questions now. Because we do have a bunch of questions. And I appreciate everyone sending them in. I'm going to start

with you, Tim. There's two big themes of today that I will hit upon. And the first is vaccines. So wondered if you could do an update on where we stand across UW Medicine with vaccines, including for whom we're scheduling right now.

Tim Dellit:

And thank you, Trish and thank you, everyone for the reflections earlier. And thank you for joining us again this afternoon. With respect to vaccines, there's good news this week. We've talked in the past where we had to pause scheduling of first doses. As the supply has gotten a little bit better, we were able to move forward now this week, and we are scheduling online through E-care. And we also have an opportunity to schedule to be on the waitlist.

Tim Dellit:

We're scheduling appointments just within the first week out because again, there's still some unpredictability, but that's a positive move from where we had been in the last several weeks. Overall, now we're up to almost 130,000 doses of vaccine given, which is truly phenomenal. And Keri just mentioned earlier, we got some surprise doses, 1,000 doses of Johnson and Johnson in coordination with public health. And so we're distributing those really focused on that 65 years of age and older, which is one of the eligible groups right now.

Tim Dellit:

We did pop up clinics down in Kent/Des Moines focused on our BIPOC community and partnership in South King County. We're going to be partnering with the shoreline Fire Department for another pop up over the weekend. So in addition to our vaccination sites at each of the campuses, these extensions out into the community, whether it be through the pop up clinics, or our mobile van, that now has been active from Harborview, in partnership with the Housing Authority during that first week and partnering again, with the county and the city. And they've been active all week. And anticipating that as supply increases, we'll be able to launch a second van in the near future as well. So a lot of work not only within the healthcare system, but moving out into the community with vaccination as well.

Trish Kritek:

Okay, so now we're scheduling again, for first appointments. Just started again. Pop ups in South King County as well as North and shoreline as well as our van with another van coming and a lot of partnerships and getting vaccines out there. How about are we going to start vaccinating in the UW neighborhood clinics? That question has come up before but I'm going to ask it again.

Tim Dellit:

Yeah, we're just doing the pop up clinics right now. When that extra vaccine becomes available in partnership with particularly public health. Again, I think in the future as the supply increases, we may be able to consider moving to a more decentralized, but right now while that supply is still limited, we still have to keep more of a centralized approach except for these pop up opportunities. You also asked earlier who's eligible? Well, there was news again from the governor yesterday as... Well, last week or so he expanded the phase 1B tier one group to include the pre-K to 12 educators. So those individuals are now eligible.

Trish Kritek:

So they could sign up right now through E-care.

Tim Dellit:

Yep. And then those individuals in the next tier, originally planning to launch March 22 has been moved up to March 17. Those are specific workers in congregate setting and they're defined by the Department of Health, as well as individuals who are 16 years of age and older who may be pregnant. And some individuals, with again, specifically defined disabilities. All of that information in detail is on the DOH website.

Tim Dellit:

But you get that momentum that as the supply is gradually increasing, trying to move forward in these tiers. And then President Biden last night mentioned the goal across the country to really allow everyone to be eligible as of May 1. Now, that's a lofty goal. And it's going to be dependent on the supply. Not everyone will be vaccinated by that date. But hopefully the supply will allow us to at least to continue to increase the eligibility here over these next couple of months.

Trish Kritek:

We're starting to see the ramp up. You alluded to this, that now teachers in the preschool and K through 12, can sign up to get their first vaccine or vaccine if it's the J&J, and that the next one is going to be the congregate workers. And we see that elevation of people who are pregnant. There were questions about this broadening to teachers and lots of people on our campus and our school, who are considered teachers, and are curious if they fit into that space. Because they are teaching undergraduates or graduates or doing research in our labs that have to do with learners there.

Tim Dellit:

Yeah, no, it's a very appropriate question. And again, in our conversations with Department of Health, they're really focusing on that pre-K to 12. Really in alignment with they're trying to open up the schools and have in person learning for those age groups. So they have not included higher education. I completely understand the frustration from individuals who teach at that level, as well. But right now, DOH has been very specific about the pre K to 12th grade grouping. And so again, we have to follow the Department of Health this really isn't something that we have the option to make a decision on our own. We follow those guidance. Now, the good thing is that the guidelines are continuing to move more quickly here, recently. And so we ultimately want to get to where everyone has the opportunity to be vaccinated. Unfortunately, we're not quite there yet. And so I appreciate the patience, but also really understand the frustration.

Trish Kritek:

Yeah, and I appreciate the fact that people want to get vaccinated. So they're going to keep asking, and I'll keep asking you, and I think we'll keep revisiting this. Because the good thing is people do want to get vaccinated. Do where we stand in terms of how many staff have been vaccinated or not vaccinated at this point in time are employees across UW Medicine?

