Trish Kritek:

Welcome back to UW Medicine town hall. It's a pleasure to see everybody again, it's been awhile and a lot has happened. We have a lot to talk about today. It's my pleasure to welcome back, Tim Dellit our chief medical officer UW Medicine, Anne Browning assistant dean for wellbeing, John Lynch, head of infection prevention employee health at Harborview and head of our medical technical response, Keri Nasenbeny CNO at UWMC Northwest, Santiago Neme, medical director Northwest, Tom Staiger, medical director UWMC, and Jerome Dayao, chief nursing officer at Harborview. And I'm Trish Kritek, associate dean for faculty affairs. Like I said, we got a lot to talk about. I'm going to hand it off to Anne for a quick wellbeing message and then we'll jump right into all your questions.

Anne Browning:

Sure. Thanks Trish. I wish we weren't here right now. And I mean that in the big picture. I was kind of hoping we have a bit of a carefree summer. I was hoping we'd hit August with a really low key town hall, but that's not our reality. We've been here with Delta, as John's aware we are certainly in this fifth wave of COVID within our area. I'm sitting here with a five-year-old kiddo who's about to enter kindergarten and concerns about what that looks like. And I know a lot of you have echoed those concerns and looking through the questions, there was a lot concerns about kids under 12 who aren't vaccinated yet what we can do. So I'm going to ask John a bunch of questions at the end in our ask a friendly infectious disease doc focused on that piece as well. Overall, I mean, we're in kind of this yet another state of frustration and uncertainty. And sometimes, wellbeing, isn't about putting a bow on something, it's really about kind of acknowledging the hardness of what's happening right now.

Anne Browning:

And as I've been talking with folks across UW Medicine, I've heard several folks echo the sentiment that right now it feels like kind of the hardest point of the pandemic thus far. And I just want to say, we hear you and see you and we're with you in this. And though I wish things were a little more care free, we're in it and we're going to stick together through it. So thanks y'all for everything you're doing right now and I know it is a tough, tough time. Trish.

Trish Kritek:

Thank you. And I thank you for capturing the spirit that I also am feeling personally. We canceled a trip last week because of the pandemic and I know there's lots of other people who have been anticipating so much on the horizon and not able to get to those things that it's a particularly challenging time. So thank you for acknowledging that. I appreciate it. And I know that everybody on the screen is having some of those feelings as well. I did say we have a bunch of stuff to do, and I think the first thing that we're going to talk about is numbers. So John, I'm going to start with you because we've had a big change in our numbers and I think it's where we want to start.

John Lynch:

Yeah, sure thing. Thanks Trish and Anne I really appreciate those words. Really, really helpful. So last time I think we talked was July 16th and at that point we had 13 patients, UW Medicine hospitals, nine were in the ICU. A lot of people getting transferred from elder places and for the acute care things are looking okay. As of this morning, we have 68 people who are in our hospitals right now. 15 folks at Harborview. Montlake's at 13. Northwest is at six and Valley is at 34. Those patterns are pretty similar to what you've seen before. 27 people are in our ICU. Several of those people on ECMO or ECLS, the heart,

lung bypasses and we know that's true across our region and then 41 people are in acute care. So 68 total.

Trish Kritek:

Which, as you said, a big rise from where we were. I'm curious if you know how much of those are kind of local and how much of them are being transferred into UW from outside other parts of the state.

John Lynch:

Yeah, it's really hard and it's different at each hospital. We know that for instance, Northwest and Valley really reflect a lot of community admissions. Although they do take patients from Montlake and Harborview as well. And Montlake and Northwest are... Excuse me, Montlake and Harborview are getting a lot of transfers and particularly on the critical care side. If you remember both at Harborview, Northwest... Harborview and Montlake, we typically see more ICU patients with COVID. And right now the balance is towards acute care around the whole block, which in some ways is kind of good news.

Trish Kritek:

Yeah. I mean, I always think it's good news when the majority of folks aren't in the ICU. So I hear you. The number changes is sobering. Do we have an idea of how many of those folks are infected with the Delta variant?

John Lynch:

Yeah. So when you look at the numbers coming from our UW clinical lab, I looked at the number from about a week ago, which is the update... our latest update is about 95.5% of all the virus that they're sequencing are Delta. Pretty much every single person being admitted to our hospitals are unvaccinated and have Delta.

Trish Kritek:

Okay. I think we're going to just say like almost everyone, if not everyone is Delta and the majority of them are unvaccinated. People are asking about, do we have data on how often we're seeing breakthrough in unvaccinated patients. And that would be people we're hospitalizing, but also in our staff. And I'll just wax on this slightly because it came in a lot of questions with a lot of contexts is people feel like they know folks who are vaccinated, who are breaking through, but everyone keeps saying that's the minority of people. So do you have some sense on that, that-

John Lynch:

Yeah. And I'm trying to find better ways to communicate around this. So when you're living in an area or in a community where most people are vaccinated, pretty much any positive person who you encounter is probably a vaccinated person. We fully expected vaccinated people to get infected and what the vaccine is proving to us is if you're vaccinated, you're not going to get very sick, you're not going to get in the hospital, the ICU, you're not going to die. So the few people who are breakthrough cases who are vaccinated are doing okay, right? And again, we fully expect. And the greater the number of people who are vaccinated, the larger the number of people who are vaccinated and get infected.

John Lynch:

Importantly, if you go to a community or live in a community or in a population where vaccination rates are much lower, everyone who's getting infected, the vast majority of proportionately are unvaccinated people. And so in those communities, the vaccinated versus unvaccinated is very much unbalanced.

Trish Kritek:

Okay. That's really helpful because I think what we're saying is if your community has lots of unvaccinated people, the majority of people getting infected are unvaccinated.

John Lynch:

And the absolute number is greater. The proportion is much greater.

Trish Kritek:

And the number of folks getting infected is way higher because unvaccinated people are much more likely to get infected. In our community where we're like 80 plus percent vaccinated or something like that, you could tell me the right number. So many people are vaccinated that someone getting, is positive, it's likely they were vaccinated because that's who most people are in our community.

