Trish Kritek:

Welcome to UW Medicine town hall. I'm Trish Kritek, associate dean for faculty affairs. We have a special town hall today. We're going to talk about usual town hall stuff, and we're going to spend a lot of time talking about D1 because as many members of our community know we go live with D1 in the early hours of the coming morning, so we have some special guests. So I'm going to go around and introduce folks, including our guests and then we'll jump right in because we got a lot to talk about. It's my pleasure to have Anne Browning, our assistant dean for well-being. Keri Nasenbeny, CNO at UWMC Northwest. Tim Dellit, chief medical officer for UW Medicine. Santiago Neme, medical director for UWMC Northwest. Cindy Sayre, CNO for UWMC Montlake. Eric Neil, one of our guests. I should have done my guests together, but I started just going on my screen, our chief informatics officer. Thank you for joining us today. Tom Staiger, medical director UWMC.

Trish Kritek:

Lisa Brandenburg, our other guest, the president of UW Medicine, hospitals and clinics. Thrilled to have you here today as well. And Jerome Dayao, our chief nursing officer at Harborview Medical Center. We gave John Lynch the week off. Tim did. I don't know why. And Rick Goss is caught up in some urgent stuff at Harborview. So that's our team for today. I'll add that we have a couple other experts working in the Q&A, Todd Burstain and Mary Horan will be answering your questions in the Q&A about D1 as we go. So if you have something you want to ask, feel free to throw it in the Q&A as always. If you want to ask questions about other stuff as well, put it in the Q&A. All right. So with no further ado, Anne I'm going to turn to you for our wellbeing message.

Anne Browning:

Sure. Thanks Trish. I mentioned in December that I bought a pair of skis and that I wanted to embrace the snow this winter as a way to focus on what we could do this winter rather than dwell on what patterns of our life continue to feel disrupted. And I'm happy to report I've made it to the end of March with no cast, no crutches and only a handful of bumps and bruises. And I wanted to share a couple of things that I learned in the process. One, there are these magical places in the mountains. They're only about an hour out of Seattle that typically seen in festive snow when Seattle is gray and rainy and they've been there my whole life and I just discovered them this year. And it was a good reminder to keep exploring what's right around us.

Anne Browning:

The second thing, I won't miss lift lines, but I will miss riding the ski lifts. The five minutes or so of pause in between the effort that made me realize how seldom I just sit still without staring at a screen. And I had some really lovely conversations on the ski lifts this winter. And my wife and I are already trying to figure out how do we make some ski lift time for the other eight months out of the year? Lastly the joy of going from being a total novice at something to gaining some decent proficiency, it's just wonderful to experience. And it was a great reminder to keep trying and learning new things throughout our lives.

Anne Browning:

And if you bear with me on a really rough time to D1. Many of us are novices at Epic and this is going to be awkward and clunky, and we'll likely get some bumps and bruises, but I'm hopeful that there will be some joy in gaining proficiency as time goes on with this new system in place. So hang in there novices, and don't forget to keep your tips up when you're getting on and off the lift. Thank you.

Trish Kritek:

Thank you. I want to give you huge kudos to her bringing D1 and wellbeing together, plus the ski lift. Thank you for that. And I think that that spirit of trying something new and embracing the newness is something that has been really powerful this year. We are going to talk about D1. We're actually going to start off talking about vaccines though, because actually we got a lot of questions about vaccines and kind of what's going on in the community in terms of numbers. So I'm going to turn to Tim for some early questions. I also just want to pause at the beginning of this town hall and acknowledge the killings that happened in Georgia last week and the ongoing anti-Asian racism that is part of this whole country and certainly our community here as well.

Trish Kritek:

I think we've been hearing this throughout the last several days, and I think we need to keep saying it that we need to have ongoing support and spaces of safety for the members of our Asian community, both within UW Medicine, our friends and colleagues, learners, and trainees, as well as the greater community around us. So I just want to acknowledge that as well as we start off. And Tim, I know you also acknowledge that publicly earlier this week, so I am pausing for that moment and then I'm going to turn to you to, if you want to add to that you can, but also then talk a little bit about where we stand with numbers with COVID across our system and in the state.

Tim Dellit:

Great. Thank you, Trish. And again, thank you everyone for joining us here this afternoon. And as Trish mentioned it's been such a challenging year in so many respects and then just to see what has happened recently, particularly with the violence towards our Asian community, just as we saw previously with our black communities is just, again, it gives us all the time to pause and really think about how do we support all those members in our community and also give space and a place for them to voice their concerns with the support of all of us. So again, thank you for raising that. With respect to numbers, people may have seen in the front page of the Seattle Times today, if you look nationally we unfortunately have plateaued in the overall number of new cases of COVID-19 and the fact, there's been a little bit of an increase to around 60,000 a day across the country.

Tim Dellit:

In Washington state we've seen the same thing we plateaued and are continuing in a flat round 650 new cases a day in the state. If you actually look at King County, not only have we plateaued, but we're starting to see a little bit of an uptick. If you look at one of those measures that we look at, we had gotten down to about 85 cases per a hundred thousand population. When you look over the last two weeks now we're at 108. So we have started to see an increase and I think one of the concerns, and we can go into this in more detail, but as the lab does random sampling looking for variants of concern, actually when they do that they're finding about 26% of those that they randomly sequenced are variance. And in particular, we've seen an increasing number of California variants, I believe over 500 now that the lab has identified. And again, that's really just by a sample of what is coming in. So that does give us some pause within our hospitals. We had gotten down around 20 patients across our four hospital campuses.

Tim Dellit:

The last couple of days, we're back up to about 30. The majority down at Valley, which is not surprising. That's what we've seen in South King County. So it does give us a little bit of a pause just in terms of

we're not continuing to go down and this is occurring as we're seeing more variants in terms of the proportion of strains within our community, and we're starting to reopen things. And so we knew that this was going to be a balance and so we're going to have to continue to monitor this closely. I would say right now, it's not having a significant impact within our facilities. Although again, Valley is creeping up but it is something we're absolutely watching.

