

Trish Kritek:

Welcome back to UW Medicine Town Hall, I'm Trish Kritek, associate dean for faculty affairs. And, it's a pleasure to have lots of folks back and some new faces or new returning faces this week. So with us this week are, Keri Nasenbeny, chief nursing officer at UWMC, Northwest, John Lynch, head of infection prevention, employee health at Harborview Medical Center, Anne Browning, our assistant dean for wellbeing, Tom Staiger, medical director, UWMC, Paula Houston, chief equity officer for UW Medicine, Rick Goss, medical director, Harborview, and Cindy Sayre, chief nursing officer, UWMC. As you can see, Tim's not here, he's on service at Harborview right now, so he's doing a lot of ID consults as we speak. Santiago and Jerome are both on vacation. And so, it's a little bit different today and actually, we're going to do a couple other things a little differently.

Trish Kritek:

Anne's going to put her wellbeing message later on when she welcomes Tom in, as an ask a primary care doc this week. So a little bit of a change, and actually, I'm going to start off a little differently too. I actually made a somewhat game time decision and asked Paula to join us today. In light of the fact that we got a bunch of questions just today and I think it's understandable, asking how we as an organization are going to support our BIPOC community in the wake of the verdict of the Kyle Rittenhouse trial. And, there's other trials that are pending. So Paula, I want to thank you for rearranging your schedule to be here and join us today. I'm very appreciative of that. And I guess, I'm just going to lead with that question to you kind of, what are we doing to support folks?

Paula:

Sure. Thank you, Trish, for inviting me to come. I really appreciate giving me the opportunity to engage with our community. So, the not guilty verdict that just came down in the Rittenhouse trial is incredibly disappointing, and to many of us feels truly like a gut punch. We've asked to trust a system that we have been living in and living with, but we know it benefits some and not others. It reminds us of an example of Tamir Rice, a young man who had a toy gun and was executed. And yet, we see Kyle Rittenhouse today going free and he killed two people.

Paula:

It's a another reminder that the systems that we live in and that we live with are based in white supremacy and are, in fact, racist. So, it's important for us here at UW Medicine to continue with this equity work. As we see these systems are causing harm in the communities that we serve, the communities we have here at UW Medicine and the communities that our patients come from.

Paula:

So, we want to make sure that we're taking the time here at UW Medicine to not continue to contribute to this harm. And, this is really the crux of the work that we are doing here at the Office of Health Equity. And so we know there's anger, and frustration, and fear and sadness that many of us in our UW medicine community are experiencing, both from today's verdict and of course, there's the ongoing verdict in the Ahmaud Arbery murder trial. And so, to address some of these feelings and give people a space to process, to grieve, to share experiences and feelings, we're once again, going to set up our virtual caucuses that we have been doing and these will be our identity based groups that are already standing. We're going to do them on Tuesday, as this was very last minute. We are still determining what the time is, so please watch for an announcement with those specifics. But we definitely want to

have a space, where people can come and be in a protected space, to be able to be in community and just share whatever it is that they need to share.

Trish Kritek:

Thank you. Thank you for those words, as well as for the work to create those spaces, those safe spaces for people to come together. So Tuesday virtual caucuses, more information will be coming out, and that will be an email to all of the UW Medicine community in the, start next week or something like that.

Paula:

Okay. Yep.

Trish Kritek:

Okay. Is there anything else that you think would be things that would be important for us to think about to be supportive of each other in these times?

Paula:

Absolutely. One of the things that came up with the events of the spring of 2020 was that, initially we had a lot of staff who said that, "Our BIPOC staff who had their supervisors and managers who were rounding and checking in on them," and that felt good, but that fell off very quickly, as if after a week or two, people were not still experiencing pain and fear, and frustration and sadness. So continue to check in with people, ask permission to check in. That's always okay. We had an article, I refer back to the article that came out, that Jonathan Kanter from our office wrote. I think it would be a great time to check back in with that. But just remembering that people are experiencing racism vicariously and are reliving their own traumas, and their own fears when we're hearing these experiences that are happening, when we're seeing these trials and when we hear such a disappointing travesty of a verdict like this.

Paula:

So, that's one important thing because we hear that over and over in our caucuses that people have felt like they've has been abandoned, quite honestly, by their supervisors and managers. And, continue to check in.

Trish Kritek:

So ask permission, but check in.

Paula:

Ask permission, but check in. Yeah.

Trish Kritek:

And check in, not just now, but think about checking in coming months.

Paula:

Make it an ongoing.

Trish Kritek:

Yeah.

Paula:

Yes. It needs to be an ongoing thing. Yeah.

Trish Kritek:

I appreciate that. And maybe, we can highlight the article from the huddle that Jonathan Kanter did a while ago, not that long ago on this topic.

Paula:

That's good. Yeah.

Trish Kritek:

So, thank you for raising the awareness about that. Again, I really appreciate you for all you do for our community, but for joining us in this moment, particularly, so thank you.

Paula:

Thanks for having me.

Trish Kritek:

Of course. Okay. John, I'm going to turn to you now and kind of shift gears, which is hard in these kind of moments, but shift gears to talk about kind of where we stand with COVID right now and our current numbers in our system.

John:

Sure thing. And I just want to extend my thanks to Dr. Houston and her leadership in all of this, it really helps us navigate very difficult times. Yeah. So shifting gears over to where we are as a system regarding COVID 19 specifically, we're kind of in the same place we were, when I last spoke to this group. We're at 49 patients as of this morning, 30 of them are acute care, 19 in ICU. Valley continues to be in the twenties, 21, Northwest at five, which I think is down a little bit from a week ago, Montlake pretty stable at 11, about half and half ICU and acute care. And Harborview, again, floating around the same number, 12, half acute care, half in the ICU. I don't have the Montlake ECMO number that my fingertips right now, I actually forgot to check on that. I'm sorry. But, Tom might be will have it, but I know at Harborview, we have four people on ECMO not related to COVID, which is as much as we've ever had.