John Lynch:

Exactly.

Trish Kritek:

And our overall numbers are lower. I really appreciate that. And I think it speaks to the confusion because I know people who have gotten infected now and they were vaccinated. So I understand that question. Do you know about our staff, how we're doing with infections in staff right now?

John Lynch:

It's actually, I'll just say we keep trying to track numbers. I apologize for my dog, letting the neighbors know that he exists. But the most important thing I would say that we're seeing is increasing numbers. So we have vaccinated staff who are getting infected in the community. They are engaged in activities. They're around people with Delta and they're getting infected and that number is slowly ramping up. And again, none of these people ended up in the hospital. None of them are seriously ill, but they are definitely having some symptoms and we are seeing more of them.

Trish Kritek:

So arise, no one getting really sick. There was one question about outbreaks in staff at like UCSF and San Francisco General and I guess people wanted to know kind of insights into that happening and kind of our risk for that happening here.

John Lynch:

Yeah. So I was looking for any type of scientific report on this, like an MMWR or something like that and I have not yet found one yet. If anyone knows, please send to me an email. For I look at the available information that's out there, there was an outbreak of around 230 healthcare workers at UCSF this summer. 75 to 80% of them were fully vaccinated. About, I think two thirds were healthcare workers, about a third word researchers. And few important points here is that almost all of them were asymptomatic. They were picked up on contact tracing. So they knew there were cases and then they

tested people had no symptoms and they found additional cases in asymptomatic, vaccinated people. There were two people who ended up in the hospital, one of them was vaccinated. One was not. And neither of them were healthcare workers. They were, I think, in that research bucket. So I sort of combed through the media, that's what I'm starting to find out.

Trish Kritek:

Okay. I appreciate it. Because I think it's just one of those things that makes people nervous when they see this and we'll talk more about masking it a little bit, and I think that's relevant to that topic. Two more before I give you a break and transition over to Tim. The other thing people are hearing in the news is like more kids are testing positive and more kids are ending up in the hospital. So wondered about data from Seattle Children's and then the other things you have are kids getting infected.

John Lynch:

Yeah. So the numbers, thanks to connecting with Dr. Kritek and the folks at Seattle Children's. So there's six kids with COVID are hospitalized at Seattle Children's it's the highest number since April. A half of those children are in the ICU and it's hard to know what that number as a denominator, but it looks like from Dr. John McGuire, who's the PIC, the pick you chief there, head of the pediatric ICU that the trend is towards higher acuity. It's really hard to tell. Your second part of your question though, Trish is when you look across the country and look to experts who are leading children's hospitals in harder hit parts of the country, Louisiana, Mississippi, they are definitely seeing a different phase of the pandemic and a much greater impact on children. Obviously, kids who are unvaccinated. They've crossed the spectrum of ages from very young to teenagers.

Trish Kritek:

Okay. So we're seeing more locally in Seattle Children's, half in ICU, half in acute care, but we're also seeing nationally, particularly places where more people are unvaccinated. I know the kids are unvaccinated, but there's other unvaccinated folks around that we're seeing more cases in kids. Yeah.

John Lynch:

Correct.

Trish Kritek:

Last couple of questions for now or maybe two that are related. Is there any data on people having more or less kind of post COVID symptoms if they have a breakthrough case?

John Lynch:

Yeah. I wasn't able to find a lot of data on this and so I'm still... And again, if anyone knows, has any references, please shoot me an email. But the only thing I've been able to find is that there are actually some data supporting the use of vaccination in people who have COVID is a way to actually reduce the risk for long COVID. And so I think that there's some very interesting possibilities that we're still in the very early phases about learning how vaccinations may impact the risk for long COVID. So more to come.

Trish Kritek:

More to come. We don't know yet. Some intriguing stuff. And do you know anything about how breakthrough cases look in pregnant people? Does it look any different? Because I think we worry about it being more severe on pregnant folks in some data earlier.

John Lynch:

Yeah. There's some more data coming out including just recently demonstrating that there, again, there's probably increased risk for folks who are pregnant due to COVID, but I have not been able find any information on increased risk for breakthrough due to vaccination during pregnancy or pre or during or postpartum. So no evidence, no data on that right now.

Trish Kritek:

No data, but says that something looks different in terms of breakthrough in pregnant people. And we'll keep asking that because I think people keep understandably worrying about it.

John Lynch:

Yeah. And I don't know whether you're going to come back to this Trish, but I just want to highlight the CDC came out with a very strong recommendation yesterday that's again, supports the Society for Maternal-Fetal Medicine and the American College of Obstetrics and Gynecology that strongly recommends vaccination in people who are breastfeeding, people who are planning to become pregnant and those who are pregnant right now. So I just want to emphasize linked to your comment that vaccination in these populations is incredibly important for the health of the pregnant person as well as their child.

Trish Kritek:

Thank you for reinforcing that because I wasn't going to ask that again because I didn't see that. So I appreciate that. So a reinforcement about the recommendation from the CDC, strong recommendation to proceed with vaccination. Thank you. I appreciate it. I'll come back to you, John. I'm going to pivot to Tim for a little bit. Tim, I alluded to masking. There were lots and lots of questions about where do we stand with our UW Medicine versus UW masking policy, which I feel is breaking news. So where do we stand with masking policies right now?

Tim Dellit:

And to build off on what John said, we know vaccines are incredibly effective in preventing severe disease, hospitalization, and death yet we are seeing some breakthroughs and we are seeing in larger outbreaks where a proportion of those individuals have been vaccinated. So it really highlights to me the importance of getting vaccinated and wearing a mask, particularly in indoor public settings. And so UW Medicine has always required that in our clinical spaces, when we started to see the rise in cases out of concern for our healthcare workers, we did go back and escalate or reescalate our masking policy, so even when they were in nonclinical spaces, requiring them to mask. And then just this afternoon, the University of Washington also has announced a mandate requiring mask use indoors across our university beginning tomorrow. And it's being driven by the same concept. It's the same reason why the CDC has made this recommendation, Public Health has made the recommendation. Snohomish actually just moved to a mandate requiring it earlier this week.