Tim Dellit:

John may have more information on this. I think we're still in the process of trying to work through those exact numbers. I mean, earlier on, we saw the declination rate was relatively low, around 8% to 9%. But we also know that there are pockets of our community where that rate of vaccination is much lower. And so doing some targeted outreach in those areas, as well. But John may have more information from the employee health side.

Trish Kritek:

John do you have any better specific numbers on numbers of employees who have been vaccinated or not or declined vaccination?

John Lynch:

Yeah, we have very rough numbers. And I just want to be cautious about when I share these, is that there's a delay in between getting the vaccine and that information getting into our tracking systems and then making into our reports. But as it stands, looks as of yesterday, were right, around 70% of people in UW Medicine, were vaccinated. Some of those groups, just to be clear, are groups that have predominately worked off campus, but it's a small number, it's in the few hundreds compared to that 19,000 or so on the entire list. And so getting a clear, concise number of who's eligible, and vaccinated is a little bit harder. But I'd say we seem to be right around 70% or so, which means you still have some groups that need... There's still some opportunity there.

Trish Kritek:

So 70%, and you're saying UW Medicine? Does that include the non clinical folks UW Medicine or is that the clinical lens at UW Medicine?

John Lynch:

Yeah. So it's not like the School of Medicine folks. And so it's not the research staff. But it does include, for instance, contact center, most of whom are working off campus throughout. But though again, it appears those groups are pretty small compared to the big number. So I think it would change it too much.

Trish Kritek:

Okay. And I'll ask you and Tim and others might want to chime in as well. Tim, you alluded to the fact that there are some folks in our community who are hesitant to get vaccinated. There are people who sent in questions about the fact that more of our black employees may be concerned about getting vaccinated because of systemic racism and a history of concerns about interactions with healthcare. I'm curious if you know what we're doing to try to engage our populations that might be more skeptical about vaccination.

Tim Dellit:

Yeah, I say a couple of words. And I'm going to turn it over to Santiago. We recognize this was a real challenge very early on, and we put together a vaccine distribution equity work group that, Paula Houston our chief equity officer and then Santiago co-chair. And they have done a lot of work, both in outreach into community, but also within our own employees. And particularly around different language opportunities and caucus forums to be able to really try to build trust. Because it's not just about answering questions. There's some of that. But it's also how do we build trust with these communities that rightfully so have been hesitant based on the history of medicine within this country. But Santiago I'll turn over to you for specifics?

Santiago Neme:

Sure. Thank you, Tim, and Trish. So as you know we've been holding these vaccine safety sessions. And unfortunately, we still have some folks who are basically reporting that they want to wait, they want to

wait longer to see what happens, to see how people feel a few months later. And we've been really emphasizing the fact that it's been three months and close to 100 million doses have been given in the US, extremely safe vaccines, highly efficacious. And it's the only way out, so we keep having these discussions.

Santiago Neme:

This is for employees, but we're actually doing outreach in the community as well. And for instance, through the leadership of Dr. Lisa Chu, this weekend on Saturday, at Harborview, we will have a Spanish and Vietnamese language specific vaccine clinic. And we hope to continue to augment and extend to the other languages to specifically target those groups. Again, I know you asked about employees, but I think there's a cross-section between the employees and their families.

Santiago Neme:

So I think what we do with our vaccine safety discussion is really starting to have an impact on those who are still hesitant, or would like to wait, we also identified that a lot of the folks who are waiting, happened to have been pregnant. And the evidence we know that it's changing, and we have more reassurance from the data, there's going to be more studies. So I think it's all very exciting. But our focus is to continue to extend and send the message that do not wait, get the vaccine you can get right now as soon as you can, while acknowledging that for some folks, technology is challenging. For some folks texting and all these things don't quite work. So the group with Paula Houston and the whole office has been really trying to break down those barriers. So we're actively, at least right now the supply appears to be growing. So we're really excited about that.

Trish Kritek:

So in that setting, we're doing these ongoing conversations where people can hear it from peers, and try to build some of the trust that Tim's talking about. Some language specific clinics, outreach to the community and working through technology limitations for folks-

Santiago Neme:

For instance, today, I led the Spanish language one. And we had folks from different community organizations who joined, and they were basically reporting concerns that their constituents folks had.

Trish Kritek:

That's great.

Santiago Neme:

So then we tried to spread the message that way.

Trish Kritek:

Yeah, that's great. So partnering with community organizations and community leaders as well. Thank you. Okay, one last question about vaccines for this part. Tim, I'm going to come back to you. And I've asked it before, but as we now are learning more about vaccines, is there any discussion about making vaccines mandatory for our workforce?

Tim Dellit:

Now, we really have stayed away from that, for a couple of reasons. One, keep in mind, these are approved under emergency use authorization, which is a little different than full FDA approval right now. And we historically, if you think of influenza vaccine, we have required participation in the process. And if you don't want to be vaccinated, you have to go through a declination process. And through that, we've gotten vaccination rates well over 90% of our health care workers with influenza.

