

Trish Kritek:

Welcome back to UW Medicine town hall. I'm Trish Kritek. It's a pleasure to be back with you. With us today wearing her pride t-shirt is Anne Browning, our Assistant Dean for Well-being, Tim Dellit, our Chief Medical Officer for UW Medicine, Santiago Neme, Medical Director, UWMC Northwest, Keri Nasenbeny, CNO Northwest, Cindy Sayre, CNO UWMC, Rick Goss, Medical Director Harborview, and John Lynch, David Thorud Award winning leader and leader of medical response to COVID in addition to doing infection prevention and employee health at Harborview.

Trish Kritek:

So before I hand it over to Anne, I'm just going to say a really big congratulations to you, John. That leadership award is incredibly deserved and probably understates the impact that you've had. So thank you so much for that. And probably you'll hear other people say that over the next few days, too. Before you get more uncomfortable, I'm going to hand it off to Anne and have her do our wellbeing message.

Anne Browning:

Thanks, Trish. Happy Pride Month to you all. We've made it to June, which is very exciting. There's a lot happening this month. So at the end of the month, we're planning to fully reopen, which makes me mildly overwhelmed. However, what gives me a lot of hope is that Seattle has hit 70% of folks vaccinated over the age of 12, which is tremendous. Well done team. And I want to actually pause and just say an incredibly huge thank you to our vaccine team that has administered, what is it? Over a third of a million shots across our community since they started. And really, I know this vaccine work has started in terms of thinking about implementation way before we even knew we're going to have a vaccine that was going to work. So this has been a huge lift. And I know that we're at this crazy moment where we're going to start winding down our massive vaccine effort, but I just want to pause and be like, thank you so much for getting us to this point. It's just been a tremendous effort.

Anne Browning:

So back to pride. This month of fewer floats and parades in general, but what I think we really can keep is this celebration of love. And so as all of these changes and openings unfold, I really hope that in June and beyond, you all can focus on love and connection and community and get a chance to reunite with folks that you love at a pace that makes sense for you. So excited to be in this moment and thank you all, Trish.

Trish Kritek:

Anne, thank you for that sentiment and your support that shirt quite well. I will acknowledge that both Tom and Jerome aren't here, they're on vacation. And I think connecting with those people in their lives that are important that they haven't had a chance to connect with. So that's super exciting. And I hope that's happening for lots of folks in our community. Tim, I'm going to start with you. Welcome back. We missed you. I don't think you would be surprised that there were a bunch of questions about the new policy requiring vaccinations. So I have some granular questions, but maybe you could just briefly go over what the new policy is going to be and then I'll follow up with some questions.

Tim Dellit:

Sure. And again, welcome everyone. Thank you for joining us here this afternoon. If people recall, towards the beginning of May, University of Washington made an announcement that they were going to require vaccination of students. They did allow exemptions, medical, religious, and philosophical. And

at that time, they said they would continue to have conversations around faculty and staff. And then earlier this month, about a month later, beginning of June, Ana Mari and Mark Richards made the announcement that they are going to require vaccination of all faculty, staff, trainees, and the students prior to coming back in autumn quarter. And again, those same exemptions, medical, religious, and philosophical are included there as well. And I think it's just recognition of the importance of being vaccinated to protect our community with the intent that we are going to be coming back more and more in person both for our students to be able to attend class in person, but also our work environment. And we can talk more about that. So the vaccination really is seen as part of that process to coming back onto campus.

Trish Kritek:

So I think you already answered it, but the question that was asked a bunch of us, what exemptions will be valid? And I think the thing that people are curious about as philosophical, so like what fits into that bucket?

Tim Dellit:

Yeah. This would not necessarily have been my personal approach to this, but I think it's trying to balance where we are. You have vaccines that are approved under emergency use authorization. Hopefully, they actually will get full FDA approval by this fall as well. And I think it's trying to balance that. And so typically, medical and religious are included. I think people can have different views around philosophical. And obviously, that's extremely difficult to define, but I think our goal is to really encourage vaccination.

Tim Dellit:

Now, if we think back when we were collecting declinations through our employee survey, when people registered for vaccination, if you recall early on, about half the people who declined said that they would consider being vaccinated later on. They just wanted to wait. They wanted to see more information. So I do think that there is an opportunity now to go back for those individuals and also allow them to reconsider being vaccinated. But it's an important part of how we are going to keep our patients, our community and ourselves safe as we head into the fall.

Trish Kritek:

Yeah. So really a prioritization as we're coming back together more often for having as many people as possible vaccinated. You talked about this a little bit, but do you know how we're going to document? What if you have an exemption, how we'll be able to say that?

Tim Dellit:

So that is still in evolution. There is a group of which we have UW Medicine representation, as well as Upper Campus. And they have been meeting on a weekly basis to really work through the mechanics. And I anticipate at the beginning of July, that information in terms of how we're going to operationalize this will be available. So more to come, but there is a group working on that. And the other piece, I just want to emphasize why the university is really promoting vaccination is as we open up, we also anticipate that we could see certain activities tied to either vaccination rates or if you are vaccinated. And so that's another impetus, I think, for the university and our community as a whole to be vaccinated because it is potentially going to be linked to what we can do, particularly in person.

Trish Kritek:

Yeah. So we may see evolving spaces where it's like, if you're vaccinated, you can do this or not. Relevant to that, there are a bunch of questions about, do we have any ideas about when we're going to be able to see vaccines for children under 12? And I guess there's been an evolving messaging about when we think that might happen. Do you have any insights on that?

Tim Dellit:

I don't have any insight into direct states. I've been hearing probably in the fall. The studies are ongoing. And so we have to wait for the studies to conclude the evaluation of that data. So I'm anticipating potentially this fall. I don't know if John or Santiago have other information, but I don't have a specific data at this time.