Tim Dellit:

And so it really is that two pronged approach, both of them I think are going to be extremely critical during this phase of the pandemic, along with the other layered approaches around keeping distance when possible, et cetera. But it really highlights the importance of masking in addition to vaccination.

Trish Kritek:

Okay. So I'm just going to say, this is really nice. It's one policy. Masking indoors. UW Medicine, we're back to masking indoors.

Tim Dellit:

Correct.

Trish Kritek:

I think it's actually cleaner now. So the folks were worried about classrooms and students. They will be masked in classrooms and people who are in health sciences, it's mandatory indoor masking now. You said it's two pronged. So the other thing that changed since the last time we talked is where we stand with vaccines and for whom it's mandatory and what the exemptions are. So maybe you could walk us through that.

Tim Dellit:

Yeah. So just as a reminder, we've had a requirement for all of our university employees, students to be vaccinated by September 10th. As part of that, we did allow medical religious and philosophical exemptions, which are always really tricky. Earlier this week on Monday, there was an announcement by the governor and then a written proclamation on Tuesday that now requires a vaccination of healthcare workers, both in private and public settings as a condition of employment and that must be completed by October 18th. So the governor came out very firmly recognizing again, it's because of the rise in both COVID-19 cases in Washington state, the rise in hospitalized patients with COVID-19 and the need to keep our patients and healthcare workers safe that he moved in and made that proclamation. And so we will be following the governor's proclamation. We are working through the process of reconciling the previous September 10th and the October 18th date.

Tim Dellit:

The other important piece of this is that he allows for medical and strongly persistently held religious beliefs, but does not include philosophical. So we have to update our process and we contact individuals who may have declined or given philosophical exemption previously. And so we're working through that detail with employee health and our infection prevention teams, but that is a new requirement from the governor earlier this week.

Trish Kritek:

So for health care workers at a state level, we're saying there's a proclamation that goes, mandatory vaccinations by October 16th-

Tim Dellit:

18th.

Trish Kritek:

I'm sorry, 18th. Two exceptions, medical and religious, not philosophical. How about for the rest of our community, where do we stand with vaccination mandates?

Tim Dellit:

So higher education was not included in that initial proclamation. I think there is ongoing discussion and thinking about what that means for us as a university community. And so there's continued discussion and monitoring of what's happening in the community. We often think of the clinical activity within UW Medicine, but we have a school of dentistry. We have a school of pharmacy. We have mental health counselors for upper campus. So there are a lot of other pockets of clinical activity. And so the university as a whole is working through what this proclamation means for our university as a whole. We know UW Medicine, the healthcare component is definitely included and we're working through these other aspects.

Trish Kritek:

Okay. So more to come on what might evolve in terms of vaccine mandates for the rest of our community. I think that's helpful and help some clarity. Tom, I'm actually going to jump to you really quickly out of what I propose is in order, do you know where we stand with kind of the previous numbers of where we stand with vaccinations in the medical staff?

Tom Staiger:

Yeah. So the numbers from earlier this week, UWMC is at 96% of medical staff, Harborview is at 94, the house staff is at 94%. I reviewed the 70 or so medical staff members at Montlake and Northwest who are listed as unvaccinated. Very, very few of those people are individuals I recognize as practicing here. I think many practice children's, the VA, have been vaccinated elsewhere and we just haven't gotten their information, so I think the effective vaccination rate for our medical staff here, and I suspect it's similar at Harborview is closer to 99%. And we'll be sending messages out to service chiefs and these individuals just to get their vaccine information. So it's north of 96% at UWMC and probably well north of that.

Trish Kritek:

So really high. Now that did include people being able to have a philosophical objection in that number.

Tom Staiger:

The number of folks with philosophical objections, I think there were three at UW.

Trish Kritek:

Wonderful.

Tom Staiger:

So it is tiny. Yeah. Yeah, that doesn't change the overall vaccination rate, essentially.

Trish Kritek:

That's awesome. Thank you for that. So 96% or higher, which is great. Keri and Jerome, I didn't ask you to look up staff vaccinations. I'm not sure if either of you knows those numbers for staff right now.

Keri Nasenbeny:

I think Santiago you have the latest for... I think it was around 85% for both campuses-

Santiago Neme:

I want to say it was 85%.

Keri Nasenbeny:

... UMWC and I would expect Jerome knows for Harborview.

Santiago Neme:

Tom, I think it's around that number, right?

Tom Staiger:

Yeah. I'll pull it up in a second off of an email, but it was around 85%.

Keri Nasenbeny:

Yeah, that's my record.

Tom Staiger:

And I'll confirm that in the chat momentarily.

Keri Nasenbeny:

I was just trying to do the math on the spreadsheet, but-

Santiago Neme:

It's gone up slightly because we were at 79, but it's still not ideal.

Trish Kritek:

Okay. So we're around 85. Jerome, did you want to add in?

Jerome Dayao:

No, no. Very similar from our perspective. I don't have the most current number, but it's rounding on that.

Trish Kritek:

Okay. And then-

Keri Nasenbeny:

We'll say though, I think a lot of people have gotten vaccinations elsewhere, so I think that that number actually might be lower than what actually... I think our real vaccination rates is higher than what our employee health data says.

Trish Kritek:

And it sounds like we're going to keep working on reconciling that. John I'm actually going to pivot to you and say, people did ask like, what is the way I'm supposed to be attesting? So I'm going to start with healthcare workers, then I'm going to talk about the rest of the UW Medicine community. What are we supposed to be doing about attestation about vaccines at this point?

John Lynch:

Yep. So we have a UW Medicine health care worker vaccine portal, and it's the same portal where you schedule getting vaccinated. On that scheduling platform you can... Folks do have a medical reason to get declination. The form is there. Right now, we have the other declinations turned off because we have to update the religious declination per the proclamation. As Tim mentioned, we've removed the philosophical declination. It's in flux, but if you got vaccinated outside of UW Medicine, so I mean it's not Harborview, not UWMC you just have to go into that website and then you can update it there. You will also get pinged, your second part of your question about Workday and that's for those folks who are in Workday, there's also requirement for attestation there. There's no way for us to make it work in both directions, so if you have to do that, I apologize. I have to do it, but you may get asked to do in both.