Trish Kritek:

So kind of, I think for the last few sessions, we've just been kind of the high forties, low fifties, stable, but not really going down. How about the rates in the state in King County? How are we doing there?

John:

Yeah, I'll start at the state level. We've had kind of a slow trend downward. It feels like steps, so we have a slow trend, then plateau, and then a slow trend. And it feels like we're kind of back in a plateau right now at the state level with just under about 2000 cases per day. What's bothered me a little bit is if you look at our hospitalization rate in the state, it actually is going up a little bit, which is typically something that comes behind an upward trend in our case counts. So it's really hard to figure out what's going on,

but definitely has me concerned. At the county level, we still actually continue to have a slow trend downward on our hospitalizations, excuse me, on our cases. But for reasons that, again, I can't explain the hospitalization rate is actually slowly trending upward. And so, kind of mixed signals. And I think what I've said in the past, probably still continues to hold true is that we're kind of stable.

John:

The one note I do want to mention though, is that if you look at our rate, which is our seven day average, we actually have moved down below 100 cases per a hundred thousand, which moves us from the highest category, high transmission rate to the substantial, which I hope is a step towards moderate sometime in the far future at most likely.

Trish Kritek:

Okay. So, kind of mixed signals. Maybe there's a few that are a little bit brighter and maybe some that are a little bit more perplexing about things not going the right way, so more to come on that over time. One of the questions that I got a couple times was, have we seen any bumps in cases and I guess overall, the numbers are the same, but related to big indoor sporting events? People who are going to sporting events indoors and have we seen anything downstream from that?

John:

No. So, when we think about the two big difference between this winter and last winter so far, and I think there's a lot more differences to come, it's that we have vaccination availability and we have more gatherings of all types. And when we look at this extremely slow trend downward, which is different than all the other post-surge trends we've seen, it only makes sense that we can attribute those to things like gatherings, like schools, all these things where we are together and in some cases, unmasked. And so, I do not know of any and I haven't communicated with my public health colleagues around any specific outbreaks linked to a football game, or soccer game or another gathering. But when we look at that trendline, I can only attribute that sort of ongoing transmission, in part due to those increased numbers of people together.

Trish Kritek:

Okay. So we have vaccinations now, so that helps, we're masking again, but we're gathering more and that maybe is what's keeping us at the kind of sturdy state and you haven't heard about any specific big outbreaks. I do want to ask about an outbreak. I failed to ask about this last time. And so, I want to follow up on it. There has been an outbreak at Harborview and maybe you want to talk about that a little bit.

John:

Yeah. Thanks for bringing that up, I think we just ran a time last week. So just to summarize it, we had an outbreak at Harborview. Now, I would consider it done, which is great. It involved 17 healthcare workers in the surgical services area, the ASU, PACU in surgical services areas. It involved a number of people in different disciplines, ranging from PSSs to nurses, to surgeons and some other folks, including an interpreter. At this time, we're not able to draw any connection to patients. There are two patients, who could potentially theoretically be connected to it. But it looks like right now, it is transmission among healthcare workers. So probably one or two, or maybe even three independent introductions of COVID-19 into the work area. And then, healthcare workers being around each other with, or without symptoms, with and without masks that led to the sort of expansion.

John:

We did a huge amount of testing. I think the total amount of extra testing to look for extra cases, I think is around 500 tests of all of the people, all the people who worked in those areas, who we offered two independent tests or more. And in fortune, didn't find any additional cases. So one important note here is that all those folks are vaccinated and we'll come back this later, but a minority them actually have been boosted, which is sort of an interesting signal that I hope we can touch on a little bit later.

Trish Kritek:

So, okay. So 17 people who were COVID positive, we think it was healthcare worker to healthcare worker transmission, because we haven't identified a patient. Everybody was vaccinated, but none of them were boosted.

John:

No, a small number, about four or five of them were boosted.

Trish Kritek:

Okay. They were all vaccinated, most were not with a booster would be a safer way for me to say that.

John:

Yeah.

Trish Kritek:

And, are they all fine?

John:

Yes. I meant to say that just as I finished talking and you started speaking, that no one ended up in the hospital, for a lot of these folks, the symptoms were very minor. Some people felt a little bit worse, but no one got sick enough to require health care.

Trish Kritek:

Okay. I'm glad to hear that. I'm glad that they're all doing okay and I understand why people were worried about it. I will ask you a follow up because I think you alluded to it and it's definitely something that came up a couple times in the questions, which is, do we have any data on breakthrough infections after people have gotten a booster?

John:

Yeah. So really what the question is, do we have data on infections after your two doses of, or you're fully vaccinated, versus you're boosted. And, we are starting to get some studies out there now around this. And I've been sort of cautious about it, there was signals coming out of some large studies out of Israel that actually sort of drove the conversation around boosters, but there was of a mixed signal because a lot of those were done pre-Delta and so forth. And we're really around cases, rather than hospitalizations and deaths. But I think right now, we've got a, at least a couple studies that I just wanted to highlight. One just recently done, that looked at about 10,000 folks and compared to those who got two shots, versus a placebo and got a boost. So, they got the two shots, plus a boost versus a placebo booster.

John:

In the treatment arm, they had five cases of infection versus placebo, there're about 109 cases. It is notable, they were about 11 months from the time of their primary series to their booster. So that's like sort of one thing, all Delta. And another large Israeli study that came out in Lancet, 730,000 participants, they looked at vaccine effectiveness at least seven days after the third dose. And they did show again, comparing even if you... The vaccinated population had a very low rate of cases and an extremely low rate of hospitalizations. But even among those folks, there was a significant decrease in the rate of hospital hospitalizations, serious death and serious disease and death in the boosted population. So, we're getting more and more signals around the benefits of boosters, especially as we get farther out from that primary series. And before you even ask the question, I'm just looking now, the FDA earlier today made a recommendation for all adults, 18 and over to get boosted. And I think the CDC committee just signed off on it and they're waiting for Dr. Walensky, who I'm pretty confident will sign off on that recommendation.

John:

So I think by this afternoon, maybe even right now, there's probably going to be a recommendation for all individuals, 18 and over to get boosted in the United States.

