

Trish Kritek:

So welcome back to UW Medicine Town Hall. I'm Trish Kritek, Vice Dean for Faculty Affairs. It's a pleasure to be back with us today. We have Santiago Neme, Medical Director at UWMC Northwest, Tim Dellit, our interim CEO and Dean of the School of Medicine. Anne Browning, our Associate Dean for Well-Being. I almost gave you a title change. Tom Staiger, Medical Director, UWMC, Jay Sandel, Interim CNO at Harborview still here because Keri Nasenbeny is shadowing people. That's great. Thank you for coming back. Cindy Sayre, CNO at UWMC. John Lynch, Head of Infection Prevention and Employee Health at Harborview. Rick Goss, Medical Director at Harborview. And welcome to Leslie Hampton who is new joining us as she is the Interim Associate CNO at UWMC Northwest. Welcome Leslie. We're excited to have you join us today. All right, so last month I showed I was rusty and completely forgot to start with a wellbeing message, but I just want to prove that I can learn and say and let's have a wellbeing message.

Anne Browning:

Thanks Trish. It's been a really kind of wacky transition. I feel like last week it was like 85 degrees and smoky and suddenly it's windy and rainy and it feels like kind of seasonal change, gut punch. And so things are officially in fall. I'm back in flannel and we're fully doing this October thing even though we're a little late in the game. It's interesting though, I've been kind of trying to get my head around what is this time feel like and why... What is kind of significant about it? And as I was preparing for another talk earlier this week, I recognize we just hit the 1000 day mark of our first patient within UW Medicine. So 1000 days of COVID we have been surviving through and hopefully thriving in some ways as well. But I had this odd sense of leaving the health science building few days ago and as I walked out everything was bustling.

There were students everywhere. There are tons of cars on the street, things were hopping. And it was right after that reflection on a thousand days. And I just kind of felt like, gosh, I'm having hard time even remembering really what that dead quiet of those first days and those first month or two really felt like, and I've known that over time there will all be kind of marked by that advent of COVID landing in our community that over time that sense of isolation and separation and quietness would start to fade. And I feel like that finally kind of hit me that, gosh, what was that all about? How did we make it through? So interesting to recognize this sense of change over time I think. I also wanted to say, and another nice part of this season really is to mark Diwali and so happy to Diwali to folks who have been celebrating.

I love this sentiment of this event so much and that it is kind of this celebration of lights and this victory of light over darkness. So even though our days are getting darker, colder rainier, it is still nice to kind of mark the lightness and the sense of being able to come together in community again. So a lot of change and a lot of reflection I think hits me in the fall. But I hope You all are having a good time and getting your decorative gourds on and excited for days to come. Trish?

Trish Kritek:

Anne, no Halloween time would be complete without you mentioning decorative gourds, and that really resonated with me because I have been reflecting as well. So thank you.

Santiago Neme:

Trish, your volume is low.

Trish Kritek:

Oh.

Santiago Neme:

I think.

Anne Browning:

It's really hard to keep you quiet Trish, though. That is a rare occurrence.

Trish Kritek:

Can you hear me better now?

Santiago Neme:

Much better.

Trish Kritek:

I think Tim secretly sabotaged my computer but evidently Santiago helped out to make it so that I could function again. So thank you. I'm going to say what I said again. Thank you for saying that it resonates with me because I have also been reflecting and come back to that later. I do want to start with COVID because it's still a reality in our world and I also want to acknowledge that we said send us the breadth of questions that you have and we got a breadth of questions. So we're going to be jumping around more than usual today as we start to test out answering a variety of different things. That being said, there were a lot of questions about COVID so I'm going to start with you John like we have traditionally done and maybe you can tell us where we stand across UW Medicine in terms of patients with COVID or testing positive for COVID. And I'll also ask for some information about Seattle Children's because I think obviously we are hearing in the country that there's a lot of respiratory viral illness going on.

John Lynch:

Yeah, thanks Trish. That is remarkable. And to think about a thousand days, no wonder I feel the way I do and all of us do.

Trish Kritek:

Exactly. That's exactly right.

John Lynch:

That's what's going on. Okay, so we have a lot going on. I think that Anne's point about a lot going on, a lot of bustle going out there is really appropriate. There's a lot going on with respiratory viruses going on right now. And I'm going to start with COVID. Traditionally we start with a number of patients in our hospitals with COVID and right now we have 16 folks, which is good a little bit more at some places, a bit fewer at others. So UWMC for instance, right now has eight patients that are all in acute care. No one in the ICU, which is fantastic. Harborview has two people in acute care, one in the ICU, a total of three, which is quite remarkable. Northwest has five people, none in the ICU and Valley has five people on acute care and one person in the ICU. So the breakdown of that 16 is only two people in the ICU with COVID right now, which is really, really good news.