Trish Kritek:

John, do you know anything more now?

John Lynch:

I just know they're enrolling, hopeful by the fall. Everyone sees school coming towards us. So I think the companies definitely see that.

Trish Kritek:

Okay. Tim, one last vaccine question before I move on. And I'm going to say it was the most common vaccine question. And that is that people are concerned when they go to the MyIR database that they don't see that they're in the database that's having gotten vaccinated at UWMC. It's driven by their concern that they won't be in the lottery to win sums of money for their vaccination. So maybe you could tell us where that stands, because I get it, I wouldn't mind a million dollars.

Tim Dellit:

Yeah. So first, I want to reassure you that you are eligible and will be in the lottery. I had troubles with the MyIR app as well, or the MyIR app as well. And a lot of people have. In fact, Department of Health just released a message around that we should reassuring they recognize people are having difficulty using that app for whatever reason, some of the information is not transmitting, but they're actually using the Washington State database for immunization for the lottery, not the MyIR app. And so rest assured you are eligible for the lottery. And hopefully, they'll work out the bugs with MyIR because I had the same troubles.

Trish Kritek:

Okay. So acknowledging bugs with MyIR, folks are aware of that. And that's not the way that they're picking the names, like putting the names into the pool for the lottery. Good to know. So I just didn't win. It's okay. All right. John, I'm looking at you and I'm curious if you want to go over numbers to start with, and then we'll go beyond that.

John Lynch:

Sure thing so as furiously typing into the Q&A there. Yeah. So total numbers as of this morning, 24 people, which is about where we were not that long ago. We get about 22, about 28. Valley continues to have the most patients with 12 people, six in the ICU, followed by Harborview with seven people, five in

the ICU and two of those folks are on the ECMO that I always update people on. Montlake had 4, two people in the ICU. And Northwest is at one after. I think about a week Santiago, plus have no patients. So 13 in ICU overall, 11 acute care. 24 total.

Trish Kritek:

So that's a pretty good number. And both Keri and Santiago were nodding that there was a fair amount of time where Northwest had no patients, no patients with COVID. Yes, I know you had patients. I can see that facial expression. So I think that answers my first question, which someone asked, are we seeing increases in numbers of cases as we see fewer people wearing masks? And it sounds like that's not the case to date.

John Lynch:

Yeah. So if you look at Washington State or you look at King County, the numbers of new cases are declining. I would say in King County, the slope is very steep, although in the last, maybe five days, it's leveled off around a 100 cases per day, but that is far fewer than the 400, 450 that we're seeing per day. So definitely a decline across the state, definitely in our county.

Trish Kritek:

So that's great to hear. That's wonderful. And obviously we'll keep following that. Relevant to people's concerns, there's a little bit vaccine it's a little bit variant. People are specifically concerned about, do we think the vaccine is going to be effective against the Delta variant and the P1 variant? And how much we're seeing those in our community?

John Lynch:

Yeah. So let me flip that around. So right now, we are fortunately not seeing very much of the Delta. It has been reported in the country as a whole about 6% of the samples that are sequenced. It's not a perfect system, but about 6% overall are this Delta variant. That's the one that was first described in India. The P1 variant about, it's in the still the single digits here, still pretty low. I do think, though, that this Delta variant is of a lot of concern to people, like we saw with the B117, sorry, I don't have all the Greek letters in my head right now.

Trish Kritek:

You're doing great.

John Lynch:

I should've had been prepared for that. But as we saw that B117 variant really ramp up just as described, we expect this one to do the same thing, particularly in obviously populations that have low levels of vaccination. So Dr. Fauci and many others have been talking about their deep concern for this. So your second part, though, is that what we do have a very good data showing that the vaccines, all the vaccines we're using are still very, very effective against even the Delta variant. So the greatest possible protection we have against the Delta variant and any other variant of concern that we know about right now is vaccination. That's really the way to go. These vaccines are still wonderfully effective against it, as well as the other variants that we know about.

Trish Kritek:

Okay. So low numbers of Delta, low numbers of P1, but we think the risk will that they will be more transmissible. However, both, all variants that we know of are covered by our vaccines right now.

John Lynch:

A little bit less than the sort of wild type, but still 85 to 90% in the studies that we have so far.

Trish Kritek:

Okay. That's really helpful. I've asked this question over and over again, but I'm going to ask it again, do we have any new data about when or if we might need to have booster shots? I think people are starting to say it's been this long, do we know anything new?

John Lynch:

No. I mean, I think Trish, you have to keep asking the question. It's a really important one. I'll just reframe it a little bit. I wouldn't be surprised at all if we need a booster in the winter, not surprised at all. I don't think it's, think about sort of like flu, a little bit similarly, but we don't have any data right now. It's just that there's no evidence for that yet. The companies are preparing for it. They've said, they've pushed a little bit for the requirement, but in terms of the scientific community, we don't have information yet.

Trish Kritek:

Okay. So we'll keep asking. And when things change, we'll talk about it here, for sure. I'm going to ask you to wear your hat as the head of employee health. So I had one question that was, do we have a policy for people to work who have tested positive, but don't have symptoms? Something that someone called a work quarantine policy.

John Lynch:

So we do. And again, I think there's a couple of parts to this. So first, with an employee test positive, we investigate each one of those, right? We want to know truly is this person acutely infected? Obviously, if they have symptoms, if they need medical care, all that sort of stuff, we want to support that, but clearly, symptomatic person needs to stay home for the time of their isolation. If you have no symptoms, your test is positive, again, we might help you have, did you have COVID a month or two or three ago? And maybe this is just that leftover RNA that we've talked about. These tests are very sensitive. We can help the employee figure that out.