Tim Dellit:

We really want to do this much in a proactive positive manner. But we are not going to be mandating vaccination within UW Medicine. And again, I think there are real challenges when you're working under an emergency use authorization to try to mandate a new vaccine. What we really need to do is what Santiago and his team are doing and really extol how safe the vaccine is and the benefits of being vaccinated.

Trish Kritek:

Okay, so no plans for mandatory vaccination, continuing to talk with people and educate and hear concerns. Awesome. Thank you. John, I'm going to turn to you I'm going to ask for just our numbers to start with. And then we're going to pivot to talking about the most recent CDC recommendations about who can be with whom and how. Because that was the second biggest topic of questions, but let's start with numbers

John Lynch:

Sure thing. So as of this morning UW Medicine facilities are down to 23 patients. We'd actually been down in the mid 20s and kind of came up I think about 29 earlier this week. But now down to 23, which is fantastic. I think we're going to be down a few more by tomorrow, just with isolation, clearance and so forth. 17 of those patients are in acute care, six are in the ICU. I believe one person at Harborview in the ICU is on the ECMO, the heart lung bypass, that I talk about each time. I see Jerome nodding, I think that's still correct. Valley is actually up a little bit, they're at 13 patients, Northwest is at three, Montlake's at two, and Harborview's at five.

Trish Kritek:

Those are great numbers. That's really exciting. And I think they hopefully reflect what's happening in our community too, which is why people have lots of questions about the recent CDC recommendations about who can be with whom, with or without masks. So maybe we can walk through that a little bit. And the first question is really around what are those groups that are going to be able to be together without masks? And how is that different at home versus at work and why?

John Lynch:

Sure. So I'm so glad that on the last Town Hall, I said it was okay for vaccinated people to get together.

Trish Kritek:

You should thank me because I asked that question.

John Lynch:

Well, yes, I had no idea that guidance was coming out. But I'm glad that the CDC finally agreed with me on something. Anyway, so, okay, so the most basic idea here is that if you are as a fully vaccinated



people. And I mean fully, two weeks after you've completed your series, so from the Moderna or Pfizer, that's two vaccines, separated by 21, or 28 days, plus two weeks. For the Johnson and Johnson, that's two weeks after your vaccine. So two weeks after that point.

John Lynch:

I know that in some of our guidance, we've had this 90 day window, as I said, we expect that to go away, and we're starting to see it be removed from all the CDC guidance. So let's just say two weeks past that vaccine, going forward you are fully vaccinated. So if you're a fully vaccinated person, and you live in a household by yourself. This guidance now states that you can go to another person's household, who is also fully vaccinated and take off your mask and eat dinner and be within six feet of someone else. And so that's the most basic. And if there's two people in one household and two people, another household, all of whom are fully vaccinated, the same thing holds. And to be clear, this is a community guideline.

Trish Kritek:

Yep. I'm going to talk about work next.

John Lynch:

Yep, household, household. The next thing that the guideline said, and this is where things get a little bit less perfectly clear. But if you're a fully vaccinated person, and you're going to another person's house who's not fully vaccinated, but they are at low risk, so they are a younger person without comorbidities, the illnesses that we know can make someone sicker, if they got COVID. That is also okay, you can treat that situation as if they're vaccinated.

John Lynch:

This is again with a background that we're all doing good about masking and hand hygiene and distancing out in the normal part of the world. So that's the two like thumbs up from the CDC. So if I get to where we want to hold the line, what the CDC recommends is that if you're a fully vaccinated person going to another household where one of those people who's either there when you're having dinner, or lives in that household, maybe not even there at dinner is a high risk unvaccinated person, then you stay the course. 6 feet, masks, all that sort of stuff. And it basically cascades from there.

John Lynch:

But just then the last thing I'll say about that is that they were pretty concrete to households. And they were pretty concrete. That three is not okay. So we really don't want to see a fully vaccinated household with an unvaccinated low risk household with another unvaccinated household and so forth. Keeping the group still small, still focused. But I think honestly, really great progress.

Trish Kritek:

Yeah, I think this was super exciting. I got a text about it from my family right away. After I was putting some shade on their ideas of getting together. They're like now the CDC says it's okay. So both vaccinated, come together. One vaccinated other house has low risk people come together. One vaccinated anyone in that house, even if they're not there right now, who is higher risk. Don't do it. Follow what we've been doing.

John Lynch:

Okay.

Trish Kritek:

And when you're not doing gathering, then mask, physically distance, handwash, etc. So of course, that raises the question. Can we have meetings at work without masks? Because there were about 100 questions about can we start having meetings without masks?