Trish Kritek:

Okay. And I think I started to see that in the questions. So summary is like slow increase, a little bit increase in the numbers in King County, a little bit of increase in our system up to 30, more towards Valley. And I think we are seeing it in the news like Michigan and other places, so a little bit of concern around variants and opening up, and we'll have to see how that goes. It also is in time with us wanting to get more people vaccinated. So I guess my other question for you is where we stand with numbers of vaccines and then I have a bunch of follow-up questions about vaccines.

Tim Dellit:

So as a system we continue to do pretty well. We're up over 160,000 doses. That includes over 91,000 individuals who have received their first dose and then another 68,000 second doses. So really again, ongoing effort, about 15,000 doses a week through UW medicine. And so whatever supply we can get we're to give it. Overall, the state is doing better. We're up to about 45,000 doses a day, which was the governor's goal and so we do see that supply gradually increasing. If you look, this was also, I believe in the paper today, that we're right around 400,000 doses coming next week for the state, but 40,000 of those are Johnson & Johnson.

Tim Dellit:

And then we go, I think, two weeks with no Johnson & Johnson. So we drop back off to 360,000. So we're kind of flat, we're better than where we were a few weeks ago which is great, but we're still not seeing that continued increase in supply just yet.

Trish Kritek:

Okay. So increase, more Johnson & Johnson doesn't but not continuous Johnson & Johnson, but numbers are up. Relevant to that people have asked, and I have this experience too, in other states, the threshold for age is being lowered quickly like in Ohio I think it's down to 40 now and in other states. So people are concerned, are we getting fewer vaccines here or is it our different approach towards vaccination?

Tim Dellit:

Yeah, I think this has been, again, one of the frustrations, the way this has rolled out is that there's general guidance from the CDC, but then every separate department of health within all 50 States comes up with their own version of that and so it's very hard to compare one state to another. There can be potentially some disconnect. You see this in the news where some areas have a surplus of vaccine it seams. And so again, getting that right match of supply and demand continues to be a bit of a challenge when you look overall across the country. With respect to the age, what I'm understanding now is as of March 31st, they're lowering that age to 60. So not down to 40, but 60 years of age and older as of March 31st will be eligible.

Tim Dellit:

And I do think the states are pushing more and more. We've seen this, the tiers are opening up faster than originally anticipated. The state also announced they're going to be in alignment with President Biden's request that everyone is eligible as of May 1st. Now, again, that's 16 years of age and older because that's the age cutoffs for the current vaccines. But things are progressing more quickly and May 1st, it doesn't seem like it, but it's literally right around the corner. It's a month away.

Trish Kritek:

It does feel like it to me. But I want to ask you a follow-up questions to that. So 3 31, we are saying, we think that the state's going to 60. Someone wrote in a question, it says, if I know that I can be vaccinated as of the 31st, can I sign up now for like April 2nd, because I'll be in the eligibility at that point in time?

Tim Dellit:

My understanding is we currently, our process now is, and we've launched a new bot that is really helping us so that you can sign up to be on a waiting list, but I do still think you have to wait until you're actually eligible by that given DOH criteria. Then once you sign up then when it is your turn, you'll get either depending on how you set it up, either a text message or a phone call to be able to schedule that dose. We also do have, and this is all on our uwmedicine.org website, a end of the day no waste list as well that people can sign up for if you're within those phase one B tiers, one to four, or the phase one A as well. So we're still trying to follow those tiers, but also get people in the queue as vaccine becomes eligible.

Trish Kritek:

Okay. So let me make sure I understood that and clarify it. So you can go in and sign up now and when-

Tim Dellit:

If you're eligible.

Trish Kritek:

If you're going to be eligible or if you're eligible already?

Tim Dellit:

I think you have to be eligible now to be able to sign up for that waiting list, so you-

Trish Kritek:

So you can sign when you're eligible.

Tim Dellit:

Yeah.

Trish Kritek:

And when you're eligible and put your name in there, it'll reach out to you and say, now's your chance to sign up and you'll get to be able to slot in. So just to clarify, when you're eligible, you can do that. And then what I heard you say is that what we're hoping for is that by May 1st, everyone, 16 and older will be able to sign up. Will that be true here at UW Medicine?

Tim Dellit:

Yes.

Trish Kritek:

Okay. And then this wait list, a bunch of people asked about the wait list. Is that for the public or is it just for folks within our system?

Tim Dellit:

It's for anyone. So we from an equity standpoint, we are really not giving preferential treatment. Sometimes we'll get questions about what about employee family members? If they're eligible by DOH criteria, they can sign up just like anyone else can. But we really think from an equity standpoint, we're trying not to provide that sort of preferential treatment.

Trish Kritek:

Okay. So it's open for everyone to sign up on the wait list so that we continue to have zero waste of vaccines. And so people can do that. Again, when they're eligible, they can get chosen. Santiago, did you want to clarify part of that?

Santiago Neme:

No, I just wanted to add that now we have the ability to schedule our own patients in-clinic. So when you're seeing your patient, make sure you check in with your MA, RN or the administration of that clinic. Because for instance, I was in clinic this week and I was able to find same day appointments at the same building basically for my patients, which was great. Obviously your patients need to meet the eligibility criteria. So it's not any patient. Just pay attention to the phase we're in, but I was also able to find appointments in the first week of April for patients who will meet criteria in four days. So that's happening. So touch base with your clinic when you are in a clinic session, because there's some updates.

Tim Dellit:

So I apologize-

Trish Kritek:

So now you said something different.

Tim Dellit:

No. Another thing that I was just reminded of, for our UW Medicine employees, there is still that, when they're eligible, there is that online link, but it's only the UW Medicine employees. For university employees that are not part of UW Medicine or the broader community it's using that information on our website, that phone number to get the wait list. What Santiago's describing is, again, for patients who are eligible, so they still meet those eligible, then the physicians can go in and do that scheduling when they are there in clinic so that's-

Trish Kritek:

I'm going to get granular on this one, because I think we've said two different things. So I want to get it right. Santiago you're pointing at me. Do want to clarify something?