John Lynch:

But let's just say this is the first time you ever had a positive test. If you have no symptoms, we are asking you to stay home and isolate just as if you had symptoms. And we have a policy that, and we've had actually that policy has been in place for a long time now. It's I believe 10 days from the first test. So instead of the onset of symptoms, we just start that first test. Can you stay home for that 10 days?

Trish Kritek:

Okay. So if you test positive, new test positive, even if you don't have symptoms, you're staying home. If you test positive months after you had COVID and you don't have symptoms anymore, then we might try to sort out if you're just kind of, I don't know if the word carrying it is quite right, but that you're still testing positive, despite you're not being-

John Lynch:

You have some leftover RNA. And employee health teams have developed a large skillset in working through these tests and maybe retesting and looking at other information.

Trish Kritek:

Okay. That's super helpful. Thank you. Relevant to that kind of, but a little different is someone wrote, people are starting to get colds again. And I think maybe that's because people aren't wearing masks as much and are around people again. So what are we supposed to do when we think we have a cold?

John Lynch:

Yeah. So this is a really, really important topic that we're going to be wrestling with. And when I think about, people ask me, what's the future hold? For us in the healthcare worker community, this next six, 12 months is going to be actually a bit complicated. As we peel back mitigation measures like distancing, crowding, masks, we're going to see people talking about COVID, what we're going to see is things like influenza and RSV and all the other cold viruses that out there, all the other coronaviruses. And we're already seeing this in the Southeast United States, they're starting to see upswings. In some other parts of the world, they've actually seen upswings in flu even in the summer after appealing back some of this. So we actually don't know what that's going to look like. So the problem is all those symptoms look a lot like COVID. And so we're going to be figuring this out in the coming weeks and months definitely for our patients as we enter into the respiratory virus season.

John Lynch:

So one thing is, for instance, at Harborview, we're doing a pilot. We're expanding it. We hope to get this out to other places is that if you have mild symptoms, maybe allergy like symptoms that maybe aren't responding to your normal treatments, we are able to do sort of, we have a small number of very rapid tests. So we can come down to employee health. So you'd go to employee health, you can call, get your test to the swab, you can go wait in your car, wait in a room by yourself until we get the result back in an hour. And if it is negative, off to work, you go. So we're working through- and that tests for flu, RSV and COVID. And so we're working on systems to put into place to help people work through that.

John Lynch:

But I think what you're asking really is what are we going to do with this complex situation where masks come off, distancing decreases and crowds start gathering. We are definitely going to start seeing the normal cold and cold symptoms that we are used to. And again, that's going to create a lot of complexity for us going forward.

Trish Kritek:

Okay. So it sounds like for right now, if you have cold symptoms, you still have to be worried that it could be COVID and you need to respond as if it were COVID. As we anticipate, we're going to see more of this. We're trying to come up with ways that will allow us to assess that relatively quickly and get people back to work if it's a cold or something less, I mean, fully go home too.

John Lynch:

So you take home once you have symptoms, we're going to have to consider it's COVID until we can prove otherwise.

Trish Kritek:

Yeah. Okay. And I appreciate you saying this will be an evolving landscape as well as we try to figure out how we're going to manage this over the next many weeks to month. Relevant to that, the last questions I'll ask you before I pivot over to other folks is people will ask, can you envision a time that we will be unmasked in the hospital?

John Lynch:

I can envision that. I don't know when it's going to be, though. And the reason I say that, so I put it in the chat there. So the OSHA, the national federal OSHA came out with a brand new set of standards yesterday. And their emergency temporary standards, they keep updating these. And they just came out yesterday, they're 40 pages long, and we're going through them. They do outline a way to look at the possibility of having unmasked healthcare workers. So what it would be looking like is in an area of the hospital where there are no suspected or known COVID patients. So maybe at a break room or meeting room where everyone is vaccinated.

John Lynch:

And when I say everyone was vaccinated in the way that Tim described, where there's a mix of, there may be some decliners, there may be people have whatever reasons. And so in that situation, yeah, it's definitely possible that we could have a situation where people are unmasked in groups, in hospitals or clinics, or in other places at UW Medicine. We are reading through this. Actually, I have it right here, reading through these pages furiously now and highlighting, we have a meeting next week to start talking about each of the pieces and figuring it out. So more to come. Hopefully by next town hall, I have a little bit more information for you.

Trish Kritek:

Okay. That's super helpful. And I think it's helpful for people to know that there's ongoing conversation about it that were guided by OSHA, but also, we're thinking about how that would apply to us here at UW Medicine. So thank you for going through that. And I will ask you about that again in the future, for sure.

John Lynch:

I mean, you will, Trish.

Trish Kritek:

I'm pesky that way. Santiago, I don't know if you're answering a question, but I wanted to ask you a quick, I want to lead with a question. One of the people asked, will there be more outreach to folks who have not been vaccinated? And since you've done a lot of that outreach, I thought I would ask you about what's on the horizon for other forms of outreach to get to the folks who maybe aren't having the access or having the ability to talk through their concerns?

Santiago Neme:

Yeah. Absolutely. This is really a huge focus for us and for the Office of Healthcare Equity and our small working group that's working on vaccine equity. Recently, we've been really expanding our outreach through the correctional system. And we've identified some rates and some numbers that are pretty

staggering when you look at some of the inmates and the degree of hesitancy in that group, but also the staff.

Santiago Neme:

So we've been partnering with Dr. Dhanireddy, Bessie Young, myself, Lisa Chew, and we're really, we've been to three facilities and we're continuing to do that. I would say there's also an active ask for folks to engage in these types of conversations, because no matter where you look, you're going to find folks who have not gotten vaccinated yet. So it's really important for us to continue to do that, to really have the conversations and really listen to the reasons, although these situations are rare, there are very few folks who might have a contraindication, but those are extremely, extremely exceptional, but they do exist. But in general, I would say it's really good to get to the why and can we talk a little bit about that and really try to provide the information?