Trish Kritek:

Okay. So number one, emerging data that you have greater protection for infection, serious illness and death with a booster, emerging recommendation for everyone 18 and older to get a booster, we're waiting for the final sign off. Is that right?

John:

Yeah. Well, the language is going to be May.

Trish Kritek:

May.

John:

But, I think that's ambiguous. And so, I'll just go out on a limb here and say, it is very reasonable to proceed.

Trish Kritek:

Okay. I was going to ask you your opinion. So-

John:

Yeah, that's my opinion.

Trish Kritek:

... people were saying, "Should I get a booster now that it's changing?" And, your answer would be...

John:

I wouldn't make a stampede for it, but I think it's very reasonable at this point, given the data we have in hand.

Trish Kritek:

Reasonable to proceed with a booster shot.

John:

No emergency.

Trish Kritek:

And then, is there any reason to like antibody levels to make a decision about whether or not you should get a booster?

John:

Nope. Unambiguous. There is no reason to check an antibody, plus, minus antibody levels, which we actually don't do anyway in the clinics. So, the key thing here is just proceed with getting vaccinated.

Trish Kritek:

Okay. A couple last follow up before I give you a break. What about the 16 and 17 year olds, they're not in this, they didn't get a booster?

John:

No, they're not yet. Again, look at the disease instance in that group is being lower, than the older adults and them also getting access to vaccination later than the older adults. So I expect, we'll see increasing expansion of access to boosters, but right now, we have a fairly healthy population, fairly low risk of disease and are more proximate to their vaccines.

Trish Kritek:

Okay. So for now, we think that they're in a safer space and the recommendation is not for boosters. If you got J&J and you decide that you want to get an mRNA vaccine, do you have to get the whole series of mRNA or do you just get one? Do you get the full dose or the half dose mRNA?

John:

Yeah.

Trish Kritek:

Or Moderna. There were 20 questions about this, which I'm trying to distill down into one Town Hall question.

John:

Yes. So it's complicated, but the take home here is no, you don't do the whole series. For the Pfizer, you get a full dose vaccine, for the Moderna, you get a half dose vaccine.

Trish Kritek:

So if you were to get J&J, you'd get half dose Moderna as your booster.

John:

Correct.

Trish Kritek:

Okay. That's perfect. I'm going to go with that.

John:

Yeah.

Trish Kritek:

And the last one is if I got COVID, how long do I have to wait to get a booster? I mean, if I'm vaccinated.

John:

Yep.

Trish Kritek:

Not like Aaron Rodgers there.

John:

As soon as you're done with your isolation period, you can get boosted. What I mean? So 10 days from the time of your symptom onset, or your first negative test, you have no... The first test, if you have no symptoms, 10 days after that, you can go to the clinic and get your boost.

Trish Kritek:

Okay. So if you're vaccinated, you get COVID, 10 days after your symptoms are gone. You can go get your booster.

John:

10 days from your symptom onset.

Trish Kritek:

Oh, 10 days from your symptom onset. Oh, great. Okay. Symptoms are resolved and it's 10 days post your onset.

John:

Yes.

Trish Kritek:

Got it. Okay. Thank you for correcting me when I said I'm wrong.

John:



No problem. I told you it's not straightforward.

Trish Kritek:

No, I know. And there's so many people who are asking you very specific questions, and I know I didn't ask all of them, but I'm hoping we got a lot of them with that.

John:

Thank you.

Trish Kritek:

I'm going to come back to you to talk about children in a little bit, but I'm going to give you a break and I'm going to turn to Cindy and Keri. And so, Jerome's away, but actually a bunch of questions were about how we're going to roll out the visitor policy at UWMC Montlake and Northwest. And so maybe Keri, I'm going to start with you and ask you kind of what are the plans for rolling that out and when?

Keri:

Yeah, so actually, an email came out this week that announced that we be rolling that out on the 6th of December. So right now, we're in the process of really trying to understand how we'll operationalize that on both campuses. And I think it'll look, the banding, the use of arm bands, I think will likely look a little bit different between UWMC and Harborview, but we'll be aligned across both campuses. So I don't want to go into a lot of those specifics right now, but suffice to say, they will be aligned across both campuses. So doing a lot of work there and like Harborview though, we will have the same policy. So, everybody will be required to either show proof of vaccination or negative tests with a few exceptions. So end of life, parents of minors, visitors for the emergency rooms, escorts for procedures, newborns...

Trish Kritek:

What does a escort for procedure mean? That was one of the questions. Somebody actually asked.

Keri:

Yes. So a great example would be my mom is going to have an endoscopy, she clearly can't drive herself home, so I need to be there now. A lot of times we ask those family members to wait in someplace else. And so, I think we'll continue to do that, particularly for those who don't have proof of vaccination or a negative test, or somebody coming in for a day surgery, for example. They have to have somebody to take them home after any sort of procedure with sedation. So, those folks obviously need some sort of escort. It could also be if somebody is, for example has a disability and they need a caregiver for that procedure, even if there isn't sedation involved. I think that would be the other example, where there could be a care giver involved there.

Trish Kritek:

Okay. So, that escort's coming in to get them to drive them home or get them-

Keri:

Yeah. To help them with the procedure, so it could be a minor procedure.

Trish Kritek:

But maybe not staying in house the whole time, while they're having their procedure. Is that correct?

Keri:

That's correct. Yeah.

Trish Kritek:

Okay. All right. So, we're aligning policies across sites, that was something I asked about before, banding might be a little bit different and it's proof of vaccination or negative test within 72 hours.

Keri:

That's correct. Except for those exemptions that are...

Trish Kritek:

Yeah.

Keri:

And, the other one that I think is important to call out is labor and delivery.

Trish Kritek:

Okay. So L&D, escorts for procedures, end of life. There was one more, you said there.

Keri:

Emergency department.

Trish Kritek:

Emergency department. Okay.

Keri:

Parents of minors, and then children under 12, because they haven't been able to complete their vaccination series, so.