Santiago Neme:

No, no, no. Sorry. I'm listening.

Trish Kritek:

Is it that if I'm going to be eligible as of April 3rd, today, I could sign up... I'm making up a date. I could sign up for April 5th today, or do I have to wait till April 3rd to then be able to sign up for April 5th? What Santiago just said was the former that I can sign up now, as long as I'm signing up for a date that's after, when I'm eligible, but you said the opposite.

Santiago Neme:

For patients you're able to do that, and you will find on Epic a way to do that and I actually did that on Wednesday and it's there. You just need to pick multiple date and you will see the schedule opens up. It doesn't open up very much farther. It's just the first three days of April and I was able to find... So I'm sorry if I was confusing, I just wanted to-

Trish Kritek:

No, no.

Santiago Neme:

... let clinicians know that there's a way now to schedule your patients same day and also within the next few days if they-

Tim Dellit:

The important distinction is what Santiago's describing is for our physicians to do for their patients. That's very different. What I was referring to is the general populace that their doctor's not scheduling them. That is the mechanism that they have to go through and they can't sign up until they're eligible.

Trish Kritek:

I think I've got it. If you're a primary care provider and you have your patient, you can schedule them for an appointment. That's the first message Santiago gave, and you can schedule them in advance for when they're going to be eligible. If you're a member of the community, trying to sign on themselves, you need to wait until you're eligible and then you'll be able to get in the queue to get an appointment. I think that's all right.

Santiago Neme:

Sorry if I messed that up.

Trish Kritek:

No, no, no, no. It's all good. It's all good. It's all good. This is like a logic quiz for me and we'll see if I pass. The last part is the waiting list. The waiting list is for UW Medicine employees. Tim?

Tim Dellit:

The end of the day no waste list is available on the website for not just our employees, but anyone who's within those tiers one to four can sign up for that.

Trish Kritek:

Okay. I want to clarify that everybody can sign up on the no waste list because we want to be equitable and we want people to sign up and whoever can get it. Okay. Whew. Thank you. Last few questions before we pivot to D1.

Tim Dellit:

I'm exhausted.

Trish Kritek:

Hallelujah. I agree. In all seriousness, we have an ongoing desire within our... What I love is that we will have so many people here who want to be vaccinated. So the folks who work in our labs really want to be vaccinated too and the question that was posed was, is a lab considered a congregate setting?

Tim Dellit:

Yeah, no, that's a great question. And we did clarify this again with the Department of Health, because they have a very specific definition. So unfortunately, sometimes when they do the brief overview, they say work in a congregate setting, but then when you actually go to the detailed document, they clearly define it's typically it's agricultural workers, it's food and grocery store workers. So they define those. And the lab workers are not yet in there. Where they are eligible and we've clarified this with our internal team too would be in phase two, which is currently scheduled for mid to end of April and maybe that will move up. So literally within probably three to four weeks, that group will or should be eligible. But they're technically not part of how DOH defines that current congregate work setting.

Trish Kritek:

Okay. So not part of congregate work, but part of phase two. We're thinking late April, so three, four weeks. Keep asking people. I'm just thrilled-

Tim Dellit:

It changes all the time.

Trish Kritek:

... that you want to be vaccinated.

Tim Dellit:

Yeah. Yeah. It's continuing to change and move up.

Trish Kritek:

Yeah. Things keep evolving. Okay. I'm going to save my other question for later. I'm going to switch hats and transition to talking about D1 and I'm actually going to start out asking Lisa a question. So Lisa, thanks again for joining us today. I think the come... One of the questions that came up a handful of times is why are we doing D1 right now? And maybe you could respond to that kind of broad, big question.

Lisa Brandenburg:

Sure. And great to be here today. Well, for a few years we had really delayed the implementation of a system-wide medical record because of our financial issues. So for several years, that decision, which had been made that we wanted to go all Epic across all our facilities got delayed. Really based on the benefits that we get, which are substantial for patient safety, for patient convenience, for our staff and our providers in making it easier to work here we needed to make this decision. So now about two years ago is when we made the decision that we wanted to move forward with this project. This is $180 million project. So it's a big deal. You don't just decide you're going to do it in the next day, you start. So two years ago is really when we made that decision, figured out the funding and started in really on that planning.

Lisa Brandenburg:

Although you might say, well, heck we're not even out of the pandemic. What are we thinking here? Really the improvements we're going to get are so substantial. In fact, had we made those... had we actually able to go live before the pandemic, we would have had a number of benefits that would have helped us in the pandemic. And we looked very carefully at what were our COVID numbers and what were the projections, how many super users did we need, how much support did we need and looking at where we are, we decided we can go live now and we need to go live now because this is really important for us.

Trish Kritek:

Okay. So two years in the coming, I wrote down $180 million in the offing and a lot of thinking about where we are in the pandemic and getting the benefits of the program when we thought we could do it with staffing and numbers in terms of patients with COVID. My real question is, when do you think we will see those benefits? They will allow you to tell us what you think those benefits are, but I think people are curious, like, this seems like it's going to be rough and how long do you think it will be before we're starting to realize some of the benefits of doing this?

Lisa Brandenburg:

I think we'll see some benefits right away or within a couple of weeks. I mean, we know that there are numerous benefits for us in terms of improved communication across the teams. We know that patients are finally going to get only one bill from us. We know that we'll be able to share our data from ancillary systems across instead of everybody having their data in their own system and always having to figure out we find out what's true for someone else. We know we'll be able to share data in the community. So most of the other hospitals and health systems in this area are on Epic and now we'll be able to share. So some of that will happen very soon. I mean, first two weeks, of course, we expect still a lot of learning. But we're going to see some of those benefits very soon.