Santiago Neme:

And we're seeing that already through our visits to the jail, we actually hear after we leave that people have changed their mind and they're getting vaccinated. And the same thing could happen. I mean, the same thing happened in my own clinic at Northwest and other areas where you would think that, oh, everybody's getting vaccinated increasingly, but it continues to be a huge challenge. Initially, we were like, well, we don't have enough vaccine, we don't have enough supply. Now we have options, we have choices. Like at the jail, there's a choice. You can get J&J, you can get Moderna, which is awesome. So yeah, so definitely outreach.

Trish Kritek:

Yeah. Thank you. I think the outreach to the correctional facilities is great. It's great to hear that you're getting people to reconsider and think it through and make new choices. And also, I think you empowered all of us to talk to the folks that we work with and who are our friends and family about it as well. So thank you. I think staying on the equity lens, there was a question about considerations of just single vaccination for folks who've had COVID, not because they shouldn't get two doses, but so that more doses can be spread across the world really. Do you know if there's been any more conversation or thinking about that? I know our party line has been getting two doses, but just on a more global sense, any discussion?

Santiago Neme:

Yeah. A lot of folks internationally are posing that question. And some countries, even they've been doing that or they've been really postponing the doses. And folks who have had COVID really, they're not getting vaccinated. Like in Argentina right now, if you've had COVID, you're not getting vaccinated for months. So in the US, we tend to follow really the science. And the way these vaccines were studied were two doses. I believe there are some studies that are looking into this question, but it hasn't been sorted out. We're also learning that the interval between the doses matters too. In Britain, they were spreading that to three months. And they realized that the second dose is really important, especially as you fight variants. So in the US, we've been really sticking with the plan, how there were studied. And I'm actually very, very glad that we did that.

Santiago Neme:

There is a significant issue in terms of the world supply. And the Biden administration has announced that we have purchased millions of doses to really donate other countries, but the need is huge

elsewhere. So I think that first, we would like to see the data. And we find that one dose is enough for a person who has had COVID before, great, but the reality we have right now in the US is that we even have choice, which is amazing, but a huge contrast with what's going on elsewhere. So I think it's a valid question.

Trish Kritek:

Yeah. I think people obviously see it in the news and have family members across the world as you do, who are impacted by the lack of access to vaccines. So I think that's what drives it, but I think the take home there is no change in what we're recommending right now, because we don't have data that says you're as protected without the second dose. Okay. And that's some of the privilege that we have, which I think are what the people are trying to acknowledge. And it's challenging right now. Okay. Last question. Totally different. Where can you, last question for now. Totally different. You did a lot of stuff about pre-procedural COVID testing. I know that you were a leader in that work. And some folks who work in surgical subspecialties and surgeries wanted to know, are we going to transition out of pre-procedural testing at some point in time? And when?

Santiago Neme:

Yeah. So this is an active discussion with the procedural group that Chloe and I lead. And we feel that biologically, it makes sense that at some point, you stop testing fully vaccinated folks, but there's a few issues. One is the operational issue, which is how do you really validate this? How do you really confirm that the vaccination actually took place? Has it been long enough, et cetera?

Santiago Neme:

And there's also some regulatory issues where there's a lot of policies and rules right now that indicate that if you're getting an AGP, you might need to use a respirator, or you might need to get tested, et cetera. So I believe John is working with DOH to clarify some of these regulatory issues, but it's definitely the direction we're looking into it biologically make sense. We're not there yet. We want to make sure that when we do it, and the last piece that has been very important and really central to our work group is that physicians and nurses and the teams need to be comfortable with the transition. We haven't done anything forceful without people feeling comfortable, because we want people to be safe, but also feel safe. And I think that's something that really matters here.

Trish Kritek:

So it sounds like there's some DOH rules about aspects of this. It sounds like we're trying to get through the logistics of how we can be confident that we know this person was vaccinated and vaccinated long enough to be low risk. And also we want to take in consideration the protection of our healthcare team, which has been a priority throughout. So in evolution, more discussion, we'll come back to it. And it sounds like work group is still focusing on sorting out the details.

Santiago Neme:

Yeah.

Trish Kritek:

That's super helpful. Okay. Let's get to numbers of staff and medical staff who are vaccinated. So I'll ping back and forth between our nursing and medical leaders on this one. So Cindy or Keri, do you have numbers of staff who are vaccinated?

Keri Nasenbeny:
Having for Northwest.

Trish Kritek:
Okay. Northwest staff.

Keri Nasenbeny:
Yeah. 79% of Northwest staff. I think it's up. I think there's still also people out there have been vaccinated at other places who have not submitted their data to employee health. So I think it's likely higher. And I do think it's up from like, I think it was like 72 before, I want to say.

Trish Kritek:
That's great. Cindy, how about at Montlake?

Cindy Sayre:
Montlake, for staff, we have 80% vaccinated.

Trish Kritek:
Oh, I think that's also up. That's great. Do either of you know Harborview?

Cindy Sayre:
I did not get Harborview's on my end.

Trish Kritek:
That's okay. But I know-

Keri Nasenbeny:
Harborview somewhere if you give me just-

Trish Kritek:
Okay. You can look it up. I'm going to pivot over to Rick to tell us about-

Keri Nasenbeny:
83%.

Trish Kritek:
Oh, 83% for Harborview. That's great. Okay. John is signaling that's a win. So we're going to try to, a little friendly competition is never a bad thing, trying to keep those numbers up. Rick, how about medical staff across sites?

Rick Goss:
Across the full medical staff, and that includes residents and faculty, we are now reaching the 90% threshold for the entire group. Of note, a very small proportion have declined officially. So we're now in

that closing the gap phase. And we can probably talk about that here in a little bit. So I think that's very encouraging.