John Lynch:

You only got 100. I think I got about 1,000. So yeah, so perfect question. So remember, this is actually great, because I just talked about how many people are actually vaccinated. I think I've talked to a lot of leaders or individuals who say, "My whole team is vaccinated." And I always say, "How do you know that?" And the fact is, we don't know who's vaccinated and who's not. And what that means to me is that guidance for community get togethers based on vaccine status, to some extent, we can kind of look at what is a healthcare institution, what's a clinic or a unit or hospital look like?

John Lynch:

What we actually look like is a mix of vaccinated people, unvaccinated low-risk people and unvaccinated high-risk people. So if you think about that, sort of using the same sort of idea, that's what a clinic or a hospital unit looks like. And so what I would say is that means masking, distancing, all that stuff remains in place for healthcare institutions, because you actually don't know who's vaccinated. And we do have a lot of people who are unvaccinated and still at high-risk.

Trish Kritek:

Okay, so we don't know who's vaccinated, we only have 70% of people vaccinated.

John Lynch:

Yep.

Trish Kritek:

And so for now, we stick with exactly the rules we had, no unmasked meetings, potlucks? I got a lot of questions?

John Lynch:

We had a meeting about this yesterday. Sorry, I don't mean to laugh. Because if you actually take a vote of the medical technical group, our infection prevention team, I think a fair majority says we should never have potlucks ever again. But given that we know that potlucks are at the core of many social activities within healthcare institutions. So right now, I'm holding the line, no potlucks.

Trish Kritek:

Okay. So we're holding on potlucks. Again, people take off their masks, you don't know who's in the room and whether or not they've been vaccinated. So we're sticking with these rules. And I totally get it because I love to use food to show my appreciation of each other and to come together. So I just want to acknowledge there's a reason that people keep asking about it, because it's really central to kind of how we support each other. And so it's hard.

John Lynch:

I just want to say I'm extremely optimistic, as I said this time, I'm extremely optimistic about progress, we are making progress, I really believe we can get there. Seattle's demonstrated this over the last year and will continue to demonstrate it. And we just need to hold the line for a bit longer.

Trish Kritek:

So that's a great segue into my maybe second last question for you in this section. Which is, so what would be that threshold? Like, when are we going to say okay, now it's okay? And a corollary to that is like, would we ever have a vaccine passport so we know everybody has their vaccine passport? Or is it going to be a community level of disease that's going to tell us it's time to...

John Lynch:

Yeah, I think it's going to be a whole bunch of stuff. And I think there was actually a nice article that came out in Seattle Times this week that made me think hard about this. There is not going to be an off switch, there's not going to be a day where we celebrate the future and say, remember the anniversary when COVID stopped, that's not going to happen. And so what it's going to be is a gradual progression, where we can do more things more freely, and it's going to be incremental.

John Lynch:

And it's going to be result of how many patients we have in our hospital, where the numbers look at in the community, how much vaccine we have out there. And really importantly, access to the vaccine. When we see widespread, easy access to vaccination, when we see low case counts, we see low hospitalizations, I think we can really start looking at re-engaging in those activities in our hospital. And you just seen President Biden's push to make this, May, June, July is really a goal.

John Lynch:

That's really pretty close. And, again, our context within the healthcare system within the hospitals and clinics is to look at not only keeping ourselves safe. Obviously we need to keep healthcare workers safe, but also our patients. We're getting really good data on the effectiveness of the vaccine in people who are immunocompromised, undergoing cancer, chemotherapy and similar, these are really great signals, but we're still learning about all of them.

Trish Kritek:

Okay, so right now, nothing's changing. And it sounds like it'll be a multiple... I mean, things are changing.

John Lynch:

Oh, yeah.

Trish Kritek:

It'll be multiple pieces of data that will help us make that decision. And you don't have those exact numbers. Like you're not saying, when there are 10 cases across UW Medicine or when the... No.

John Lynch:

Not yet. And just an important point to your vaccine passport thing. One of the things that's really empowered us here in Seattle, in the King County area, is we're working across systems, we're working across public health. And I think a lot of this is going to be an engaged, shared discussion, so that we all move in the right direction at the right time. I'll defer to Tim and others on this around the idea of a UW Medicine vaccine passport. I don't think so. But if there's something that comes out of like the world in general that allows you to get on an airplane or something like that. Those folks are definitely talking about it. And I suspect if it happens, it'll happen in that sort of capacity.

Trish Kritek:

So maybe a global vaccine passport, but I see Tim right now-

John Lynch:

Who knows?

Trish Kritek:

... He shook his head. No, we're not going to have a UW Medicine vaccine passport, so I won't bother him with answering that specific question. Two more John, before I move on. Lots of questions about can I stop wearing eye protection?

John Lynch:

You know, that was interesting. I didn't even think about that. But I have heard the same thing. No, so we're going to stick with eye protection. I know it's not everyone's favorite thing, but we're going to stick with the PPE that we know works for the time being. Again, remember, we're not going to change things based on your vaccine status in terms of your activities within our hospital or your PPE. So we're going to stay the course, we're going to keep going. Because we know it's working.