Lisa Brandenburg:

And then I would expect really within the first one to two years, as we keep optimizing we're really, I think then we will really hear people talking about the improvements we've been able to make.

Trish Kritek:

Yeah. So what I heard there was team communication that'll help in early, being able to see data will happen early and kind of transparency across inpatient, outpatient, different sites. Those things will happen early. For patients having one bill will happen, I guess, right away, probably.

Lisa Brandenburg:

Yeah. Right.

Trish Kritek:

And then a couple of years to realize more of the benefits. Eric, did you want to add to that?

Eric Neil:

No. I was just agreeing. Patients are going to see it first, one bill and one portal, those improvements happen on day one. So the patients are going to get the benefit while we're still figuring out the system.

Trish Kritek:

Okay. So patients might feel it sooner than the rest of us. Fair enough. And-

Lisa Brandenburg:

I think-

Trish Kritek:

... I think... Go ahead, Lisa. Sorry.

Lisa Brandenburg:

Well, I was going to say a couple other things I've heard people talking about, shared med lists. One med list. The same system across all our facilities, which we don't have right now. And the same way of doing things across all our facilities and that shared... Being able to say, see inpatient and ED notes from places in ambulatory, for example. So I think some of that will happen really pretty quickly.

Trish Kritek:

Fair enough. And I'm all for the one med list. I'm super excited about that as I'm excited about inpatient outpatient as an inpatient provider. I'm going to ask some harder questions because I think more other questions were things that people are worried about. So I want to talk about that. The first one, I'll ask you, Lisa, and then maybe I'll pivot over to Eric for a couple is I think people are worried about the surgical schedule being kind of regular surgical schedule as we're going live and I wondered if you could talk about decision-making around what to do with the surgical schedule in the next week or two?

Lisa Brandenburg:

Sure. And this is something that's had a lot of careful consideration because as you said, this has been a question that has been brought up and has had a lot of people thinking about it. I'd say first thing is Epic's recommendation and Epic has done a lot of real lives, a lot more than we have and including some in this pandemic period, their recommendation is that you don't decrease volumes, but you make sure that you have adequate support. And the OR is an area where it's a focused area and they say, make sure you have extra support in the OR. So one is, what does Epic tell us from other go-lives?

Lisa Brandenburg:

Second reason that is more specific to us is that, based on the pandemic, we've decreased our surgical schedule and then increased again and then recently decreased it again, only more specifically and then

had to increase it again. And I think with the feeling that there's been so much already up and down with the surgical schedule, it was really felt that we would do better to put in some additional at the Elbow Support and some additional virtual support to make sure this works.

Trish Kritek:

Okay. So because of the ups and downs in surgeries, the thought was kind of try to stay steady and add support, plus the fact that Epic has done this many times and in general that's what they've done. Can anyone here tell me what the additional support that we're providing to the ORs is? I'm not sure who might be able to answer that question.

Eric Neil:

I think we could get an actual count pretty quickly before the end of the call.

Trish Kritek:

Okay. Eric, that sounds great. And Eric, since you spoke up, that's a great segue to ask you a question. I know you've been thinking about this and talking about this a lot, but the second most common question that I got about D1 was why don't we have on-site support at Go-Live from Epic? Because I know that people know about super users, but people are wondering and I think probably have lived... know people who had Epic Go-Live before and other institutions that that's not the case here, but it is in other places.

Eric Neil:

Yeah. Thanks Trish and thanks for inviting me today. We're 13 hours away from Go-Live. So happy to be able to talk with everybody about it. Yeah. Go-Live support is a huge deal for us of course. At the very beginning of the project, we said, "Look, this will take 3000 people to support Go-Live." Our plan was 1,500 super users and about 1,500 contractors. And then of course COVID hit. And the idea of flying in contractors from all over the country and putting them at your Elbow in the hospitals while you're taking care of patients, didn't make sense. So we had to pivot. And just a few months ago even we were having another significant surge and the projections were looking quite ugly, but we knew we still needed the 3000 all along. So the hospitals have really stepped up, the practitioners and the staff.

Eric Neil:

We have 2,800 super users for this project. And on top of the 2,800 we've got about 300 people between Epic experts and experts from CSI project staff, other contractors who will be here onsite as well. So I think in total we're something like 3,030 people on the ground. In addition to that, we've got 500 people that are manning different shifts on the phone for that virtual support. And then there's our project team and others that are behind the scenes working on issues. So in total, we've got over 4,000 people providing support for this Go-Live. That is a true army of support. Of course, if we could wave a magic wand, we wouldn't have want COVID here. We would love to be at the Elbow working with people. But I think we've got a pretty solid support plan in place. That support plan's endorsed by Epic and the major companies we've hired to help us do this, who do other Epic implementations. So we're ready. We've got an army of people that are ready to go.

Trish Kritek:

Okay. So I heard about-

Tim Dellit:

And Trish-

Trish Kritek:

Yeah. Tim.

Tim Dellit:

We're not the only ones here, right? Even throughout this last year of the pandemic, Epic Go-Lives have continued to happen in this more hybrid virtual model, including at Seattle Children's.

Trish Kritek:

Yeah. We have local experience.

Tim Dellit:

Exactly. And so that's an important thing that we're continuing to learn from that. And even the remote access they'll be able to come on literally take over your screen. I mean, I know that sounds challenging for those of us who like control, but they will take over your screen and help guide you as well. So I do think we're trying to be creative in these various aspects, but it's important to remember we're not the only ones who are doing it this way right now. And honestly, I bet going forward, it's going to be more of a hybrid as more and more organizations go live.

Trish Kritek:

Okay. So we're not the only ones doing it. We have numbers that are actually more than what we said, the 3000. We have like 4,000 some people. 500 people on the phone, 2,800 super users. And I'm going to say all of that and then I'm going to ask you a question, which seems silly after that, but I'm going to ask it anyway, because here's the deal. It's still anxiety provoking and people are tired and it feels like a lot of change in all of our lives. And so the thought that when I go to try to write orders, there's not going to be a super user around and the phone line might be busy. So Eric, what do I do if there's no super user around?