Trish Kritek:

Great. Do you have individual numbers for medical staff or not?

Rick Goss:

Oh, we do buy sites. And again, the sites are all really in the mid 90s.

Trish Kritek:

That's awesome. Okay. That's great. So mid 90s across our medical centers and cramping up across all of these groups, which is really, really great to see. I'll come back to you in a second, Rick. I'm going to go back to Keri and Cindy. So Keri, I'll ask you this question that someone asked specifically about our current policy for folks visiting patients in the ICU. And if that had been modified at all for, we're having visitors now, is there any difference between acute care and ICUs?

Keri Nasenbeny:

Not here at Northwest. No, one visitor per patient.

Trish Kritek:

Do you see that evolving at any time in the near future?

Keri Nasenbeny:

Yeah. I mean, I think like John, I'm hopeful that things will continue to evolve and that we'll be able to expand her visitation. I think we're still sorting through what that looks like and how to do that safely and in a stepwise manner. But yes, I'm hopeful that in the near future, we can think about going to two.

Trish Kritek:

And how has it gone with having visitors? Now it's been over a month.

Keri Nasenbeny:

By and large, when I checked in with staff, I've heard only positive feedback. I mean, I take that back. There has been the occasional patient or occasional visitor that we've had to intervene because they refused to wear a mask or they refused to follow the rules. But I think by and large, generally, I think it's been a win. I think it's been really helpful for nurses and other staff not to have to police it like they were doing before or to the degree they were doing before. So that's been helpful as well. And just always helpful to have families back at the bedside and helping care for staff, or care for patients, rather.

Trish Kritek:

I know they care for us too.

Keri Nasenbeny:

Yeah. At sometimes.

Trish Kritek:

I think we had ICU outcomes conference today, and we were talking about how palpably different it feels in the ICU is to have families back. And so I definitely can feel the difference. And I know that the other folks on the call or meeting today said the same. Cindy, I don't know if you wanted to add to that.

Cindy Sayre:

Same for Montlake. I mean, we're just thrilled to be able to have one visitor at the bedside and we don't have any distinction between acute care or ICU patient, but yeah, it's great to have them back.

Trish Kritek:

Okay. So one visitor per patient, regardless of where they are across our sites. And I'm pretty sure that's the visiting hours at Harborview got extended. Is that right, Rick or John?

Rick Goss:

I'm not sure the hours.

John Lynch:

I don't know the exact hours, but I think it got extended to like 10 hours of the day, something like that. Sorry about it, I don't have it off the top of my head.

Trish Kritek:

That's why I didn't warn you I was coming to you with the visiting hours question, but yeah. Okay. Cindy, again, we've talked about this before, but I think you keep working on it. So I'm going to keep asking about it, plans around staffing shortages and progress in that front and where we stand.

Cindy Sayre:

Yes. I would say it's our number one priority right now. And we just came from a director's retreat for the Montlake and Northwest campus. And it's definitely front of mind for us. We have a lot of things happening to try to improve our recruitment processes. And those include similar things like even just our profile on LinkedIn and Indeed, and making sure that we have a high profile. There's a marketing campaign, I think, that's being worked on now for recruitment that really we got to see some previews of that. And it looks very good. We also have, we're working with our HR partners just to try to figure out how can we be competitive in this landscape? So a lot of things in the worst right now, I think we're going to have more information to share very soon, but I want everybody to know it's a number one priority.

Cindy Sayre:

We know we have to have staff in the building to take care of patients. It's really a small constellation, but I do also want people to know that we are not alone in this. It's happening, for sure, across the state. And today, we have a speaker from Emory join us. And when he heard us talk about staffing, he said, you could be at Emory right now, we're having the same conversations. I think it's a national time of disruption in healthcare, and we're seeing a lot of movement. And not just in nursing, but across all the disciplines. So we're working on it every day.

Trish Kritek:

Highest priority, constant focus, retreats on it. Sounds like high to low ends of the spectrum strategies to try to increase our staffing. And I appreciate that. I think it's important to keep talking about it because it's something that people feel. And I know you are both feeling it, but I just want to keep acknowledging that we're aware and working on it. Thank you. Rick, I'm going to pop back to you. One of our providers asked, actually, for our language or our words. So I'm going to ask you how you would handle this situation? How would you respond when a patient asks, are all of my healthcare providers vaccinated? What are the words we should use to explain and respond to that question?

Rick Goss:

Yeah. Well, that's a great question, Trish. And one we know we will be asked. And I think, again, it's always just important to be honest and transparent. And I think we can say very importantly, UW has a requirement that everybody is vaccinated. And that we are reaching that target. Like with anything, a small percentage may decline for appropriate reasons, but we would expect over the coming weeks to be at virtually everybody in this environment. And until such time that it's completely safe, we will continue to wear masks, which would help ensure their own comfort and safety. And I think just speaking to that sort of thing, I think can be reassuring, and of course, different people will have different types of questions, but those would be my thoughts.

Trish Kritek:

Yeah. I appreciate that language very much because I think it is one of those places where people want to be honest and also reassuring. So I think that balance of exactly what you did there is really nice. So I appreciate you giving us that language. All right. Tim, I'm going to come back to you. I actually want to ask a question that was in the chat or in the Q&A that I saw pop up. And we were talking before about mandating vaccinations. And somebody wrote in, would I be fired if I don't get a vaccine?

Tim Dellit:

No. Again, there is an exemption process. So we expect everyone to participate. I think if someone chose not to get vaccinated nor go through the exemption process, then we would work through that just like what we do with influenza vaccine. So we fully expect everyone to participate, but there is an exemption process, again, medical, religious, or philosophical, for them to go down as well.