John Lynch:

And I recognize that I protection, people don't like it. But the tricky part about this, just so people have it concrete in their head, is how am I going to go around and know who's vaccinated and who's not? And who elects to wear eye protection? Did you just forget to put it on? Or if you're vaccinated, or so forth. And so it's much more straightforward and easier for all of us, I think, just to stay the course right now.

Trish Kritek:

Okay, I will just do one quick follow up on that. And I think the differences eye protection protects just me, as opposed to masks which protect other people to know, I think people are like, "This is a nuanced thing. And I know I'm vaccinated."

John Lynch:

Yes. And so I'm not sure if I spoke about this last time, but we're getting more and more data, supporting the fact that these vaccines do prevent asymptomatic infection. This is great, wonderful. But I don't want anyone to get infected with COVID-19, small, small number of people do get infected after vaccination. They might have, because of the vaccine have completely asymmetric infection. And they could potentially give it to one of their co-workers or to one of their patients. And so we really want to maximize that protection for healthcare workers, because I want to keep them safe, but I want to keep everyone around them safe, including their families.

Trish Kritek:

Okay, so I think we're trying to keep taking care of our health care team. Eye protection stays on for now. Keep asking. I'll keep asking too. Last question for you before I move on, and I will be back is related to what you just said. Which is have we had any reports of any health care workers in our community who have been fully vaccinated and then tested positive and infected that we know of?

John Lynch:

Yep, so our team is tracking this. And I think we actually had a couple reports last couple of days, which we're still verifying. I think we're at maybe five people or six people across our entire system, SCCA, all UW Medicine facilities, who have been fully vaccinated, who then went on to develop COVID-19 infection. I think one or two of them were asymptomatic, picked up on screening, and the rest were mildly symptomatic. No hospitalizations or similar, very mild things like a sore throat, or something similar.

John Lynch:

And so we're keeping a close eye on that work with our clinical virology lab around sampling. And we report all of those folks to public health. I just do want to, when we think about that, when you think about the numbers that Tim quoted. Very large number of health workers vaccinated. Very small number of people who are developing any signs or symptoms of COVID-19.

Trish Kritek:

Yeah, so five tested positive couple asymptomatic all mild disease if they had any disease. That's really exciting and encouraging. And we'll keep asking since you're keeping track of it so that we can kind of keep an eye on it.

John Lynch:

Absolutely.

Trish Kritek:

Thank you. Chief Nursing officers, I'm going to turn to you with a question I've also asked you before, and that is where do we stand with adjusting, evolving our visitor policy both in the outpatient setting and inpatient setting? So Jerome you're unmuted so you get to go first.

Jerome Dayao:

Oh, okay. So that's the secret of going first.

Trish Kritek:

Yeah. If you unmute, then you're going to get called on.

Jerome Dayao:

Well, we are working on these policies and procedures to make sure that it's very clear. I mean, I do know that for the outpatient side, this is happening next week. And with regard to the inpatient side, it's still continuous discussion as to how many people are going to be allowed, would there be limits on the hours and so forth? So that's still a logistical thing that we're working on. And we do have

representation from each of the sites in this committee meetings. I do know that there was a meeting today at noon, with regard to the discussion of the inpatient policy for visitation.

Trish Kritek:

Okay, so the outpatient one is changing. Cindy, can you talk about how the outpatient one is changing?

Cindy Sayre:

Yes, so we're really happy to say that we're going to be able to allow our patients to have someone with them in the outpatient setting, I think that's going to be one... It's still being finalized and written, but I believe it's going to be one person to accompany them. And also, I think, if a patient has small children that they can't find care for, that we're going to be able to allow them to come as well. And I actually think it's a good advancement for us, really.

Trish Kritek:

Thank you. So in the outpatient setting, someone accompanying you, and if you have small kids, and you need to bring them with you can do that.

Cindy Sayre:

I mean, we always encourage people to not bring their small children if they have other options, because we want you to be able to focus on your health care experience. And we realize there's an equity issue and not everybody has resources for childcare readily available.

Trish Kritek:

Thank you for clarifying that. I appreciate it. Keri, can you shed a little bit more light on where you think the inpatient policy is going?

Keri Nasenbeny:

Well, I think just to set expectations, that's not anything that's going to change tomorrow. The first step really is the ambulatory one. And I think the timeframe I'm hearing around the inpatient one is still weeks away. And I think there's a lot we have to think through with that one. So it's not just the visiting of inpatient. It's the impact on the screeners. We talked about the impact on the cafeteria. And for example Harborview is already butting against their capacity in the cafeteria, and if we add a bunch of visitors back in, what's that going to do.

Keri Nasenbeny:

So I think we're really still thinking through the ramifications and want to make sure that we do this safely. I think we all acknowledge that we need to change. This is hard on our patients, it's hard on our families, I think and to Rick's story, there are implications, I think, for our patients that we have to acknowledge. And we want to make sure we do this right. So it's not going to be something that I think even next week, we see change, still a lot of work to do on this.