Trish Kritek:

Great. Thank you. Cindy, I actually have a very specific additional exemption and I'm curious about one that someone specifically wrote in about, what if somebody had a major trauma? And, I realize those would generally go to Harborview, but somebody suddenly becomes critically ill. Is that an exemption state?

Cindy:

I think we go back to our list of exceptions and it probably has to do, is this an end of life situation, where we have a policy for that? And I think what's fair to say is that with any policy, there's going to be nuances, and there's going to probably be some critical thinking and some leadership decisions about one off exceptions.

Trish Kritek:

Okay. So, it sounds like those are the things where we have exemptions and we have some latitude to have conversations to deal with the immediate situation in front of us.

Cindy:

That's right. Yep.

Trish Kritek:

Is that right?

Cindy:

Yes.

Trish Kritek:

Okay. While you're unmuted-

Keri:

There was just a question about outpatients and I'll just say one sentence about that. So any outpatient clinic that is on the hospital campus, that is within the hospital building, at Northwest, that's our whole entire campus. And at Montlake, I believe it is just the hospital building will also be requiring proof of vaccination or a negative test.

Trish Kritek:

So, clinics within the hospital will have the same thing. So I'll ask Cindy specifically, what about Roosevelt?

Cindy:

Yeah. So, Roosevelt is excluded at this time.

Trish Kritek:

Okay. So, this is not-

Keri:

As is OPMC.

Trish Kritek:

Okay. So, clinics that are not within the hospital are not having this policy. All of our hospitals, UWMC both campuses and Harborview will have the same policy as of the 6th. Is that correct?

Keri:

Yes.

Trish Kritek:

Okay. Great. More to come on that as we continue to roll it out, I think people are appreciative and concerned, both at the same time at the questions that they wrote. Cindy unrelated, there was at least a couple questions about the current state of phlebotomy at UWMC.

Cindy:

Yeah.

Trish Kritek:

I guess, there was an email about limited resources on that space a couple days ago, so.

Cindy:

Yeah. So phlebotomy just like, I think every other department across UW Medicine is challenged with staffing and day of sit calls, then further impact that. I am aware that new positions have been requested for phlebotomy and Jeff Richie's our administrative leader over that area and has active plans to boost the staffing. So I think we can expect maybe for the next couple of weeks, we may see times when that resource is limited, but we are definitely working to build it.

Trish Kritek:

Okay. So working to hire more phlebotomists, still feeling the same crunch that we're seeing across healthcare and all of our spaces, and we'll still probably feel it, but doing some things to try to remedy as quickly as possible.

Cindy:

Yes. And, I think one of our other opportunities is really getting that message out as quickly as we can in the morning, because I know sometimes by the time we say it at a daily safety brief, the ship is sailed in terms of the six o'clock draws. So, we're working on communicating that more widely, so people are aware.

Trish Kritek:

Okay, that's great. So also communication. So we can plan accordingly to try to maximize the resource that we have. Thank you. And Keri and Cindy, I'll ask you both this question. We've been talking a lot about burnout and the stress on our healthcare team. And so, there were a number questions about kind of what are we doing to try to alleviate burnout in our healthcare team, but specifically about nurses. And so, I'll ask you both to comment. Keri, I'll start with you, and then Cindy.

Keri:

Yeah, I think it's a really great question. And I think the challenge, it's really important work, I think for all of us to be doing. I think the challenges inherent in that work is that it's not a one size fits all. I think that we need to have a bunch of different strategies really, to support our staff because that's going to look different, almost virtually for every single person we have. I think, when we think globally, what are we doing? We've done a number of things. So, one Marie Cockerham and Cheri Constantino-Shor have hosted some really important sessions, called Got Burnout, that had a tremendous attendance. And, I think it'd have been really a good for them for just opening up that conversation and a really good dialogue. I think that's just a starting place.

Keri:

We also obviously offer peer support and there's a variety, as you and Anne know better than anybody here, a variety of system wide supports that we offer. And then I think, there's a couple other things that we're really trying to do. One is beef up staffing. I think staffing, when we don't have appropriate staffing levels, it's really hard to work. And I think people are already tired, they're already exhausted. So, our first priority continues to be, to maintain good staffing levels, so that people have the resources that they need. And that's an ongoing challenge, but we're doing everything we can in that front. And then, I think the other thing is really trying to think creatively about how we can accommodate people. So sometimes, people just need some time away. And so, how can we help them get a leave?

Keri:

Or I think we really started to think in the space of like, are there opportunities for people to share jobs? Maybe they work part-time in one department and another part-time in another's department, just because they need that something different. And so, we've opened up our opportunities for jobs sharing, to meet with somebody to talk about your career and to explore that. So somebody, maybe who's not your manager and somebody might be a little bit more safe for you to go to.

Keri:

And then last but not least, our managers are also burned out, but they are doing everything possible to support their teams. They're doing check-ins, they're rounding. They're really trying to be present, I think as much as they can, and empower their leaders, and empower their team to take care of each other and to be present for each other. So a lot of this work in this space, and absolutely could be doing more. And so, I guess, I would welcome anybody's feedback on other opportunities we have and things we could be doing.

Trish Kritek:

Okay. Thank you. That's a very thorough answer. Cindy, do you want to add to that?

Cindy:

Yeah, just a couple of other things. We are trying to accommodate FTE reductions as much as we possible can. And this varies from unit to unit based on how big the staff is, and what we can really accommodate and still staff safely. But we are open to it in ways that we haven't been before, FTE reductions. And then, the last thing I'll mention is really looking for people who want to be engaged in project work, paid time to do some quality related project work. We are trying to get some of those initiatives up and running a big initiative around healthy work environment, lots of opportunities to participate in that and be paid for the time that nurses are working, so.

Trish Kritek:

That's wonderful. So I heard lots of things around emotional support, like the Got Burnout sessions. I mean, Anne could add to this a lot, I'm sure. And if you have something you really want to add, Anne, by all means, unmute in a second. Stuff to make the job better, so improving staffing, a lot around flexibility, whether that's FTE, changing jobs, but not leaving, but finding something else here, and maybe doing some project work that you're paid for that is also kind of that finding the purpose and giving back. So, a lot of different strategies on that. I'm looking, you're not unmuted, I'm going to... Did you want to add anything?