Trish Kritek:

Okay. I appreciate you just clarifying that, because I think those nuances are important for everyone to understand that this is not about people being fired, but we're strongly endorsing it, but there's ways to speak up about an exception. Okay. I said last town hall, we would talk about return to work. And I just want to begin by saying, there's lots of people who never left work and had been coming to work all the time and have been taking care of patients and doing the stuff that needs to happen in the hospitals and clinics and lots of other spaces. So I want to acknowledge that to start with, and then I want to say, yeah, and there were many members of our community who have been working from home and for whom it's a transition to come back to work. So I thought I'd asked you a few of these questions. The one that we got the most is when will medical center staff and School of Medicine staff have to return to the office if they have been some of those people who haven't been coming in to work all the time?

Tim Dellit:

So University of Washington previously extended teleworking through September 10th. So I would anticipate just in alignment with Ana Mari's message around vaccination, anticipating people coming

back in person in the fall that I would expect after that September 10th date, and the university as a whole and UW Medicine are actively putting together their return to work plans. I fully anticipate additional guidance will be coming out here likely in the next week or so, both for the School of Medicine, as well for within the medical centers, again, for those staff that have been teleworking.

Tim Dellit:

And the university has also put together a framework around teleworking. Again, this really depends on the suitability of the position, right? So you have to really look at what is the activity that the individual is involved with. And they put a framework in for teleworking that has occasional highbred or full teleworking, but those are going to be conversations with leadership, with managers, really thinking about the work that needs to be done within that unit. And we also need to ensure that we do this in an equitable manner, in a fair manner, in a consistent manner, as we work with employees, but we fully recognize that for many of our staff who have been teleworking now for almost a year and a half, there is real anxiety about returning into that work environment. So we want to acknowledge that, but we want to work with staff. And a general target date, I would anticipate after September 10th, simply because that was the university's extension of the current teleworking.

Trish Kritek:

Okay. So September 10th is the date when we anticipate more guidance is coming in the near future that it will be specific to different spaces and teams. And I guess the other thing I think you said was we want to be equitable, fair, consistent. So it's trying to figure that out. While also, I mean, I guess I'll ask, some people feel like they have been particularly productive or effective doing telework. So is telework still in the spectrum of things that would be considered?

Tim Dellit:

So I think that has to be on an individual basis within that unit, depending on the work that they do and balancing that. Now some physicians, for instance, our coders, as an example, we're largely teleworking even before the pandemic. They did come in one day a week because it was important to have that face-to-face team meetings and so forth. And so this is something that, again, we're going to have to look at it each individual unit, have those conversations with our staff and determine what makes the most sense. I think the biggest challenge is really doing that in a consistent and fair manner, but we also want to be flexible where possible recognizing that this is going to be a change for people.

Tim Dellit:

But as Ana Mari said, I think the expectation is that we come back more in person in the fall. Now, in order to do that, I think we want to get the vaccinations in place. So really, if you haven't been vaccinated, get vaccinated. There's going to be online safety training that people will have to do one time if they haven't been back to work during this period of time. And then they also will be expected, I suspect, to do the daily attestations that the rest of us who have been coming in have to do when we're onsite. So there are some other pieces of this that have to be done. What I'm anticipating is that there's a checklist that's already available on the UWHR website. So more guidance will come up, particularly for managers, for leaders. And they'll walk through that checklist to ensure one, the environment is safe and two, hear the things that have to be done.

Tim Dellit:

We'll also find out more information once we get past this June 30th, and we start to see some of this guidance, the guidance from OSHA as John mentioned, for both in the clinical space and the nonclinical space. So I think we'll get more information here. And we have to be consistent with the overall university approach.

Trish Kritek:

Okay. So lots of different competing aspects of this. It sounds like there will be multiple steps ensuring safety, but also ensuring consistency where we can, though, also want to have flexibility where possible, I'm saying lots of alsos. So more to come is what I would say on that. And do you think in the next few weeks we'll be getting more guidance?

Tim Dellit:

Yes.

Trish Kritek:

Okay. Awesome. Relevant to that, people are wondering about in-person meetings. Where do we stand with in-person meetings, not in the hospital?

Tim Dellit:

Right now, the university still requires, regardless of vaccination state, to wear a mask if you are meeting. And we want to make sure that you have adequate distance. And so I think overall, there are still very few in-person meetings that will likely transition here over the next several months as well. And again, I think some of it will depend on what is that guidance come after January 30th, particularly the nonclinical areas, what does that mean? And it could be different for if you're vaccinated or not vaccinated. And that's why it's so important to get as many people vaccinated as possible.

Trish Kritek:

Okay. So mask and distance in meetings that will evolve over time, and maybe there'll be some vaccinated, non-vaccinated kind of strategies in the future. Last one in this kind of evolving workspace stuff. Onsite vendors. Where do we stand with the vendors coming onsite and being around? Can they do that?

Tim Dellit:

I would look to others, but they would certainly have to be following all of our other requirements. I don't know. And again, I look to John from the employee health side around vaccination status for them coming on. Otherwise, again, some of that depends on the critical nature of whether they need to be here or not. And then certainly following all of our other policies.

John Lynch:

Yeah. We've had vendors coming to the campuses throughout. We have process from checking in for attestations. And we have policies already around vaccination for them as well. So I think we'll just continue to expand that to COVID.

Trish Kritek:

Okay. So there's a process now and it'll expand over time in terms of that. I am relatively confident no one's going to know the answer to this, but I'm going to ask it. Maybe someone will send in the answer. People have been taking the UW Medicine shuttle more, I think maybe as people have been coming, some people have been coming back to work or I'm not entirely sure. And there was a question about, well, actually two of them about if we know when there will be increase in the UW Medicine's shuttle schedule. Does anyone know an answer to that question? There was a uniform no. Okay. If you are out there and you know the answer to that question, please put it in our chat or Q&A, we'll look into it. But we do not know the answer to that right now.