Trish Kritek:

Okay, active work, trying to think of all the implications of doing it, is in continuing discussion, probably won't be next week. But over the next town halls, we will hear how this evolves. And I know that I'm on service right now, thank you Mark Donnelly, who's covering me. It's something we talk about every day,

when we're taking care of patients that we don't have their families there. So I will echo the people who are asking the question about when we can evolve that. So thank you for your work on it. And I'll ask again. Cindy, and Keri maybe more, or maybe it's Jerome too, people asked about like, I can't volunteer at my home site to help in a vaccine clinic. Can I go work at another site to work in a vaccine clinic? Is that the case?

Keri Nasenbeny:

You can I think that we are encouraging people to stay at their home site. Though we do have some people who have crossed over and I mean, I've seen Montlake folks here at Northwest. I think the clinics themselves are trying to fill their spots with people that work in those areas first and then reaching out as they need to across campus. But I think the goal has been to try to keep... At least that's what we've been doing at Northwest is fill those... Because there's a float premium associated with it, and for just a variety of other reasons.

Trish Kritek:

Okay, so we're trying to use our home base folks first. Occasionally it's happening, but it sounds like we don't have a structured way for that to happen. Is that right?

Keri Nasenbeny:

Well, yeah, there's a sign up. And each site is doing this a little bit differently. And there is work in progress, I think, to standardize that process. So we'll see, I think some change around that. Cindy you were at that meeting today, I don't know, if you-

Cindy Sayre:

Yeah, the sign up tool is going to be standardized across the three sites. And so I think that'll offer clarity. And today we talked about the fact that we just need to accelerate that work. I'm hoping we see that sometime next week, that come into play.

Trish Kritek:

Great. Okay. So a unified sign up to that we will see, hopefully next week, keep your eyes peeled.

Cindy Sayre:

I'm optimistic. Yes.

Trish Kritek:

Okay. I like optimism. We're going with optimism today, Anne started with the ferns being unfurled. So we're going to stick with that. Thank you all week. Rick and Santiago, and I guess, Rick, I'll start with you. There are some primary care providers who said, "How are you letting us know when we're opening up first appointments for folks to get their vaccine? I'm a primary care provider and I want to be able to know when my patients ask me that question." So what's our strategy for getting that word out to the primary care providers?

Rick Goss:

Well, I can speak again to the Harborview clinics, and particularly the primary care. And I know in mental health, where many, many patients don't have the technology, don't have the ability to sign up online.

So by definition, the clinic staff, the primary care providers are really trying to help advocate and facilitate. So I'm really pleased that the clinic system here at Harborview has actually set up a mechanism for really several ways to gain access to that vaccine that doesn't require the going online and making a schedule.

Rick Goss:

And so we have in the clinic session itself, if you have a patient, you simply just bring their name forward to the staff, and they will then take it from there. There is also then a outreach mechanism where we essentially put in rank order patients based on age and then other vulnerabilities, and are actually working through that list proactively. So the biggest limitation right now has been supply. What I understand is just in the last week or so, we've already started to really ramp up that mechanism. So something we're extremely anxious to see much greater, even, use to help those folks who may not have computers.

Trish Kritek:

So you have a lot of strategies to do outreach. I'm curious and either your Santiago or maybe others can answer. I think the other question that's embedded here is like, the docs and the advanced practice providers who are going to be seeing patients want to be a little bit ahead of the curve in hearing that we're going to be opening up appointments, and how are we getting that message out? Santiago, do you have thoughts on that?

Santiago Neme:

So yeah, it's funny, that question really made me think that it could be a potential gap. Because, and again, I would have to defer to Tim and other folks. But what I could say is that the system, through the system emails and through the information that the vaccine group gives leadership, we do have a good handle as to what's going on right now. But that information may not be getting to those primary care providers. So then they know that currently, these have opened up. I mean, Tim knows, and John, we sit at these meetings, and we find out like half an hour or we got more doses. So the information is so dynamic. So I wonder whether there is a place on the website or something that we can have more current information, when folks can see what the status of that is. Tim or John, if you have any ideas.

Tim Dellit:

Yeah, I would keep going to the UWmedicine.org website on that vaccine page. That is the latest information both on numbers of individuals vaccinated, but also where we are in scheduling. And that's where you can click on the links to do, be it E-care or call this number for the waitlist. We did send out a UW Medicine wide message around this last Friday. But again email's tricky and not everyone is able to look at all of those in a timely manner. But if you go to that UWmedicine.org website for the vaccine page, that's the most up to date information in terms of where we are in the scheduling.

Trish Kritek:

Okay, so and the medicine vaccine page is where you could go to know, yes, we're scheduling people again, in first doses. Yes?