Anne:

I would just add, I think a big step in the right direction that we're taking is trying to create some structures around wellbeing that, that go beyond just single individuals and sites and really connecting the work we're all doing. Taking the Got Burnout work and trying to bring that to Harborview and other sites as well. So, trying to really work as a system, and yet still doing stuff that really makes sense in kind of the microclimates in which we all work. So, leveraging some new ideas and creativity, and really learning from each other and that's been a really good step in the right direction, I think.

Trish Kritek:

That's wonderful. So creating that community, so people can share best practices and be together, but also work on the things that make the work easier, like the staffing and the FTE reduction and things like that. So, thank you all very much. It's obviously a really big topic across this country right now, and felt here as well as everywhere, I think. Okay, John, you're going to be the second ID doc of the day now, when I come back to you for a set of questions. Put on your second ID doc hat. Good job. Lots of questions and I've already invited Shaquita to come back to talk with us, but lots of questions about kids and vaccines.

Trish Kritek:

So, do you know how many children we have vaccinated so far across UW Medicine?

John:

Over 12,000.

Trish Kritek:

Wow. that's awesome.

John:

Yeah, it's huge.

Trish Kritek:

That's super exciting. I'm really excited. Do you know how we're doing with scheduling second vaccines, and if people are able to get their second vaccines, how that happens?

John:

Yep. So I talked to Jenny Brackett, the amazing leader of our vaccine program here, so we do have, there is a bottleneck on supply right now. So, I just want to acknowledge that right now. So, there is a challenge in getting every kid who wants to be vaccinated, vaccinated right now. But UW Medicine is dedicated to making this happen, as it is possible. Remember, our supply comes from the state. It's nothing to do with us, we just take everything we can get and try to get it to everyone's arms. That being said, if you've had our first dose, they are holding doses to give the second dose, so that people who start their vaccine series can complete their vaccine series and there's communications going on around that. So, if you're having trouble with that, please look out for those communications or reach out to the vaccine team, where you get your vaccine.

John:

Now, but what that does mean is that constraint on the first dose is still going to be a little bit slower, but we're hoping, I think by Monday is what Jenny said, we may know a bit more about our supply. So hopefully, just like last times we've had a little hiccup at the beginning, as we kind of figure this out, but then things smooth out as supply becomes more steady, and then we're able to expand out from there. So, I think we've had great success and the teams are looking forward to doing more as well. Someone just put in the chat, "I just got an email from UW with a link to schedule second dose for my kid on day 14 after first dose." So, thank you, Zara, that's exactly what they're trying to do right now.

Trish Kritek:

Okay. So limited supply, it will get there, but we have a limited supply right now. If you got a first dose, there's a second dose saved for you, you should get an email to schedule that second dose, so I appreciate that. I think people are worrying about it when they know there's limited supplies. Let me ask one more question, I think I asked Dr. Bell this question too, but why do we think it's important for kids to get vaccinated, if they're much less likely to get really sick and it won't fully prevent them from getting infected and potentially transmitting the disease?

John:

Yeah, sure, sure. So as you point out very clearly, I am not a pediatrician, but I would say this, there's two important things here. One is that you're right, so by young kids, that five, 11 year old age category, much less risk of developing serious disease. That being said, we have had hundreds of kids die from COVID in the United States. We've had hundreds, even more kids require hospitalization, thousands. And, the complications after a serious battle of COVID can be long lasting. This idea of long COVID, it's not just adults, it can happen to kids too. That's sort of the most serious part, taking another step down is that when kids get COVID, we know how disrupted their lives have been over the last few years, last two years. And, we don't want that disruption to happen to kids.

John:

If you get in fact with COVID as a kid, even if you're doing okay, that's 10 days minimum of missing school, it disrupts maybe your siblings school lives, it means no sports. It means no missed other things and other activities. So, its additional disruption to those kids' lives at a time when they've already lost so much. And then lastly, it's about everyone around them. Kids can give other people COVID. I think that there was this discussion and sort of combos going on earlier in the year that kids aren't drivers of the pandemic, they're humans, they get infected and they give other people COVID. It's not a mystery. Adults can give people COVID, kids can give people COVID and if we can protect kids by giving them vaccinations, we're going to meet and fewer them get infected, that means fewer them around to give other people COVID.

John:

And so, that's a really important point too. So three things, protect from serious disease, even in a minority of kids, we don't want kids dying from COVID, we don't kids in the hospital with COVID, two, minimize disruption to their own lives and three, protecting the population from their families to everyone around them.

Trish Kritek:

I want everyone to notice that he just summarized himself, so no need for me to do that.

John:

I'm learning. I'm learning, Trish.

Trish Kritek:

That was awesome. Thank you very much. With that, I will ask you a follow up question related to kind of... Going on a little bit of a tangent. You mentioned long COVID, one question we got was, can you get long COVID from the vaccine?

John:

No. So you cannot get COVID from the vaccine. So just, I want to just highlight this really quickly, the vaccines that we use now, the J&J and the mRNA vaccines, both work essentially to a final same endpoint, which is we make little bits of the virus spike protein, just one single part of the protein in the virus, that allows our immune system to see it and develop a response, that can then be tapped on if we ever exposed again in the future. So we only see that one single protein, you cannot get COVID from any of the vaccines we use in the United States.

John:

There's no virus and just that one little code, the genetic material to make that protein. And as a result, you can't get long COVID. Long COVID is still a very challenging disease process, but it's a response to infection and we're learning that the virus, SARS-CoV-2, that causes COVID-19 impacts lots of organs in our body, and also elicits in some people, a very dysregulate immune response. And it's that immune response, that's the driver of long COVID. And so, it's something to do with the interaction of the virus in some people, and not necessarily the virus itself, so to speak. And definitely not the vaccine, the vaccine actually protects you from long COVID.