Trish Kritek:

So if you get asked to, put it in Workday, put it in Workday.

John Lynch:

Yeah. It's just a click, literally.

Trish Kritek:

Yeah, it's not that hard. I did it. I know it's extra work, but I think it's not onerous. I will attest to it not being onerous. Okay. Tim, back to you. Lots of questions about return to work and whether or not we're going to have that same return to work date in September or if we're reassessing that in light of the rising numbers.

Tim Dellit:

Yeah. And it's important to remember that as UW Medicine employees we're really University of Washington employees. And so this is really a coordinated alignment approach from the university as a whole. And at this time there are still plans for the return to onsite work as of September 13th, which would be that Monday following the September 10th. We are working through now with different areas of some of our nonclinical areas where managers, directors will be working with their staff. They will be providing additional information next week from HR and really looking at the different potential categories at each individual job position, is this appropriate for remote work? Is this appropriate for hybrid work? What does that look like? Or does this require in-person based on the type of role and responsibilities? But we are moving forward with that September date and it's really important to realize that we're doing this to maintain alignment across all University of Washington employees, but then at the individual unit level, allowing flexibility to determine what makes the most sense for that given job position.

Trish Kritek:

Okay. So still September 13th, consistency across UW, writ large and flexibility level. Do you think there's any chance that will be reconsidered over the next few weeks or not?

Tim Dellit:

We are constantly evaluating the situation and having conversations. And we never stopped having our University of Washington emergency operating center and so we continue to speak multiple times a week and so there's constant evaluation. And if we've learned nothing else through this pandemic, we have to be able to adapt when new information comes out. So right now that is the plan, but we're continuing to monitor. If something significantly changes, then there may be a readjustment, but there are no plans to do so at this time.

Trish Kritek:

Okay. Constant checking in about that then, because I think people are curious. I also think talk to folks in your local spaces. I'll come back to you, Tim, to talk about census in a minute, but before I do that Santiago, I was going to ask you a couple of questions. In the last 24 hours, there's been a lot of news about booster shots for folks who are immunocompromised and I wanted to ask you about our plan. Lots of people want to ask you about our plan for booster shots for immunocompromised folks.

Santiago Neme:

Thank you, Trish. Hello everyone. Yeah, we're very fortunate to have a very strong vaccine team led by Cynthia Dold, Jenny Brackett, Nick Meo, Shireesha Dhanireddy who have been planning for this for several weeks, because we've seen... We had seen this coming. They had seen this coming. And yesterday this was approved by the FDA where moderately to severely immunocompromised patients would receive a third dose. I don't know that we want to call it booster. I would just say that it's a third dose because again, I think we're also evaluating what is the complete serious, what is a regimen for these patients, right? And today the ACIB, the committee that gives recommendations outlined the different indications and these are patients with active treatment for cancer, both solid tumor, hematologic malignancies, solid organ transplant, some biologics, et cetera.

Santiago Neme:

So we're going to be sending an email with the delineated information and indications, but the thing that folks need to know is that we're actually launching this Sunday, the scheduling for these patients. And it obviously includes the population, includes both the employees and the patients who are going to be able to receive a third dose. This is only for those who have been vaccinated with the mRNA vaccines, that is Pfizer, and Moderna. We expect that there will be an announcement for Johnson & Johnson, but that hasn't occurred yet. So for those who are wondering about what to do with Johnson & Johnson, please hold tight because we expect that this will be addressed. And just look out for that email with all of the details around the scheduling. There's going to be places for folks to get the vaccine. And again, thanks to the vaccine team.

Trish Kritek:

All right. You answered, I think all my follow-up questions in one shot. So I'm going to try to tease out the summary of that. One, we're starting to offer a third dose for immunocompromised folks starting on Sunday. Two, there will be an email that says who fits into those buckets. Three, it's for both employees and patients. And then four, it's just for the mRNA vaccines for right now, more to come on, Johnson & Johnson. I do have a follow-up question. There evidently was something in the news about whether or not... or something suggesting Moderna was more effective than Pfizer and there have been people who've been asking if I got J & J should I get another dose of an mRNA vaccine. So are there any recommendations on either another dose booster or no booster of Moderna after other vaccines?

Santiago Neme:

Yeah, currently the only recommendation in the US is to get a third dose of an mRNA vaccine after you've had two doses of mRNA vaccines and you fall into this new category of moderately to severely immunocompromised. That being said, you probably have seen studies where they looked at AstraZeneca and an mRNA vaccine. So it is conceivable that we're going to do some of that mix and match also in the US, but that's currently not the recommendation. The article that you're referencing to about Moderna. The Mayo Clinic I believe did this small study, where they kind of looked and they found that the folks who had gotten Moderna I believe were less likely to have a breakthrough infection, but also we need to remember that we started getting Moderna later. So Pfizer was given early on. So there's a duration of protection that may be confounding. We have John and Tim on the call, and I don't know if you've read the paper, but I don't think it's been settled for us to be worried that if you got Pfizer, you're not protected. I think that we just need to think about the different variables.

Trish Kritek:

Okay. So some suggestion about some differences, but no clear message yet, no indications for another dose of any type of vaccine, other than in this category of folks who are immunocompromised. We'll keep talking about it because this is obviously a space that's evolving and I think-

Santiago Neme:

Completely.

Trish Kritek:

... there'll be more that comes out. Okay. Thank you. Tim, I'm going back to you. John, welcome back by the way. There has been unbelievably high census in our hospitals and I think the question is what's driving the high census? Obviously in the last few days, there's been a lot more COVID patients, but this preceded those numbers of really lots more patients with COVID.

Tim Dellit:

No, you're absolutely correct and it's a statewide challenge and it happened prior to this fifth wave. And so even prior to last few weeks, hospitals across the state, western, eastern, central Washington have all been at or near a hundred percent capacity and many are boarding. There's been a real paucity of beds anywhere within the state. It's not entirely clear what was driving this, whether it is some catch up and care that perhaps was delayed earlier. We always see some increase during the summer at Harborview as a example for trauma season, but it wouldn't explain the whole state. But the capacity has been really challenging. And then now we have this increase in COVID-19 cases, just as of yesterday, we had over 900 patients with COVID-19 admitted to hospitals across the state. And so that has been doubling every 14 days and so it is creating a real capacity challenge.