Eric Neil:

You mentioned it that the super user is your first person you should go to because a super user has this multiplier effect. We want them to resolve issues and then share that knowledge with many other people. But if the super user isn't there, you've got to call our Epic hotline and that hotline is going to go live soon. If you call it right now, it'll tell you that it goes live at 4:00 AM, but it's 520-2255.

Trish Kritek:

We'll put it in the chat.

Eric Neil:

I put it in my phone as a contact, Epic hotline. 520-2255. That's where you want to call.

Trish Kritek:

Okay. So use a super user, call the hotline. Any other things that I should know? Anything else in my bag of tricks when I don't know what I'm doing?

Tim Dellit:

Eric, can you talk about the staffing of the call line? Because sometimes people may be thinking we're just using our normal call line and that's not the case. Right?

Eric Neil:

Right. So we've hired a company called CSI. They support large health care systems in supporting Go-Live. They're experts in Epic and they are on the other end of the phone line. So we've set up this special line. This is not the help desk. This is specifically for this Go-Live and you'll call and the phone trees are designed to be super efficient. So you can quickly press numbers and get to the type of person you need to support you. A lot of thought has gone into that. And in fact, we will continue to refine that days into Go-Live. So once we get done with all the printer issues, for example, we'll probably streamline the phone tree so you can get right to the people who'd help. But yeah, good point, Tim, this is not your old fashioned help desk. No.

Trish Kritek:

We're trying to make it easier. Even the numbers all just down the middle. I just checked my phone. Todd put in the chat, the number, which is (206) 520-2255 after the first one. And we're really reinforcing the support on that line. Okay, great. Thank you. I appreciate it. And there's lots in the chat about places you can go for help. I'm going to ask you at least one more question here before kind of pivot to our clinical leaders. And maybe, you know this. I think probably you do. Can folks who are non-providers, non-physicians or advanced practice providers access cores in the new system? There's cores. So can other folks, can all numbers of our health care team access cores? Do you know the answer to that?

Eric Neil:

I am not a cores expert, but I'll bet Tim and-

Lisa Brandenburg:

I think the answer in the chat is yes.

Santiago Neme:

Yep. I'm reading the same.

Trish Kritek:

Okay. So evidently all members of the healthcare team or all clinicians can access cores. Great. I know people are excited that cores is around.

Tom Staiger:

Sorry. I heard that question posed. I think our inpatient nurses have cores access now. Somebody was, through Paul Sutton, was arranged to provide access for our outpatient nurses. So it may take some manual permissions to get some folks access to cores.

Trish Kritek:

Okay. So I think Tom just gave a clarifying on that one. Our goal is for everybody, who's a clinician to have access to cores, but maybe we need to still sort out some of those details. Is that right?

Tom Staiger:

That's my understanding. Yes.

Trish Kritek:

Okay. So Tom, you can leave yourself unmuted please.

Tom Staiger:

That's what I get for speaking up.

Trish Kritek:

Nope. It was already on my radar, but yes, that's exactly how I roll. Clinicians, particularly primary care providers had some questions about like, how should I be messaging this to my patients and how much more education are we going to get as primary care providers? So let's do the first one. How should I message this to my patients?

Tom Staiger:

So I would say in general, we want to be transparent about what we're doing. Our goal is also to have this minimally impact our patient care processes. As a primary care clinician, in the primary care realm I don't expect that it will change our processes much of it all with patients. And so if something came up where it was impacting a patient care process, I would comment about that. But at least in our clinics that are already on Epic will be on a different instance of Epic, which will require a little bit of learning, but I don't expect it to change how we interact with our patients now. Yeah. So there will be a little bit differences in the lab availability. Some things are going to get released more quickly, so there'll be some changes. I'm looking at the look on your face, making me think maybe there's more changes that I haven't appreciated-

Trish Kritek:

No, it's your microphone. You have some crazy microphone thing going on where suddenly goes, waah.

Tom Staiger:

Oh dear.

Trish Kritek:

And so we're reacting to that.

Tim Dellit:

One important message is that if our patients are using eCare now it's just changing names to MyChart. I mean, eCare's just kind of been our version of MyChart and so they will still continue to be able to use that. And in fact, they'll have greater access to their information through that. And so that's one thing

we want to really message as people download the MyChart, put it on your phone. I've done that. You can go directly in and access all your records.

Trish Kritek:

Okay. So for outpatients, still going to have access, maybe more access, it's going to be called MyChart instead of eCare and actually Tom that's one follow-up question I had for you. And that was somebody asked about, are providers going to be able to release lab results directly to patients with this new system?

Tom Staiger:

Yes. In fact, the new system will release labs pretty much automatically to patients. Patients will have access directly through MyChart. We will still need to send follow-up letters to our patients and Epic makes it quite easy to do that. And there is, I talked to Thomas Hei, associate medical director for ambulatory care earlier today about this. There is a way to, when we order a lab to check a button if we don't want the results to be released immediately for a lab or some other study to the patient so that it can be delayed until we have a chance to review it and reach out to the patient. But otherwise, and part of this comes from federal legislation is that patients will in general, need to be provided immediate access to their results and Epic facilitates that.

Trish Kritek:

Okay. So basically lab results and results will go directly to patients in this new system and providers have a way of checking a box to say, hold on and don't do that quite yet in case you need to do some communication with your patient in advance and that's for labs and the other results as well?

Tom Staiger:

X-rays et cetera. The one variant from what you said is they don't automatically get pushed out to patients. Patients have access through their MyChart portals to get access to the results.

Trish Kritek:

Okay. I got it. So they can go to their portal and get the result as opposed to it appears in front of them.

Tom Staiger:

Yes.

Trish Kritek:

Got it. Thank you for that clarification. Okay. Cindy, Jerome and Keri it's 3:40 and I haven't talked to you. So I think one of the things people are asking about... Came up already a little bit about ORs is how we're increasing our staffing for Go-Live. So Cindy, do you want to start us off on just in general, what we're doing for staffing?