Tim Dellit:

Yes.



Trish Kritek:

Okay, great. I'm going to recommend that's the strategy. And I think periodic emails are good, too. But you're right, everyone doesn't read them all in a timely fashion.

Tim Dellit:

Read John's email. John's weekly emails always have all the information you need.

Trish Kritek:

That's good. They're outstanding emails, I thoroughly enjoy them. I think you understand that primary care providers want to feel like they know something that they can share with their patients when their patients come into clinic. And that's what they're asking for, which I get.

Santiago Neme:

And universally that is the question that we get from every single patient when we're seeing them is "When is it my turn? Can you let me know?" So yeah, I do think that there could be something that we could try, maybe through the clinic, medical directors, we can funnel some of this information.

Trish Kritek:

Okay. Thanks for thinking about that, Santiago. I'll ask you one more question Santiago, while you're unmuted, which is unrelated. But on my list of some more rapid fire things. Do vaccinated patients still need to get pre-op COVID swabs?

Santiago Neme:

So yeah, that's it question. As you know we have a UW Medicine procedural group where we really discuss all these important questions. And with John's leadership, we're really getting to this process of unwinding some of these... What does the vaccine really do to our current policies? And how can we just start opening the door slightly. And then we encounter that issue of how do we operationalize some of these changes? How do you determine whether so when so he's having a procedure, they're fully vaccinated, etc.

Santiago Neme:

So at the moment, we're considering that question. Definitely an individual who is fully vaccinated would have significantly lower risk. But as we're discovering or getting more immersion info, for instance, Pfizer had a press release where now and the evidence of asymptomatic transmission is pretty powerful, that folks are protected. And we're going to continue to work on this. Currently, we haven't changed the process. There seems to be a direction in that way, in a way, but we're not ready yet. I don't know, John, if you have any additional comments.

John Lynch:

No, I think everything you said was right, Santiago. And one of the things that we struggle with is the CDC comes out with guidance. And I think that they are really starting to accelerate their guidance around these particular topics. And so I really feel like we, as much as possible want to align, and change in a way that is at a pace that is reasonable for our colleagues and our patients, rather than making little changes that really create a lot of confusion. So I think we're going to hold right now and continue to re-evaluate on a daily or weekly basis.

Trish Kritek:

Okay, so still need pre-op testing, continuing to evaluate, going to keep following the guidance from the CDC and continue to evolve. And I'm going to say we should hold on to the nimbleness that we talked about earlier, and continue to evolve with that nimbleness. Alright, there's a bunch of questions that I'm not going to get to, but there's a few that I definitely need to get to.

Trish Kritek:

So Tim, I'm going to start with you. And maybe you're going to hand it to John, I'm not sure. There's a bunch of questions about travel, and people traveling and whether or not they need to quarantine when they come back from traveling. So where do we stand with people traveling at this point in time, which I know we never forbid, but we discouraged and maybe we're still discouraging?

Tim Dellit:

We still have our travel restriction for work related travel within UW Medicine and then strongly discouraging personal travel. I anticipate that will likely change once we get through the freeze period in terms of scheduled time off for D1. So look towards mid-April, where we likely will revert back to the university wide policy around travel. And again, the quarantine piece is one that was initially an advisory from the governor, in terms of what to do. I think that was again before we started vaccinating anyone. So things have changed. I'm not sure that advisory is actually changed anymore, and we never required people to do it. And certainly I think if people have been vaccinated, just as you said from the CDC, if you're vaccinated even with exposure, not at work, but in that sort of a setting, then the CDC would say that you don't need to now quarantine after such an exposure.

John Lynch:

The CDC guidance is a little... It's not really clear. And I expect this to be updated as well. Tim's right, so an exposure for the CDC for vaccinated individuals, you don't need to quarantine. They explicitly for healthcare workers did not talk about exposure in the household only exposure at work. Public Health is exposure at home, but not for health care workers. And then lastly, they explicitly said that people who are vaccinated should still not travel, which is inconsistent with everything else they said. And I think that they've heard that, and I fully expect that will also be addressed. So I think there's going to be guidance coming out in the coming weeks around vaccinated individuals and travel. But for right now now, no change.

Trish Kritek:

Nothing's changed here on travel. We also have D1 for a lot of us, not everybody in our community. We think the CDC is going to say something more about travel, and we will evolve when the CDC says something more, John. I think you just said yes, that's right.

John Lynch:

Yes, I did. I'm texting, answering questions. Sorry.

Tim Dellit:

I anticipate here the beginning middle of April, I think travel may change, I think you look at the state opening up, moving to phase three on the 22nd of March and then re-evaluating. And so I think some of these things, again, we always have to balance what's done at work versus what's done in the

community or at home, because they're not the same. And so, again, really appreciate everyone's patience. As we talked about with the recovery in the spring, it's easier in some ways to ramp up and put some of these practices in place. It's going to be a little bit more tricky, and a little bumpier, as we start to pull back on some of these practices that have been so ingrained, and really allowed us to do so well within our community.