Tim Dellit:

And it's because of that capacity challenge and the need to safely care for patients who really require hospitalization that we and other healthcare systems now are looking at doing something that we did last winter when we dialed back on some of our elective non-urgent surgeries and procedures that required hospitalization. So not outpatient surgeries, but those that required hospitalization as a way to try to free up some bed capacity. And it's not just us at UW Medicine, other healthcare systems are doing it and it's extremely important that all healthcare systems across the state do this so that we build overall capacity so that we have a safe environment for those patients who really need hospitalization

now for urgent medical conditions. And so that's what led to some of that change and process here. We're in that process of rolling that out for next week. Right now we're anticipating that we're going to be delaying those non-urgent surgeries and procedures that require hospitalization until after September 20th, but the situation is dynamic. We're going to continue to evaluate it, and if we need to make adjustments we will, but that's really what was driving that decision.

Trish Kritek:

Okay. So rising census across the state, unclear why, not all COVID. There was one question about whether or not it was due to trouble getting patients out of the hospital to skilled nursing facilities or other places that they might go to rehab or something like that. Is that part of the picture? And I see Jerome nodding.

Tim Dellit:

Yes. It absolutely is. As Harborview, as an example, 18% of the beds at Harborview are occupied by patients who medically no longer need to be in the hospital and could be safely cared at another level of care if that site was available. Now in the community, we also have challenges within our adult family homes and our skilled nursing facilities even from a staffing standpoint, but we and the other hospitals have working very closely with the healthcare authority and we've gotten commitment both in terms of expediting the review of patients. And in fact, I believe at Harborview and others places they're reviewing the list twice a day with the MOCs to really identify those patients who could be moved out of the hospital.

Tim Dellit:

And we've also been working with the governor's office and the state around increased funding for those patients, because sometimes that's a barrier that the cost of their care simply doesn't allow them to transition. So we absolutely are really working hard on that. In fact, across our system, at times, we have roughly 140, 150 patients who really would not need to be in the hospital. And so if we can increase that throughput, that also will definitely help our capacity. So we're working on both ends better and more efficient discharge for those who can see safely be discharged to the next level and gradually dialing back some of the non-urgent surgeries and procedures. We recognize that is incredibly frustrating for patients, for families, as many of whom may have already been delaying care. So we don't take this lightly and we're reviewing each case individually to ensure that it's safe for them to be delayed for another month. But we've got to manage both ends of that throughput.

Trish Kritek:

So I think what I heard is one, for sure I heard we're putting on pause on elective non-urgent surgeries that require hospitalizations through September 20th and that could be pushed out further depending on how things go. Two, We know that it's hard to get patients to skilled nursing facilities because of staffing of other places, as well as funding and we're doing some aggressive screening of folks to try to do that and working with the state. Jerome, I saw you nodding during that time. Was there anything you wanted to add to that? Because it sounds like a lot of those folks are in Harborview.

Jerome Dayao:

No, I mean, as in addition with what Tim said, I mean, what's also impacting capacity across the region and the state and even the adjacent states to Washington is the nursing staffing challenge. We currently know that in the country there's about 20,000 traveler, just for traveler nursing needs and these are

nurses that are paid already in a very high level, but we're still having trouble finding them across hospitals across the state. So that's impacting these hospitals, they're closing services, they're unable to admit patients and then they all come to the regional level one hospitals like Harborview.

Trish Kritek:

So there's staffing shortages in other hospitals, in the skilled nursing facilities. And we've had some staffing issues as well as we've talked about here. Since we're here, let me just ask you things we're doing right now for staffing Jerome, and then I'll ask Keri for UWMC.

Jerome Dayao:

Well, we are actively hiring. I mean, we're posting all of the positions as they get vacated. We are utilizing travelers. We have now one of the highest levels of travelers across the system compared to previous years. I mean, at Harborview alone, we have about 200 travelers in here so that we can bridge that gap until we hire people because people when you hire them, they're not plug and play that they're ready to work the next day. I mean, that takes three to six months getting them here. So we're doing all of those hiring, we're utilizing travelers in the interim and we are also doing some online hiring events now that we have not done. We're also offering incentives so that we can bring in nurses here and other skilled professionals to augment our staffing needs.

Trish Kritek:

Thank you, Jerome. So incentives, online job pairs, working hard to hire people though it takes time and using travelers. Keri, anything you wanted to add to that? That's pretty comprehensive.

Jerome Dayao:

I think the only other thing I would say is, is that we're trying to bring in some help for our recruiters because just like everybody else, they too are short-staffed and so bringing in help and making sure they have the team and the support that they need to support all of our needs. So I guess the only thing that I would offer is that this really is one of our top priorities, if not our top priority. So many institutional resources going towards trying to solve this problem and ensure that we have the staff we need and not just nurses, right? This is all comers. It's impacting all of our staff. I think nursing gets a lot of attention, but truly it's impacting all of our different disciplines and it's really something that's taking all of our attention right now.

Trish Kritek:

Thank you. So just to highlight what I heard the last part was, it's nurses, but it's MAs, and therapists and RTs, and lots of all of our allied health staff across our sites that we're in need of and many different efforts to try to manage it. I think Tom, this one quick question, are we doing anything on the census side from the physician and other provider efforts?

Tom Staiger:

Sure. There's a few things underway. There's a daily system capacity management meeting to look at load leveling across our campuses, which works well, except when all of our campuses are boarding. We are focusing on improving throughput. So at UWMC Montlake, several weeks ago, we started a capacity management physician program that's similar to what Harborview's had for a couple of years to help remove barriers, escalate problems. And that group's also involved in reviewing our accepted pending bed availability lists to make sure that everybody who's on that list belongs on the list and that we're

escalating if there's things changing. And we're in the process of piloting some other concurrent reviews of admission, accepted patients to see if we should reengineer based on that. So lots of work ongoing.