Cindy Sayre:

Well, I think to Lisa's point and Eric's point we're bringing in Epic resources. I think I saw in the chat, the total number, but now I can't-

Lisa Brandenburg:

Yeah. I think it's about... I saw it. Eric had it looked up. It's about 15 additional people from outside Epic and this other outside company. So outside help to be at the Elbow in the OR areas.

Trish Kritek:

15 extra at the Elbow folks. Okay, thank you.

Cindy Sayre:

Right. And then we do have our super users that have been trained that will be there as well. And we'll be working together to get it done.

Trish Kritek:

How about the rest of the inpatient setting, Cindy? How are we changing staffing and the rest of the inpatient setting?

Cindy Sayre:

Yeah, so we have our super users and then we also have tried as much as possible to staff one extra nurse in the inpatient areas, at least for the first few days. That's probably wasn't able to happen universally, but that was our goal in order, again, to Lisa's point to just make sure we had enough resources to have this transition be smooth. So we worked on that. And then we just have our leaders are going to be rounding for probably the next five or six days in a row. We'll be doing everything we can to ensure that anything that is critical is escalated immediately and we get things addressed in real time.

Trish Kritek:

Okay. So 15 extra folks in the OR, an extra nurse on units as possible, maybe not everywhere, but that's the goal and then leaders rounding to be available to kind of jump in when there's issues that arise. Jerome, how is that different or similar at Harborview?

Jerome Dayao:

Very similar, Trish, here at Harborview. We also have published an onsite leader schedule beginning this evening. I will be here this evening as well. And over at 4:00 AM. I mean, when we go back live and over at 23:00. In addition with that critical care, the inpatient services, we have a schedule that's posted. Onsite leaders that are going to be here. We have prepared our super users for the questions that they might get asked. In addition to that, we have held town halls. We have done communication and on my rounds on the floors in the past few days, I mean, I've asked the frontline staff and they're telling me that they're excited more than they're anxious. I mean they're anxious because it's a change, but there's more excitement more than the fear.

Trish Kritek:

I love it. I love to hear that you're feeling excitement. Keri, do you have anything to add about staffing?

Keri Nasenbeny:

Doing similar things here at Northwest. I think there are only... The thing I would add is that in the ORs, we do have some staff coming in this weekend just to make sure that they're used locally through the way they should be, that they can log in appropriately and then some folks were doing some work behind the scenes to make sure that all of our cases are ready to go, have all the orders, have everything

ready so that come Monday, we're set up and ready to go. We do have some cases this weekend, which I think would be a great test. And then we have leader support for call which I think will be really helpful.

Trish Kritek:

So lots of folks around, lots of people available doing a lot of pre-work for the OR cases that start next week. I appreciate all of those things. I'm going to ask two more questions about D1 before I pivot based on kind of what's coming. So the first one, Eric I'm going to come back to you. What do you think is going to be the biggest challenge in the next few days?

Eric Neil:

Yeah, well, we're going to have a lot of issues. We actually were able to download the ticketing system from Seattle Children's and we went through all their tickets. They were up to 10,000 tickets in a short amount of time, and we evaluated the types of issues that they saw. Of course, they're Epic staff there or some of the same staff we have on our project. So we have a pretty good sense of what we'll see. In the first few days, we expect to see people not being able to access a screen that they need to, or not having the right system set up or security setup to get to things. We expect a lot of those tickets in the beginning, and we've got a bunch of people prepared for that. Also, printing is often an issue when you put in a new EMR. The printers work, but when you need to print something specifically to that printer, sometimes there's some bugs there that need to be worked through. So that's really what we expect to see in the first few days.

Eric Neil:

Then we start getting into more complex tickets that take a little bit longer to resolve and that's where we really ask for everyone's patience is as we work through those more complicated asks. But I think we'll see access and printer issues in the beginning. We need to stick to our workflows, stick to what we've been trained. This is not a time to get creative and reinvent things, but work with the super users, the readiness coordinators, others, and follow what we've been trained.

Trish Kritek:

Okay. So access and printing. That's what I heard. And then maybe harder ones as we get a little further down the road.

Eric Neil:

Right.

Trish Kritek:

Fair enough. I appreciate all of that. Lisa, I've seen a bunch of emails that say we're giving people coffee, which I'm super excited about. There's a lot of coffee that maybe we're going to all need, because Jerome's going to staying overnight at the hospital tonight. So he's going to need some coffee. People were asking, are we doing other things for folks who are working extra? Paying for their parking, doing anything else, if they're doing extra work to support, are we doing any other supports of our team as they're coming in to do more?

Lisa Brandenburg:

As you probably know, from all of our experience, parking is a very complicated topic. So to my understanding, we are not doing free parking. My colleagues can correct me if they've created a special system I don't know about. And we wanted to do free coffee because we just feel like it's one of those things that maybe we'll all need a little bit of coffee and it will feel like something special. I think the main support we're really trying to bring is people. We're trying to bring at the Elbow Support, super users, leadership rounding. I think we want to make sure people feel really, really supported. And so we really, I think, focused there.

Trish Kritek:

Okay. So I think the key thing here is our focus is on those 4,000 and some people and 500 more people on the phone and reaching out and knowing that we're trying to get as many folks around us as we can. I actually like this thing about coffee. I think that's a great thing. So I'm not minimizing that at all. I think saying thank you and acknowledging that this is hard right now, even though there's an unbelievable amount of support for people is important for us to say.

Lisa Brandenburg:

Yeah. And I think Trish's exactly right. I think that a big piece of the leadership rounding at all levels managers on up is, okay, what issues are we seeing and have we put in tickets and understanding the themes and making sure we're addressing them, but it's also going around and thanking people because this has been a tough year. I mean, no doubt about it. And we are making a major change in a tough year. And I think we just want to thank people. We want to give them all the support we can. I think we want to continue in the bigger picture also to think about the mental health care connect program we've rolled out, other ways. I think it's a stressful year. There's no doubt about it.