Trish Kritek:

You can't get COVID from the vaccine. If you don't get COVID, you won't have the inflammatory response that we think is what is long COVID. And so, you're not going to get long COVID from getting vaccinated. Last question in this little phase for you is, do we have people in our community who are looking at long COVID specifically?

John:

So, I'm sure there are scientists in our community. UW Medicine is an amazing place, in terms of research and I'm sure there's people looking at this idea. I don't know, off the top of my head, who they might be. But on the clinical side, we definitely have folks in our physical medicine programs, who are doing this work. I know specifically at Harborview in our rehabilitation clinic, we have fantastic physicians who've been working on long COVID and actually been quite vocal around this, including a physician who has long COVID, who's been working on this issue. So there are resources, if you are struggling with long COVID, to get help. And at least at Harbourview, and I'm sure in other parts of UW Medicine and I'm sure there are scientists in our greater community who are looking into the causes of this and better treatments.

Trish Kritek:

I'm sure you're right about the science. I really meant clinically, so.



John:

Okay. Sorry. Yeah.

Trish Kritek:

No, but I didn't ask it clearly. So, we have the rehab medicine clinic that focused on post-COVID care, that includes a lot of care around long COVID for folks who are interested in that and struggling with symptoms related to it. So, thank you. I'm going to look to Tom and Rick now. I love it in our audience, they give me a link to some article that they read, or heard and want to hear more. So, I got add a link to an NPR piece about changing rules about telemedicine and the questions, two of them, that I was asked were, are we changing our approach to telemedicine? So maybe, I'll start with you, Rick, are we cutting back? Telemedicine? Are we going to have to cut back telemedicine?

Rick:

Yeah, thanks Trish. And good afternoon, everyone. So I appreciated seeing that in advance, because I was able to listen to that piece as well. And here's, I think our approach is that there really has been a very important place for telehealth, telemedicine in our work, obviously with the rise of the pandemic, it was really almost a predominant form of reaching patients during a time, where people were, on one hand, advised not to come and also were, of course, staying in their homes. And so with really the return to our clinics for so many, most people still do prefer an inpatient visit, an in-personal visit, but there still really is a role for checking in, there are limitations with transportation. There are many, many features of telehealth that continue to be very helpful. And I've always looked at it as a, there'll be a blend for whatever's appropriate for that patient at that time.

Rick:

And what the NPR study or article talks about is just how there were so many waivers put in place at the height of the pandemic, that really allowed for billing and other sort of regulatory functions that were waived during that time. And those are starting to sort of end and sunset. It did mention that 33 states and over 1000 bills are before legislatures that are looking to either extend, modify or probably hit that blend. So when we talk to our telehealth experts, we're working through those waivers, but I think we're really trying to continue to maintain this as an important part of our clinical delivery model.

Trish Kritek:

That's really helpful.

Rick:

I think Tom may have some other insights as well.

Trish Kritek:

Tom, did you want to add to that?

Tom:

Maybe just the only other regulatory piece that's on our horizon is the out of state care waiver will expire when the public health emergency ends, unless there's some congressional act taken. So that one could wind up changing, once we get out of the public health emergency and our telehealth folks are watching that carefully.

Trish Kritek:

Okay. So, sounds like our vision is that we will have a blend of in-person in telemedicine moving forward, that kind of taking away all these rules and regulations. We're going to come back to having some rules and regulations, maybe across state lines is one of those, but also that we're looking to try to maybe change legislation to embrace this blended model for the future. So for now, there is still telemedicine, we will still be doing it, is I think the biggest take home. Tom, while you were on.... Well, maybe you can become unmuted. The other question that I've asked before, but I'll ask again, is people are concerned about the census and feeling like we're hearing about borders at both hospitals quite frequently.

Trish Kritek:

Two questions, I'll ask one to you, and then I'll ask Rick one. The first one is how much of this do we think is due to transfers at this point in time? Or is the high census being driven by transfers, and it could be patients with COVID but other transfers too?

Tom:

Yeah, so we have been very, very busy across all of our campuses over the last few months and the last few weeks, in particular. As best as I can tell, that is not being driven predominantly by transfers. I was able to look at data for UWMC going back about a year and a half, across Montlake and Northwest, average in the low 200 transfers a month. And that really hasn't changed much over the last six months. And in fact, in October, we were a little below 200. I wondered about, well, some of these patients that stay a long time, because they get transferred with COVID and they stay around, but that's been happening going back for a year and a half. So, I don't think transfers are a big driver of how busy we are. That's my sense for UWMC, anyway.

Trish Kritek:

Did you want to add anything to that, Rick?

Rick:

Sure. I think it is kind of an interesting question, is really what's driving the high census. And the best way I think I can frame it is, of course, our entire state, our entire region really is that these very high surge levels, high census levels. So, I think we're experiencing the same thing. And because we're in, generally the university system, drawing in a lot of patients with specialty needs, we have, of course, the transfer center, we're working across the WMCC that also does some of the balancing. We have had quite a few requests from the State of Oregon, as well as other states, which continues to add. Our ED is very busy, our ORs are running, and so those patients that are coming in. And what I think the way the balance works is that it only takes, here at Harborview, where we're already fairly experienced at borders, patients that are working their way into the inpatient facility, always have a reasonably sizeable number there.

Rick:

And of course, we staff to that level with nursing and with personnel. But I think what sort of happens is if even the number of incoming to the outgoing is even different by 10, 12, 15 on a day, and that continues over two or three days, perhaps because of discharge challenges. The fluctuation happens quite often. And so, we will see these peaks like we're at today, we're at a reasonably high peak. So it

isn't one thing, I think that's what I'm trying to say. It's really that blend and it sort of fluctuates over the days.

Trish Kritek:

Okay.

Rick:

We obviously look to a time where we get back to those more stable numbers, but we're not the only hospital that is experiencing that. And so, we hope for those better times.

Trish Kritek:

Yeah. I appreciate that, that it's complex with patients coming in from the community from transfers, and then the ability for patients to leave the hospital to the next level of care, all kind of part of that picture.