Trish Kritek:

Okay. So load leveling across sites when we can, challenges of boarding in lots of places, thinking about who's coming in and trying to facilitate people getting to a new place, if we can get that with funding and allocation and all of that. Thank you all. This is obviously something that we see emails about all the time, and I think more importantly, people are feeling it in our hospitals right now quite a bit. Okay. I'm going to pivot. I got so many questions that I'm just going to tell everybody right now I'm definitely not getting through all the questions today. And I'm also going to tell everybody right now we're going to have town hall next week because there's too many questions and this is a super dynamic time. So Keri and Jerome... Actually, I forgot one, Tim. Before I leave census. Telemedicine, are we going to start doing more telemedicine visits again? I know we've been doing it all along, but are we going to ramp up in this setting?

Tom Staiger:

We never stopped. We went up to 30,000. We'd been doing 25,000 telemedicine visits since we started that. So that is an important part of how we practice. Right now we are not intentionally increasing that number, but we continue to offer that. And I think using that judgment of when it's appropriate to do telemedicine, but it's going to continue to account for at least 20% of our visits, particularly in primary care.

Trish Kritek:

Okay. So 20% of our visits hold them solid, consider it as appropriate and no intention to ramp it up, but keep using it. Great. Keri and Jerome, lots of questions about visitors. So the first. Keri, I'll start with you. The first question is, do we have plans to update it? Are we going to dial down the visitation as we see a rise in cases?

Keri Nasenbeny:

And what I would say is, is that we're meeting regularly. We have a meeting on the books for Monday at 8:00 AM, and... I mean, it's scheduled regularly to look at the visiting policy and to consider, all the different variables that are in place, looking at both infections and reinfections, as well as I think there's real impacts when we don't have visitors. It's not just a nice to have, it is actually I think, an important part of patient's care. So considering all of those variables and we'll make, as we've done with previous surges, we will make the best decision for everybody, for both patients and staff and on off. So regularly, I guess what I'd say is we are regularly reviewing that, and I think there is a distinct possibility it could and will change again.

Trish Kritek:

Okay. So no change right now, regular review. We're here. We will let you know if it changes and that people are doing that balancing all the time. Jerome, the other thing people ask about is kind of restrictions on visitors, where they're supposed to be as well as kind of monitoring of visitors who sometimes seem to be more likely to have their mask on their chin as opposed to on their face. So what are we doing about kind of where visitors should be and kind of what the rules are for them?

Jerome Dayao:

Well, I mean, the policy has truly not changed with regard to where visitors can be. I mean, we cannot have them wandering around and so forth with the exception of, if they're here for a long period of time for secondary to some of the exemptions that we have for death and dying, that we might allow them to go and use some of our facilities in here such as buy food from the cafeteria and eat back in the patient's room kind of things. But nothing has changed in this and as what Keri mentioned, there is a work group at the system level and at the hospital levels that are talking about this as the volumes are going up, are we going to be restricting visitation? Are we going to completely eliminate visitation for the meantime as other organizations have done in the state? So that's a continuous discussion. And of course we're guided by the wisdom of Dr. Lynch on infection control with that. But as for now, I mean, we are implementing the same visitation process we have, and we expect the visitors to not be wandering around the hospitals.

Trish Kritek:

Yeah. So just to be clear, the rules are the same. They're not supposed to be wandering around. And perhaps with more clarity on the fact that there a mandatory masking policy everywhere, maybe that will help. It has been the case for our clinical spaces regardless. So I guess I encourage all of us to try to help support encouraging people to keep their masks on. I think that's probably... All of us leaders, that's part of our job to help with that as well. The other thing that has gotten a lot of questions is... John, I'm going to look to you, vaccines for kids. Do you have any updates on when we might have vaccines for kids? And I'm going to allow you your best guess on when we might have vaccines for kids.

John Lynch:

I think Thanksgiving and the end of the year. That's my best guess.

Trish Kritek:

Yeah. Okay. I think it's just painful and Anne will ask you questions about-

John Lynch:

So painful.

Trish Kritek:

Yeah. It's a really hard one. So I appreciate. Lots of people ask that question. And so Thanksgiving to end of the calendar year is kind of what you see on the horizon. I appreciate that. Okay. Santiago, I've been talking about masking. What about masking outside? Should we start changing how we're masking outside? People are asking that question too.

Santiago Neme:

Yeah, Trish. I think it's important to distinguish the unvaccinated from vaccinated and also the environment, right? So this is outside. This is your private life. This is not UW Medicine. This is not clinic space, et cetera. So just to make it very clear. So for the unvaccinated, the unvaccinated are required to mask pretty much everywhere, really, in every space. Now the vaccinated now the recommendation is really that we mask in public indoor spaces. And that's different from what had been recommended by CDC earlier when we were just dealing with the alpha variants. So now with Delta, we're seeing that there are some infections between vaccinated people. We know that vaccinated people can, although infrequently get vaccinated... get infected and we also know that they can transmit the infection. So

therefore the recommendation is for vaccinated in indoor spaces, public spaces, we mask. That's the recommendation and that's what we do.

Trish Kritek:

I'm asking about outdoors.

Santiago Neme:

Oh, outdoors.

Trish Kritek:

People are asking about outdoor masking.

Santiago Neme:

Outdoor masking, honestly the recommendation is that... Well, I can tell you is, outdoor I don't see a need to mask, except if the density is pretty tight. For instance, I was heading to the ferry and went through the Pike Place Market. That might as well be an indoor space, right? So you're masking. And t's funny because everyone was masking, even though there was no ceiling, but the sky was your ceiling. So again, I think the principle is that for the most part, you don't mask outdoors, except if it's required by the place. On the ferry you're going to mask. On areas that are public, airports, et cetera, you're going to mask even when you're outside getting to the airport, getting to the actual gate. Yeah.

Trish Kritek:

Okay. So it sounds like what you're recommending is if you're outdoors and, A, someone says you have to wear it, because that's the rule, so you wear a mask, obviously, but also if it's close quarters, you're not able to have some physical distance, you're recommending that even if vaccinated, you wear a mask in those settings, right?