Lisa Brandenburg:

I do think one thing at the beginning that I remember somebody said that I loved is that this is like moving into a new house. It's incredibly stressful to pack up your stuff, sort through your stuff, everything you have to do and get into that new house. But usually when you've done that, it's like you bought a new house for a reason, right? That new house is so much better and you're going to have all those improvements. And that's what we're going to have. We're going to have a new house. It's just a little painful getting there.

Trish Kritek:

I believe you. I believe it. Moving to this new office and I want everybody who's watching town hall to notice that I have stuff on the wall finally. So I get that feeling of moving to a new space and how great it can be and how hard it is when half your stuff is on the 13th floor and half your stuff is in this other office. So I think that's a great analogy. And with that, we will come back and talk about more D1 once we've gone live, because I think then people will have more questions. So this is a promise that we'll come back to this.

Trish Kritek:

I do want to fit in a few more vaccine questions and Santiago, I'm going to pummel you with a few of them, if you're okay with that. There are still people concerned about kind of the two fully vaccinated folks and particularly if there's a high risk person in one of the people's homes. So like I'm fully vaccinated. My friend is fully vaccinated, but the person who lives in my house is high risk. Can I go and spend time with that other fully vaccinated person?

Santiago Neme:

Yeah. Thank you, Trish. That's a common question. For folks... And I'm going to put the link. CDC has provided a nice interim guidance on these situations, and there's a really nice diagram with the houses and the status of folks so I'm going to send that link, but clearly the key here is if that high risk person is unvaccinated and within my home, which shouldn't really be the case soon because we should all be eligible for vaccination, especially those people. But let's just say, if that's the case, then CDC really doesn't want you to be hanging out with that person, even though they're fully vaccinated because you have a very small risk of transmission of asymptomatic infections. There's really reassuring data coming from actual clinical trials and real world settings like Israel right now, where they're very vaccine specific and you can see the range for asymptomatic infection prevention ranging from 75 to 94%. So pretty high reduction in asymptomatic infections.

Santiago Neme:

But the risk is there, especially if you have someone vulnerable, like an elderly, someone who is immunocompromised. We now have emerging data that folks who have had a solid organ transplant or a bone marrow transplant have kind of a lower response rate after getting vaccines. We knew that about vaccines in general though, we have some specific data. So we need to be careful. I would say it's very low likelihood, but it can occur. That's why I'll be very cautious around that and follow the guidance.

Trish Kritek:

So the guidance is if I have a high risk person who's unvaccinated in my house, I'm still not going to engage in those activities until they're vaccinated too.

Santiago Neme:

Exactly.

Trish Kritek:

I think that the other question that people have asked is what I think you just alluded to, which is, do we have data on what that rate is of people who get asymptomatic infection, not just that they get infected, but do we know data about... and then transmitting it to other people? Are there any data on that yet?

Santiago Neme:

We know that the data that I just mentioned, it's really about the vaccine's ability to prevent asymptomatic infections and you can extrapolate that data in terms of transmission and they're very robust. So from 75 to 94%. But that being said it can occur and that's why the guidance integrates that thought. The other question that's related is we have also seen folks who have been fully vaccinated and who have acquired COVID. And they're few, but we have seen that. And specifically that has to do with acquisition, not at work, at home through your children. We're seeing actually at relative increase in the number of infections of kids now. And again, because the older are getting vaccinated. So then we've seen a few cases across our system of COVID, mild COVID or asymptomatic COVID in those who have been fully vaccinated. So there's the risk that we're talking about.

Trish Kritek:

Okay. I think, I just want to clarify that. We know that there are people who can get infected, who have been vaccinated. We've seen that in our system, a few people. They've only had mild disease. That's one clarifying question-

Santiago Neme:

Yes. Asymptomatic to mild.

Trish Kritek:

Not been hospitalized.

Santiago Neme:

No, no, no.

Trish Kritek:

Okay. So nobody that we know in our system who's been vaccinated has gotten COVID and needed to be hospitalized, but they have gotten infected and we don't have an actual number from any study yet that says, it's this kind of rate of vaccinated people infecting other people. It can happen, but we don't know numbers.

Santiago Neme:

We don't have to my knowledge. I don't know if Tim has more information. To my knowledge, we don't have that. We just have the rates of protection on asymptomatic infections.

Tim Dellit:

Correct. There was a publication just a few days ago at the New England Journal of Medicine from Southern California, I think UCSD and UCLA looking at their healthcare workers and it was about 1% of people that had developed infection after vaccination. Now the majority of those were within the first two weeks after that dose but they did have a small number that were quote, fully vaccinated, meaning two weeks after their second dose who did develop infection. And again, keep in mind what I said earlier on about this increased California variant that we're seeing in our area that seems to be able to evade to some degree, some of the immune protection. And so it's not a hundred percent protected and that's why we're continuing to mask. We're continuing to physically distance and we're continuing to be careful around other high risk individuals, especially if they haven't been vaccinated.

Santiago Neme:

Yeah. That paper, the curve is amazing. Like you see that drop and we assume we're going to have our own data that we're going to show the same, right? These vaccines are just amazing. And no matter what vaccine you get, all of them that we have available are almost 100% effective at preventing severe disease, death, and hospitalization. So it's not just the mRNA ones.

Trish Kritek:

So way down in terms of rates of infection, but there is and the number in that one study of healthcare workers was 1% of people. And we're seeing with all vaccines and we'll have our own data, which we'll talk about here in the future. I'm going to ask one last question. There's a bunch more, and we're just not going to have enough time to ask all of them today and we'll come back for more vaccine stuff next

time, but Santiago, one last question for you. If I'm vaccinated, me, and I get symptoms of a cold, should I go get tested for COVID?

Santiago Neme:

Yes.