Rick:

Mm-hmm (affirmative).

Trish Kritek:

One of the last question I'll ask the two of you is, according, following up on that, people ask, well, should we do less elective procedures? Are we driving the high census, because we're bringing more people in for elective procedures? Is that something that has been discussed or is that something we would consider? Obviously, we've done it before when COVID numbers were high. Thoughts on that.

Rick:

Sure. We have of course done that at very extreme times. And, I think in the scenario at Harborview, the numbers per se, don't completely drive the high census, so to take individuals who are needing that care and sort of further postpone them, just, it sounds like one possibility, but as it turns out, it won't solve that problem. And, it certainly puts people in harm's way, the longer we delay. So we really try to integrate those cases as well, since we have a relationship and a plan in place.

Trish Kritek:

So, I think the short version is right now that's not something we're considering,-

Rick:

No.

Trish Kritek:

... partly because of the complexity that you spoke to already.

Rick:

Mm-hmm (affirmative).

Trish Kritek:

So, no plans to change that. And we're still, I think made progress, if not fully caught up on people who might have had delayed surgeries is what I remember from last time.

Rick:

Yeah.

Trish Kritek:

Tom, is that about right?

Tom:

Yeah. Our census were pretty close to caught up on that backlog. And I would agree with Rick, that rescheduling those elective surgeries, many of which there's some urgency too, is really a last resort. Not that we wouldn't consider it, but we will do our best to avoid having to do that again.

Trish Kritek:

Okay. Thank you both. I have a bunch more questions. John, I'm going to sneak one more in, because it came up a bunch of times. Are we at place any differently around in-home testing? And I think people are asking, because of travel and thinking about, could they use in-home testing around travel for the holidays?

John:

Yeah. I mean, I'm a little conflicted on this. So, if we look at the CDC guidance, the recommendation, there is no strong recommendation. There's no recommendation to test before traveling for fully vaccinated people. I know that the University of Washington just sent around a message yesterday recommending testing, but remember, they're talking to a university population, many of whom are students who are living in congregate settings. So, there's no strong... I kind of come down on both sides of this. I think the at-home tests, like antigen tests, could potentially be useful, if they're used repeatedly. So not just a one time test, but maybe if you do them a couple of times leading up to your trip. I think that, they're are probably worthwhile tools, if that's part of your risk assessment in going to visit someone. And similarly, when you come back, the same sort of process, using them multiple times. Especially I'm talking about, if you have no symptoms.

John:

If you have any symptoms, I'm still a strong believer in a PCR, or if you really didn't know for sure that you're not infected asymptotically.

Trish Kritek:

Okay. So PCR, if you're symptomatic to rule it out, most importantly.

John:

Right.

Trish Kritek:

And if you're going to use home testing in that kind of peri, coming and going travel, repeated testing to improve the sensitivity for it just to tell you if you're positive.

John:

Right.

Trish Kritek:

Thank you. I know there's a bunch more questions, I want to hand it off to Anne for her wellbeing message and for her opportunity to put Tom on the hot seat.

Anne:

Excellent. Thank you. So today, we get to have a, ask a friendly primary care doc, so I'm very excited about that. But I did want to share a bit of a wellbeing message around coming back together and getting to reconnect. Almost all of the questions that have been coming in for our, ask a doc piece, have been on trying to gather and figure out how can we best come back together and mitigate risk. But, I think there's something about actually getting to be together again, that I don't want to let slide by. So last weekend, my wife and I were able to travel up and visit my sister in Vancouver, BC. And, it was the first time we saw each other in almost two years. It was Christmas of 2020, it was the last time. And, it was just like pretty darn amazing to actually get off a screen and actually be able to give my sister a hug.

Anne:

And, it was nice that... It was kind of a profound moments and we recognized how much time had passed. And, we fell pretty quickly into our kind of traditional habits of being with each other. But we also been reflected on, we had a really different experiences of how work was disrupted, how relationships were disrupted, how we're living our lives now. And I think as we're getting a chance to come back together with friends and family, to really give yourselves a moment to kind of see how folks have been experiencing the last two years from very different perspectives, and having that built in as part of the way in which we reconnect is, to try and understand what we've all been through and how different that can look. With that, I'm going to pivot and start asking Tom some questions, because y'all want to know how folks are thinking about managing this, lots around travel, holiday jazz. I would say, Tom, I'm going to ask you a couple here just on how you're doing, in terms of kind of a gut check.

Anne:

As the best practice, would you wear a mask when you're around older adult or elder friends in your community or family?

Tom:

Assuming we are all vaccinated, my practice has not to been to mask in those environments. So, I was fortunate to be able to visit my mom in the summertime end of July, hadn't seen her since pre pandemic obviously. And we were comfortable being inside, unmasked, all being vaccinated. So I think it depends, as long as everybody's vaccinated and the group is comfortable being unmasked, I'm comfortable with that.

Anne:

A lot of questions on navigating unvaccinated friends or family. I'm curious, would you feel comfortable at Thanksgiving, or otherwise having an indoor dinner with folks who are unvaccinated?

Tom:

I wouldn't in general, and fortunately the small group that I'm getting together with for Thanksgiving, we are all vaccinated. I think the one caveat to that, to my mind, it isn't going to come into play for our gathering, would be small children who aren't able to be vaccinated. I'd probably be comfortable being with that group, particularly if I knew that they didn't have a lot of exposures, but in general, I'm trying to avoid being inside with people who aren't vaccinated.

Anne:

It seems like everybody's the same as last year, just trying to game the system to be as safe as possible. And, this might even touch on John's last comment. Folks are thinking about trying to use rapid tests and whatnot. Would you want or recommend that folks try to do some rapid antigen testing before gathering? Would your group do that?

Tom:

I don't think our group would do it. There might be situations like John said, in which it might make sense, but the rapid tests, I read something today that they're about two third sensitive for symptomatic folks in one study. So they're good, but they're far from perfect. So, I would avoid being overly reassured and they're even less sensitive, maybe a little less than 50% in asymptomatic folks. So, are there settings in which they might make sense? Perhaps, but I'd be cautious about putting too much faith in a rapid test.