Santiago Neme:

Absolutely.

Trish Kritek:

I see John nodding vigorously and giving a thumbs up in addition. Thank you. Santiago, I gave this question because I feel like you talked about it before. One question people asked about is spread by fomites. So is there any evidence that any of these new variants are spread by fomites, i.e. the stuff on our stuff? Because we worried about that a lot at the beginning of the pandemic, and then we kind of backed off it. Is there any difference with Delta?

Santiago Neme:

Honestly, to my knowledge, this is really mainly an air situation. This is a small droplet aerosol type of issue and I'm not aware. I look to Tim and John, but I'm not aware of any increased emphasis on fomites. I think the emphasis now it's more about make sure your mask has two or more layers, make sure that it's snug, that it fits correctly, but less so on objects. That being said, it's always preferable.

Trish Kritek:

Okay. So masking, but full fomites we don't think there's anything new about fomites-

Santiago Neme:

That's my awareness. Tim-

Tim Dellit:

I think it's much less, but obviously if someone coughs on a given object and you go and touch it and then rub your eyes, you have that risk. So I think-

Santiago Neme:

That's basis. That's basic infection control. You don't want to... Exactly. You wash your hands. But I would say initially the focus on fomites was excessive and people were disregarding the masking and now we know that it's primarily an air... It's droplets. It's aerosol. Yeah.

Trish Kritek:

Okay. So stick with your mask, wash your hands. No need to start wiping off your groceries with Clorox and things like that, which I did for a while. I'm just going to say I did it at the beginning of the pandemic and all of you people who are chuckling now I bet some of you did too.

John Lynch:

Tony Fauci.

Santiago Neme:

I tried, but I failed.

John Lynch:

Tony Fauci.

Trish Kritek:

Fauci did it too, then I feel really good. Okay. John, since you're unmuted. Do you know where we stand with FDA approval of our vaccines, any updates on that?

John Lynch:

It's the same place as the approval for youngsters. What I'm hearing is end of the month. The data is profoundly good for the efficacy, effectiveness, and safety of these vaccines, better than we even hoped for. I think most of us who do this work, see no reason why this shouldn't have already happened. And so I think that we will be seeing FDA approval very, very soon.

Trish Kritek:

Okay. But you just said it's like vaccines for kids, but it's not like vaccines for kids because... Did you just say, you think it's going to be at the end of this month that we'll get FDA-

John Lynch:

I mean in terms of like... The FDA has not said we will have this available in three weeks, nor have they said the vaccines will be available I think even for kids, I am looking at the gestalt of information that I'm receiving from across the planet, from my colleagues, from people with more expertise than I have that

they're hopeful that we'll see FDA approval by the end of the month. So it's the same gestalt. My best guess.

Trish Kritek:

So we're going with best guess on two things, best guess for FDA approval, end of the month, best guess for vaccines for kids, unfortunately, Thanksgiving or end of the calendar year. I got that right now.

John Lynch:

Correct.

Trish Kritek:

Awesome. Thank you. Tom, as an outpatient doc, are we doing outpatient antibody treatments for patients with COVID in clinics now or are they available in other places? People have been asking about that, particularly with people kind of being mildly symptomatic, but maybe wanting to get treated?

Tom Staiger:

Yes. They have been available at UWMC on our four south infusion area and at Harborview through the emergency room since early June. There's a process that Dr. Dan already helps oversee where nurses are reviewing tests, COVID tests that are done on our patients to identify patients that might be eligible. And if they are eligible, arranging to get them scheduled into one of these locations. They've been available at Valley for a little bit longer than that. And there's also a process whereby if a patient has a test done elsewhere and one of our providers wants to see if they're eligible and could be scheduled, that can be followed and I'm going to be working with Dr. Hay to get something in our newsletter next week. That has already gone out to our clinics, but just to remind people about how they can do that.

Trish Kritek:

Okay. So more information to come out to everybody, but we actually have them available, have infusion in the ED and other spaces across our system.

Tom Staiger:

Yep.

Trish Kritek:

Okay. Thank you. Last question for me, for you, John, and then I'm going to hand it over to Anne. People are asking about any data on Lambda. Do you know anything about Lambda?

John Lynch:

Yeah, sure. Sorry. I'm trying to do my Q&As at the same time here.

Trish Kritek:

I know. I'm keeping you on your toes. My-

John Lynch:

No, no. I love it. I love it. Keeps me engaged. So Lambda, yeah. So I mean, yes, we've been hearing little bits about it. So the Lambda variant is this variant that's really ripped across south America, places like Peru, just seeing huge numbers of it. The questions around it is one, transmissibility, how much more transmissible is it? Is it more like the Alpha? Is it more like the Delta? I think it seems to be leaning more towards Alpha, but not entirely clear. And the second thing is, is there any data that supports that it has a bigger impact on people who are vaccinated? So some sort of immune evasion. I've seen mixed signals on that and when I see mixed signals, I sort of take it easy right now. I don't see any strong signal that this is going to be a huge problem for people who are vaccinated.

John Lynch:

The last thing I'll say is that, yes, we have cases of people with Lambda variant in the United States, but they're very small in the hundreds of cases and given the overall impact. It doesn't seem to be moving in the way that we saw Alpha and certainly not Delta in terms of displacement. This Delta variant, it is a beast and it just is not letting any other variants in right now.

Trish Kritek:

Okay. So very few numbers, no convincing data that it's going to be a problem if you're a vaccinated that we feel like we should change anything right now. And it seems like it's Delta, Delta, Delta right now. All right. I said, I wouldn't get to all the questions. My apologies. We have a lot. So I do want to get to ask an ID doc, because there's lots of questions about kids in school. So Anne, I'm going to hand it off to you to talk with John a Little bit more and ask an ID doc.

Anne:

Great. Thanks. John, obviously things are changing so rapidly. We saw tons of questions coming in. I mean, as you kind of a broad general one to start and then I'll do follow ups depending on what you share. Overall, folks are really concerned specifically around kids under 12. Overarching question, what mitigation strategies would you use now if you were living with a kiddo under 12, who couldn't it get vaccinated?