Trish Kritek:

Okay, so, travel guides remains the same. CDC is saying that if you're an exposure in the community, you don't need to quarantine. I'm going to just ask this question are we giving the guidance that if you travel, you're supposed to quarantine for four days? Is that still our guidance, John?

John Lynch:

So it's 14 days, the governor's proclamation has not changed, it is still guidance. There's no official requirement, and UW Medicine has not required anyone to do so.

Trish Kritek:

Okay. That's really helpful. That's the state governors guidance. I'm actually traveling, I'm going to help take care of a friend of mine who's having surgery, and I'm going to fly. And I made a conscious decision to do that. And I want to know if I have to quarantine when I come back, and I'm vaccinated. So I get the questions and I think they're very real so state guidance, no official UW Medicine policy on it? Is that right?

Tim Dellit:

We've never required it, we've just said follow the guidance. But we also recognize in that situation you're vaccinated and you travel, you would not be required to be quarantined when you come back.

Santiago Neme:

Yeah, that's the issue with the unwinding process, it creates kings, and some policies may not really work. So that's why we're really being very careful.

Trish Kritek:

Okay. And I think the reason that people have questions is because as things change, these questions seem like they're newly relevant all over again. So we'll keep asking them and keep thinking about them. And sometimes we might prod to evolve the change by the questions you ask. John, real quick, I'm going to try and sneak in two more quick questions. Is there any news on vaccines for teenagers or kids?

John Lynch:

Not yet. So I think that these vaccines are actually authorized for I think, above age 16. And I know in Alaska, they've authorized it for everyone above age 16. The studies in children are ongoing right now, at least two of the three vaccines, I know the J&J and I think the Pfizer are in trials right this moment, and I hope to see data from those maybe late spring, early summer. There's no reason to think that these won't work well in kids. But we want to use evidence. And so I think we'll be looking at it later this spring.

Trish Kritek:

So sometime in the next few months, we hope to see some data around vaccinations for kids. Okay, that's really helpful. Thank you. And then the last one, I would be remiss if I didn't say any new updates on variants that are in our-

John Lynch:

Yeah, so our UW clinical virology lab, that amazing lab is doing sequencing, I don't have a ton of updates in terms of their capacity. I think I mentioned last time the Department of Health was looking at setting up capacity. I think there was a mention in the paper this week on that topic. But I don't know how many they're sequencing, nor the data that's coming out, I think they're working on a dashboard.

John Lynch:

Within King County, or I should say, with the UW Medicine testing, it looks like we're approaching about 3% of the B117 variant in our community.

Trish Kritek:

That's the UK one?

John Lynch:

Exactly the UK one, as we've heard this week, the one from Brazil P1 was reported was one person, two different tests. And we know that the one from the Republic of South Africa 1351 was also detected a few weeks back, but fortunately, we haven't seen much of either of those, which is great. So the big issue with the 117 is the predicted sort of doubling time was about every 10 days. So far, it seems like we're not quite hitting that. In some of the other parts of the country like Florida, where we know there's a lot more B117, they don't seem to be seeing quite the same impact either, despite being basically an open state now, for many practices. So cautious optimism, but we're going to keep a close eye on it with our colleagues in Laboratory Medicine and the state.

Trish Kritek:

Okay, so more of the UK, some tests of the Brazilian and the South African, but not numbers of that. And so I like to end with the cautious optimism. And I think that might be the feeling that a lot of us are having right now is cautious optimism, and the feeling of spring in the air and the kind of moving forward.

Trish Kritek:

I want to end by thanking everyone. Thanking everyone who sent in their questions. I'm so appreciative of all the questions that came in and the new types of questions you ask. I will say now, that in two weeks, we will have some time for questions around D1, particularly. And I will encourage people if you have questions about D1 to use the portal, we'll set it up soon. Change it slightly so that you can put in your questions about do you want. And we'll have some guests to talk about D1.

Trish Kritek:

So please keep sending us your questions about whatever it is that you have questions about in this community. I want to particularly thank Santiago, Keri and Rick, for sharing today. It's really moving and powerful and Rick, my heart goes out to you and the experience with your dad, I just want to say that to

you. And I want to really thank you for sharing that with everybody. That was brave of you to do and I appreciate it.

Trish Kritek:

And I want to thank Anne for framing that. I want to amplify her suggestion that we take this forward and do it with our teams. And I'm going to encourage us all to do that. Because at the end of the day, I'm going to thank you all again for taking care of our patients, their families and take care of each other by asking what it means to be a year into this, and what we're going to grieve about that year. And what we're going to hold on to about the change for the future. I think it's really important. And I'll see you back in two weeks time. I look forward to it. Please send us your questions. Bye-bye.