Trish Kritek:

One last question for John, and then I'm going to hand it over to Anne for an ask an ID doc because I gave her too little time the last few times, and I'll give her a little more time this time. So John, people are asking about the therapies that we have for COVID. We haven't really talked about them that much, but where do we stand with therapies for people who have COVID and where they're available and what's available?

John Lynch:

Yes. So I'm a little unprepared for that, but what I can tell you is that we have sort of two groups, ones we're using for people in the hospital and ones we're using for people out the hospital. The inside the hospital ones are the ones that we've talked about before, things like remdesivir, it's an antiviral drug, and things like steroids. And the rest of it really has to do with how we take care of people using all our expertise, which you know, Trish, better than anyone else on this call. And then the outpatient stuff is really the work around monoclonal antibodies, which continues to evolve really quickly. So we're learning more and more that these are effective in treating people who are outpatient, who are at high risk or moderate risk who meets certain criteria and do appear to prevent them from getting sick enough to be in the hospital.

John Lynch:

So that's really about the reason why we're expanding access. Valley has been doing this for quite a while. We're doing this, we just started rolling this out at Harborview last week. UW Montlake has now been doing it for several weeks. It's going well. It's a small scale and we hope as we learn to be able to scale it up. The other tricky part here is that the specific monoclonals that are effective against what's circulating are changing. And so we have to update things as time goes. So even the monoclonals that we learned about are now off the shelf. We can't really use those anymore because they're not effective against the most common strains we're seeing right now.

Trish Kritek:

Oh, and I actually didn't ask the question. Well, it was really that second part that I was asking about. No, I didn't ask it well, but I think this question about monoclonal antibodies that comes up periodically, where people are like, where do we stand with that? And it sounds like the answer is we're doing it on small scale at multiple sites. And it's a very much evolving space as new monoclonal antibodies are needed to treat the types of variants that we're seeing. Is that right?

John Lynch:

Yep.

Trish Kritek:

Okay.

John Lynch:

Someone wrote on the Q&A, you're a great at synthesizing and distilling information as well as having a joyful presence.

Trish Kritek:

Thanks, mom. Anyway, with that, I'm going to hand it over to Anne for ask an ID doc. And because of that, I think you get to be the ID doc today, John.

John Lynch:

Oh, thanks. I should keep my mouth shut.

Anne Browning:

Totally saw the joyful presence comment. But thank you. And I agree. Trish is both wildly tough and very joyful. So much appreciated. John, you were on the hot seat and we have two chunks of questions. First one navigating kiddos. Could an almost 12 year old get vaccinated early?

John Lynch:

Sorry, no. But there are studies going on out there. So if you have access to that. If your kid wants to be participant, give him a huge amount of support, but right now, if you're less than 12, no, sorry.

Anne Browning:

I'll actually jump to that one, then would you enroll your younger kids in a vaccine trial?

John Lynch:

Absolutely. We have some of the best researchers and vaccine work on the planet and I think they do amazing work. And it is going to require kids if it was my kids, our kids, to step up and do that work, that's what needs to happen. So, yeah.

Anne Browning:

Cool. Given myocarditis, I hope I said that right, concerns, would you delay a second dose for a male child?

John Lynch:

Yeah. So there's a lot of discussion going on right now around this elevated number of myopericarditis, so inflammation of the heart and the lining around the heart, following vaccination. We seen a cluster right here in Washington State, in part that's because we have great public health physician, healthcare system partnership. And so we're really paying attention and reporting it here. I just got off a call on this and people are definitely looking at it, looking across the country, but I'll say right now is the rate of myopericarditis still extremely low compared to the numbers of vaccines were given. The vaccines are happening across, I'm sorry, the myopericarditis are happening across the spectrum of age, although probably about half or more are less than 30 years old. But the risk to getting versus getting COVID, I'd

much rather not get COVID than get when we've had these reports, pretty mild cases of pericarditis. So right now, the CDC is recommending that you continue with getting your normal course of vaccines on the normal process, regardless of whoever you are.

Anne Browning:

Good. Thank you. Folks have some questions about what they can do with unvaccinated kiddos. Would you take an unvaccinated kid on public transit?

John Lynch:

Yes, with a mask.

Anne Browning:

Perfect. Wild Waves, super fun place. Would you take a kid 12 or under to Wild Waves this summer if we still see declines and community spread?

John Lynch:

So I want to see low numbers. I don't have exact number for you, but I see a low rate. I want to see high levels of vaccination. I think Wild Waves is here in King County. So probably we're going to be there. And I'd like to see what they're doing at Wild Waves to keep crowds down. I think if you hit all those things, like we actually have crowd control, separation, highly vaccinated adults, and 12 plus year olds, and low case rates, I think that's a possibility.

Anne Browning:

Cool. Next set of questions are around gatherings and this broader sense of like, are we ready for this? Would you go to a family barbecue for over 100 people for July 4th? And props whoever's family has a 100 plus folks around here.

John Lynch:

Yeah. So only if I knew the 100 people and I knew in general what their vaccine status was. When you think about a gathering like that, I want to know, is this, I don't know, I'm not going to, I'm going to stop there. Basically, do you know what most of the people's vaccine status is? Is this a group that's pro-vaccine or group that's not so pro-vaccine? And I'd like to see most of it outdoors. It doesn't have to be a 100%. And I'd also like to see case rates down, right? So this is all going to change as case counts change. I'm looking forward actually this summer being a low case count summer. I really think that's where we're going to be. I'm excited by that. And so I think gatherings are possible, but I just want to know, is this a pro-vaccine group?