John Lynch:

Mask, mas, mask is probably the most important thing. So as I think I put in the Q&A, I'm wearing a mask in every single indoor public setting and my kids are both vaccinated. I think this is a really important tool for me to do to support not only my family and my community and my patients, but also is solidarity with those who are not yet vaccinated with those under 12. The other thing is we got to be careful about gatherings. So even those backyard gatherings, 15, 20 people and a bunch of them under 12, maybe a few of the adults are not vaccinated or maybe they can't get vaccinated or they're immunocompromised. That's a really... I think that's just a potential tinder, they can create a bonfire. And so I really think dial down, really focus on who you know is vaccinated and sharing sort of like values. And we've talked about the exact same scenario earlier.

John Lynch:

I think you might tackle this, but I'm going to throw in there schools just to make sure it's absolutely clear, distancing and ventilation. We've got to work with our schools to support them, to make sure we have lots of airflow in those places, lots of filtration, which can be done in a variety of ways and trying to decrease density, just like we do in hospitals.

Anne:

I will ask kind of the gut check question. Would you send a kid who is under 12 back to school in person this fall?

John Lynch:

Yeah. So I think, yes. And the reason I say that, and again, this is going to involve and it's really important is that I look at so many of my colleagues who've had their kids, unvaccinated kids in childcare and where we've seen things work is decreased density pods. So not mixing kids or population of kids, vaccination of those who can get vaccinated. So universal vaccination of teachers, childcare providers, and good ventilation. If we follow these known principles, I believe we can get kids back to school, even if they're not vaccinated. But it's relying on lots of things. And the other things, obviously little more subtle is keeping your kids home when they're sick, getting them tested, all that sort of stuff.

Anne:

Delta's certainly freaking out parents. I saw some questions come in is a cloth mask still sufficient for my kid, or should I start trying to throw in an N95?

John Lynch:

Yeah. Great question. So I'll just declare it. And if you go to the... I've mentioned this before, if you go to the Public KCL King County blog, they have a great blog on this exact topic. So cloth masks are like the first level, medical or surgical grade masks are better KN95s are even better and then N95s are even better than that. And we have to find the right thing in there. What I really like to emphasize is that if you have two people and both of them wear cloth masks, that's still way better than neither of them wearing masks. So it really depends upon the situation, the kid and what's available. I have to be clear, I've worn an N95s and they are super uncomfortable. And so asking a little one to do that for long periods of time, if that ends up taking the kid's mask off all the time, then the situation actually probably supports something that's more breathable, more comfortable that all the kids are wearing.

Anne:

Cool. Would you recommend wearing an eye protection for little people?

John Lynch:

Yeah. So I've actually reviewed the data on this. You can get respiratory virus infections through your eyes if someone probably coughs on them. So this is where masks can probably help with that. Would I recommend that everyone wears eye protection universally out in the world? No. The data's just not strong. Just to be clear though, when you're taking care of someone who you know has COVID in healthcare, you've got to wear eye protection, every single time. If you're not vaccinated and you're taking care of patients you don't know, wear eye protection. You have to do that. So out, I'm talking aside from healthcare, out in the world. I have friends who are in healthcare who do what I do when they're on planes, they wear an eye protection. If it's comfortable, go for it. But I don't think it's... I don't see a lot of data right now.

Anne:

Last one more on kids and I'll try and get a couple other rapid fire. On the kid front, if you have vaccinated grandparents, would you still let them hang out with their unvaccinated grandchild?

John Lynch:

Yes, if they are limiting their activities. If they're focused and following the same sort of system that you are around wearing a mask in public settings, not mixing with unvaccinated people. I think that's very reasonable.

Anne:

Cool. Rapid fire interactions. Would you go to an outdoor party?

John Lynch:

No.

Anne:

Would you go to an outdoor concert right now?

John Lynch:

No.

Anne:

Would you attend an outdoor athletic event right now?

John Lynch:

No.

Anne:

Would you go to the sauna or you go to a gym?

John Lynch:

No, sauna. Yes, gym.

Anne:

Okay. Travel. Would you get on a plane right now?

John Lynch:

Yes. I'm getting on one on Monday full disclosure.

Anne:

Let's see if you did, would you recommend any testing upon return?

John Lynch:

Only if you're not vaccinated and only if you had symptoms regardless of your vaccine status.

Anne:

Last question, would you be a bridesmaid in a wedding if you could travel solo to the event, but then you would be returning to take care of your two months old?

John Lynch:

I think that can be done depending upon the dress requirement. If it's a floral number maybe, yes. Yes. So I think that's possible. Again, it's the same thing that if you can wear masks, be careful, the wedding itself... I have a friend who's requiring vaccination as a condition of attending their wedding. And so I think there's ways to do it safely.

Anne:

Cool, John, as always, thank you so much. And Trish, I'll hand back to you.

Trish Kritek:

Thanks everybody. Lots and lots and lots of questions today. Lots of wonderful answers. I want to thank all the panelists for all the kind of rapid fire bouncing around today. I really appreciate it kind of following the thread of the stuff that it was coming in from people. As I said there's enough out there that we're going to come back next Friday. We're going to figure out our tempo as we go. We'll always, obviously always post these. I want to respond to the person who asked me why I canceled a trip. I'm going to tell you really quickly. It was because we were going to go to a Bat Mitzvah where there were people that we didn't know if they were going to be vaccinated or not and we weren't sure about mask wearing, so it just didn't feel like the right thing and they live streamed it. So we could live stream the Bat Mitzvah. All good.

Trish Kritek:

So I want to say a big thank you as always to all the panelists, a big thank you to all the people sending questions. I really appreciate the feedback about town hall. And just to be clear, we're going to keep going and we're going to keep going through this surge, and then we'll figure it out on the other side. I appreciated everybody doing that. So a big thank you as always to each and every one of you for all that you're doing to continue to take care of our patients, their families. And right now, as things are changing rapidly, keep taking care of each other. We'll see you back next Friday. Thanks so much. Bye-bye.