Trish Kritek:

Yes I should. Okay. And I want everyone to hear that because you could be infected, because you could still get COVID. Okay. I know that we have not had ask an ID doc for the last couple of town halls and by popular request, it is back and I'm going to pass it off to Anne. And I think Santiago, you're still on the hot seat.

Anne Browning:

Hi Santiago. So yes. Ask a friendly infectious disease doc. We've got Dr. Neme in the house today. We've had a lot of questions around what kind of behaviors should people take on once they've been vaccinated. And there's some differences. I was walking down the street last night and a lot of my neighborhood cafes and restaurants were kind hopping and that made me a little weary. So I'm curious Santiago, as of today, would you eat out in a restaurant?

Santiago Neme:

I have had a few dinners outside and I feel a lot more comfortable doing that. I have not been inside and I think if you think of the restaurant, it's like really hanging out with multiple households indoors. So I'm not comfortable doing that, although I'm fully vaccinated. I know that I'm not going to die if I get COVID, but I don't want to get COVID and don't want to give it to anybody else.

Anne Browning:

Yeah. How about going to the gym? How do you feel now?

Santiago Neme:

To be honest, I canceled my gym membership a year ago. I would not feel comfortable going to the gym to be honest. Indoor, no.

Anne Browning:

You mentioned even at the height of the pandemic that you are a public transit user, are you feeling much better about using public transit now?

Santiago Neme:

I feel better right now. I definitely feel better vaccinated. I'm a big concern about the uptick in cases, but I would still use public transportation. Again, masking, close to a window if possible. If the bus is too full, I would skip that one because we're seeing that there's more traffic now and there's more people. So I take a look at... I kind of assess how full the bus or the link is. Yeah.

Anne Browning:

I feel like a lot of folks are kind of travel thirsty. How do you feel about folks getting on planes at this point?

Santiago Neme:

Honestly, if you look at what CDC has said, they really haven't changed their travel recommendations. So I personally feel that the only compelling reason for me to get on a plane would be if I'm doing something that more essential, like having to see my parents. Again, they don't live in the US so I would have to go internationally, all of that. So I would say, for me, it's been... I haven't really traveled since the beginning and I'm not making plans. I do have a wedding that I'm supposed to go to in September and I still haven't made a reservation. So that tells you that I have some reservations that I not travel.

Anne Browning:

We had a question come in about somebody's vaccinated parent, the person's about seventies, eighties who, because of necessity wants to actually be able to travel out of the country to see family. How do you feel about that?

Santiago Neme:

Honestly, again, I feel a little uneasy with the international travel. If it's essential, yeah I would flex and probably do it, but there's too many things to keep in mind and to really think about when you travel and especially when you think about our guidance, it all falls apart when you're thinking that you're going to be interacting with multiple other people. So I feel like I just have clear guidance and I would have to think really carefully, is this really necessary?

Anne Browning:

Favorite question that came in this week, a person was asking, could they get in a hot tub right after getting vaccinated with the mRNA vaccine, or would the potential heat of the hot tub make the vaccine inactive? True question. I like the cause for celebration. What do you think, Santiago?

Santiago Neme:

I have a hot tub and I love my hot tub. And what I can say is that I I don't see a biological reason why a hot tub would decrease your efficacy of your vaccine. What I would say is that it could provide a lot of comfort specially because after those two, I was pretty achy and my thighs really needed some heat, let's just say.

Anne Browning:

All right, so-

Santiago Neme:

I don't see any medical reason.

Anne Browning:

Thumbs up to our hot tub user out there. I had one last question. I know we're pretty much at 4:00 and so maybe a quick answer. Based on the CDC guidelines, there is some... a lot of kind of those questions around which household's vaccinated, unvaccinated, who can you hang out with? What are you using as kind of an overarching way of thinking about who you're interacting with at this point?

Santiago Neme:

For me, the key is thinking about, do I know who I'm interacting with? Do I know their vaccination status? And then when I think about those low risk unvaccinated folks, to be honest, I haven't really taken down my mask or anything with an unvaccinated, low risk person or vaccinated low-risk person or whatever risk at work. There's only been very few occasions where I had a very small dinner two, four people where they were all vaccinated. So the key question in the equation is the status of the unvaccinated person. How healthy are they? If they haven't been vaccinated, I would be very, very nervous about missing that and miscalculating that. And it becomes a huge calculation that it may just make it all a little pointless when you think about how worried you need to be about all these other things that you don't know, and that you need to ask about.

Anne Browning:

Worth waiting a couple more weeks I think. Thank you. Sorry to run a touch over. Trish.

Trish Kritek:

Yep. And I'll wrap it up quickly with the strong endorsement for Santiago for the hot tub. And maybe we're going to need a hot tub in the midst of the D1 rollout too. I know all the folks who've been working so hard to support folks. And so I want to end as I always do by saying thank you. And I'll begin by saying thank you to all the panelists, a special thank you to Eric and Lisa for joining us today and being willing to play along. It's maybe fun. I'm not sure, but I know people appreciate you answering the questions. A special thanks to Mary and Todd who made the chat much busier than I've ever seen it before in my life and my head is kind of spinning from watching it. So thank you for all your typing. I really appreciate all of you.

Trish Kritek:

I want to spend a special huge thanks to all the folks who've been part of the team to make this happen. That's our leaders who are here, but it's managers, it's IT, the huge IT team. It's all the people who partnered, all the people who've trained to be super users. It is a colossal amount of work and energy and passion when we don't all feel like we have a lot of energy and passion all the time. So thank you. I appreciate it because I'm going to need your help when I am on service in May. Though I did strategically plan to do that a month after everything is rolled out so that you'll all know how to do it already. All right.

Trish Kritek:

Finally, as always a big thank you to all members of our community. It is essential that we keep taking care of our patients and their families like we have been, and in the next several days, keep taking care of each other. Thanks so much. We'll see you back in two weeks and we'll answer more questions then. Bye.

Tim Dellit:

Bye-bye.