Anne Browning:

Cool. Thank you. Would you feel comfortable going to a gym that is open to people working out unmasked without verifying their vaccine status?

John Lynch:

I've been thinking about this because the gym I go to is actually transitioning at the end of June. And I was pushing them to the end of June. They're asking me, they know who I am and what I do. And so I've been thinking about what is it going to look in July? So I'll be clear. I believe in the power of vaccines. I

believe that I'm protected, my spouse is protected. She's vaccinated. My two children are both now four days past their second vaccine. So come in July, we all go to the same climate gym. Yeah, I think we could do that. I think that we could take our masks off in those situations in July.

Anne Browning:

Cool. That's good to hear. Generally-

John Lynch:

I'm putting myself out there. This is new for me.

Trish Kritek:

I feel like you have-

Santiago Neme:

I am impressed. I am very impressed.

Anne Browning:

Learning to trust the vaccine.

Trish Kritek:

Meanwhile, Tim is still shaking his head like, keep going.

Anne Browning:

Probably just in our rowdiness. Okay. Question, just folks are nervous about people starting to be unmasked in public. There's kind of the, is this a good idea? Would you go to a grocery store unmasked now?

John Lynch:

Yeah. So I'm holding tight till the end of June. So that's my personal perspective on this. I want to see our rates a little bit low. We're still not quite where we were even last summer. We're still at 75 cases, aren't okay, but it's dropping dramatically. And I really, really strongly believe with the vaccine rate and the case counts, we're going to be actually even a fantastic place come the end of June and beginning of July. So yes, again, the challenge I have here though, is that I personally feel like I have a job. My job is not only protecting myself and my family, but my job is also to think about the population. And masking and vaccination is about the population. It's about everyone in that store. And so I want to see low case counts and high vaccine rates so that everyone in that store, not just me, and everyone in that gym, not just me, is as safe as can be.

Anne Browning:

Another one that links into kids. How are you feeling about eating indoors at restaurants now? And would you do it with kids who are unvaccinated?

John Lynch:

I'm thinking about some of the restaurants I really miss so much sushi, there is a Kaia place on 45th that I'm dying to go back to. It's just a joyful place for us to go as a family. And I think, again, I, full disclosure for people, my family, my immediate family, we're all going to be fully vaccinated. I think in July, we could definitely think about it. Again, it's a process for me to work through this, to think about this and also think about, I think, Trish, you may have mentioned this position of privilege. And I want to be very, very careful about my perception and my practice in that area. It's challenging for me to think about access to all this stuff when other people don't have access, either through lack of access to vaccine, lack of information in their own language or their own comfort or because they're vaccinated and their health doesn't allow them to be safe because they're immunocompromised. And so again, we've talked about this over the course of the last year, but I'm trying to inform like, why I'm not just full on into jumping in full steam ahead.

Anne Browning:

Thanks, John. There are a couple of wedding questions. First, if you had to travel to a wedding, would you pay attention to the kind of rates of vaccination in that area before you traveled to it?

John Lynch:

Yes. So I'd be interested in rates of vaccination, case counts. And honestly, and this is kind of on the nerdy end of things here, but I'd be interested in what's like the Delta rate in that neck of the woods. So when we look at breakthroughs on vaccination, we know this vaccine is very, very, very, very effective against all the variants out there as we mentioned, but a little bit less so. What happens is someplace is swamped in Delta and having a big spike. We know that some states in our country are very under-vaccinated. And what does it look like in some of those areas this summer into the fall? I think those are really challenging questions. And so yeah, I look at where I am, my destination, what are all the practices there and case rates?

Anne Browning:

Last wedding question, would you attend a wedding with 200 folks, and this came from our Q&A, if everyone was required to be vaccinated at that wedding?

John Lynch:

Yes.

Anne Browning:

Cool. All right. Well, there you go, person who asked in the Q&A on that front. Last one is a question, would you go to lunch with a colleague now?

John Lynch:

Yes.

Anne Browning:

Cool.

John Lynch:

If they're vaccinated, yeah.

Anne Browning:

Awesome. John, before I let you go, I want to say congrats on being recognized for the Thorud Leadership Award.

John Lynch:

Oh, thank you.

Anne Browning:

And I wanted to say, it's just been awesome to see how you have shown up in this work over the last year. And I think that from the messages you send, I feel as though, as a community, we feel like we're getting updates daily and weekly from our friend, John. So I just want to say thank you for being really a trusted friend for our community. Thanks for being a voice amongst the uncertainty and craziness. Thanks for your leadership and humor and vulnerability and all of this. So congratulations.

John Lynch:

Thank you, Anne.

Anne Browning:

And I can't wait to be able to say, thanks in person hopefully pretty soon.

John Lynch:

We'll have lunch together.

Anne Browning:

That would be lovely.

John Lynch:

I'm buying.

Anne Browning:

Awesome.

Trish Kritek:

That was actually why she asked that question because she wanted to know if she could have lunch with you. And so I'm glad that that has been sorted out. I think Anne said that beautifully. I won't add to it your embarrassment, but congratulations again.

John Lynch:

Thank you all.

Trish Kritek:

And I think it's been nice to see other people saying the same congratulations. That's the end of town hall. I'll end as I always do by saying a huge thanks to everybody. Thanks to the whole panel for being here. Thanks to Tom and Jerome for modeling, taking a vacation, which is so important. We will be back

in July. Our tempo is going to go down as our case counts go down. And we are going to continue to respond to what's going on in the community. If we need to meet sooner, we'll meet sooner as always. So have a good summer. We'll see you midsummer. I can't believe it's just around the corner as I look out the window and it's raining. And as always, thanks to everyone here and UW Medicine for taking care of our patients, their families, and most importantly, keep taking care of each other in all the ways that you do. We'll see you in July. Bye.