Anne:

Thanks for that. I'm curious. Would you have vaccinated friends come over and stay for a couple of nights at your house over the holidays?

Tom:

Probably. I have gathered with vaccinated friends for a wedding in the summertime week, we shared a house together. And so, we were comfortable at that point, that was prior to Delta, but I think, we've got something planned in January to gather with another couple and get a getaway place for the long weekend.

Anne:

Excellent. So, these questions are going to be about just kind of how you're living your life. First is around boosters. A lot of folks are wondering, should they get one? Have you gotten a booster shot?

Tom:

I got mine about five weeks ago and had a bit of a sore arm, a little less reaction, than the generalized achiness I had with my second dose. And so, I would encourage people who are eligible to get one. It's not, I didn't rush out and do it day one, but definitely signed myself up and got one.

Anne:

Now that you are vaccinated and boosted, how are you feeling about eating at restaurants?

Tom:

I don't go, haven't been going to indoor restaurants. I've eaten outside in heated areas, but I'm avoiding indoor dining.

Anne:

How about movie theaters, or plays or the like...

Tom:

So in general, I'm not doing that. That said, my son bought me tickets to see the Kraken last week. And, they require everybody to demonstrate proof of vaccination. I debated about whether to go to that or not, decided to go. As you may recall, I now have a one month old grandson. And mostly because we're going to be seeing him this weekend, I went yesterday to the excellent UW Medicine facility over by the Urban Horticulture Center, got myself tested and got my negative results this morning. So I decided that, while I was in the Climate Pledge Arena, I kept my mask on, except a sip of beverage when I would take it off, but otherwise, stayed masked and just decided to be cautious, to get myself tested.

Anne:

I would say I am greatly looking forward to having our five year old fully vaccinated, so I can take my dad and my kiddo to go see the Kraken. So, we're waiting until we hit that threshold, but I'm pretty excited about that.

Tom:

Let's do it.

Anne:

Couple other questions. Would you go to an in-person medical meeting in December for 15,000 people? I don't know what this is, but the question came in.

Tom:

I probably wouldn't. That said, I've got my medical society meeting being held with about 3000 people in April. And, I'm supposed to be there for some in-person things. We are requiring everybody to be vaccinated and the hotel is requiring vaccination of their staff. So, I'm planning on going to that, though, I haven't decided whether I may be wearing a mask in the setting or not.

Anne:

Yeah. I've been to one conference with about 300 people, everyone masks the whole time, it still felt crazy to be around that many folks. Question for when you're not in the hospital. Do you wear a cloth mask or a procedural mask?

Tom:

I've been wearing a procedural mask indoors. I see I got, that was the right answer for John. So yeah, I use procedural mask anytime I'm inside.

Anne:

Good. Last question for you. Tim does not like cruises, but the question still came in. Would you go on a cruise to the Caribbean this winter?

Tom:

I'm like Tim, I wouldn't go on a cruise on a big boat in-general. And in particular now, I wouldn't go on a cruise on a big boat.

Anne:

Awesome. Tom, thank you so much for jumping into the hot seat. I'll hand it back to Trish.

Trish Kritek:

Thanks Anne. And thanks Tom. And now, we know primary care doctors and ID docs aren't excited about cruises, so consistency there. Thanks everybody. I want to just take a moment to pause and say next week is Thanksgiving. It is a time of thinking about gratitude and thanks. And, I spent my morning run today thinking about the things that I'm grateful for. And as I thought about it, I was like, vaccines for kids has to be high on my list of things I'm grateful for, even though I'm not someone with small children. And, it made me pause and think about what I said last year. So in a moment of craziness, I went back and watched Town Hall from a year ago, which was very difficult to watch yourself on video. It's super uncomfortable and it gave me pause, we didn't have vaccines a year ago.

Trish Kritek:

We were skyrocketing in cases a year ago, John and Tim came on and said, "Don't travel, don't travel." They were really very clear about it. And, I remember I didn't see any family. And, it gave me a moment to say that I'm so grateful for so many things. And it's hard right now, we talked about burnout. There's so many members of our community who are exhausted, including me many times, and yet there are things that are getting better and there are things that I'm so grateful for. Vaccines are so different. It's different. My niece came and visited me last week, we did not go to the Kraken, but we went to the UW women's basketball game, which was awesome and they won. And, I strongly encourage going to see the women's basketball games. I'm going to see my family over the holidays, I'm going to have someone at our house, it's not just me and Andy.

Trish Kritek:

Last year, I said, I'm cooking all of Thanksgiving for the two of us. So, I'm super grateful for the things that are changing. I still am struggling with the things that aren't, but we are making progress, even though sometimes it's hard to see that. And watching that Town Hall really help me understand that. I've remained incredibly grateful. Last year I said this, I'm going to say it again, for all my friends and family who keep helping me get through this time, that includes all the people on the screen right now, who are wonderful. A special thanks to Tim, who partners with me and is stamping out, I don't know what disease right now at Harborview. A special thanks to John for answering all of the questions today, since Santiago left him hanging. He's been in the Q&A all day. And a really special thanks to Tom for reaching out and playing the role. Keri and Cindy for your thoughtful answers about wellbeing, Rick, as always for your pauses, and thoughts and really comprehensive answers to every question I ever ask you. I so appreciate that.

Trish Kritek:

And for being my partner in crime, in so many different ways, which I deeply appreciate. And Paula for being a friend and a much needed leader within our community, thank you for dropping things and coming and joining us today to bring really important message to our whole community. So I have deep gratitude for all the people on the screen, and I have so much gratitude for so many members of our community. Thank you all for all that you do to take care of our learners, our colleagues, and as we



always say, our patients and their families. So, I wish you a happy holiday, we'll be gone until December, we'll see you then. And, I hope you have the opportunity to have some of those things that are different this year, than they were a year ago. See you soon. Bye-bye.

Rick:

So long.