On the children's side, back in I think the last time we met, we're talking about five to 10 inpatients with COVID at Seattle Children. So August, September and they're down to about two to five people... children in their facility right now. And this is consistent with what we're seeing, especially over the last couple weeks in King County our numbers went from around a hundred per hundred K infections over

the last seven days and over the last week, week and a half they dropped down to almost 50. So almost in half. We know those numbers aren't perfect. We're only capturing about four to five percent of all the true positives out there. But what's better even and backed up with backing up that data are the hospitalization rates. As we're seeing fewer UW medicine facilities, the other facilities in King County are also seeing fewer patients with COVID and our numbers come down from around four hospitalizations per hundred K down to about 1.5 per hundred K people in King County.

So that means is we dropped down about five hospitalizations per day across the whole county. And so that's come down really nicely too. So I think it does back up the numbers we're seeing around hospitalization, around the absolute number of infections. We're still losing about one to two people per day from COVID. So this is definitely not normal, this is not over. We're still seeing people hospitalized with COVID, definitely get infected. Some people are unfortunately dying as a result. The other things behind all this, and I guess Trish feel free to shut me down anytime is I think.

Trish Kritek:

Sure, don't worry.

John Lynch:

You pointed at this, is that we're seeing the reemergence of other infectious disease, respiratory viruses that we're used to seeing. You look across the United States. We're starting to see the resurgence of I influenza most importantly Influenza A, which is the big driver of influenza pandemics every year. In the southeast United States and a couple states in the northeast are starting to see actually high levels of influenza.

And remember it's not even Halloween yet. Generally, we don't see this until late December, January. So we're starting to see those high numbers and in fact I just got my first notice here at Harborview of someone who showed up in the emergency department yesterday, a young person with a fever quite ill. Fortunately, was able to go home but was diagnosed with influenza A. So we are... We're going to start seeing that here and that person hadn't traveled anywhere and so I expect to start seeing that same trend here locally in the near coming days and weeks. The other big player here, and this is really important and people are probably seeing this immediate, is this other respiratory virus called respiratory syncytial virus or RSV. This is really dangerous for very small children, particularly those with small airways when they get inflamed they can have a really tough time breathing.

It can also impact people who are immunocompromised or other lung diseases. But really that pediatric population, the one that gets hit and we see this across the country, pediatric emergency departments, pediatric clinics, primary care clinics, family medicine, but also the inpatient side are seeing lots and lots of kids with RSV infections. In Seattle Children's Hospital, as you may have seen Seattle Times yesterday is seeing 200% increases in their emergency department census. Huge increases on their inpatient side. And I just talked to Danielle Zerr who's an infectious disease doctor at Seattle Children's, and she sent me some data. I mean hundreds of cases of RSV being diagnosed in a pattern that has basically gone from of low to going straight up through the ceiling.

So those numbers are increasing dramatically and this is about six to eight weeks earlier, maybe even a little bit more earlier than we tend to see these numbers go up, which means we're probably going to be looking potentially at not only a high peak but a long season which is going to impact lots and lots of kids, which obviously then impacts families who need to stay home to take care of their kids.

Trish Kritek:

You gave us a lot. I'm going to try to summarize a little bit of it. COVID numbers look really good both in our system as well as across King County. Numbers are lower than they've been and while we still see occasionally people with more severe disease and there are still people dying from COVID, the numbers are down compared to what we had seen. I'm going to ask one quick follow up about that. You said there were two or three people in the intensive care units in our hospitals. Do you know if they have severe respiratory disease or they're in the ICU and have COVID?

John Lynch:

It's always hard to tell, Trish, because what brings people into the ICUs often has to do with their lung disease or the inability to breathe as critical care doctor you know. You may have heard of these things, ventilation, intubations like that. We could talk about it after town hall if you want. So it's often hard to separate out. And so I would say out of the few people that I looked at it's kind of hard to tell how much COVID is driving it versus complicating something else. And that's always been a tough part of all of this.

Trish Kritek:

But overall our numbers in the ICU are down significantly. So I think that's great. I think the thing that is impacting particularly our colleagues in the EDs and at Seattle Children and our clinics is really RSV and other respiratory viral infections right now that are causing really a lot of staffing issues. Even at Seattle Children's, we've talked about our own staffing issues. So I thank you for highlighting that. Why do we think that this might be happening? That there's so much RSV early in the year and that we're starting to kind of see it skyrocket up?

John Lynch:

Yeah, that's the big question. So we go back to the first year of the pandemic, the first 300 days that 2020, 2021, we saw no RSV and no flu. Last year as kids started to get back into school, people started to do more public activities, we saw some, not much flu at all, but a bit more RSV and so it was actually a little bit less but sort of similar as prior RSV seasons before the pandemic. And what we're seeing now is kids are back in school. They're not wearing masks. As Anne said, a lot of our population has moved back into normal operating procedures around this. And this is a part we don't know the answer to, but probably because we haven't been exposed, our immunity may have waned some. And so the little kids who normally see this every year may not be seeing it.

And the people around them who protect them through their own immunity also haven't seen it, the adults and older kids. And so there's just going to be more sort of potential for infection and then once infection happens, more potential for disease. We're going to learn a lot this year.

Trish Kritek:

We don't wear masks in the same way that we were wearing them many of us and we don't physically distance in the same way, things like that. And we haven't been exposed to these organisms for quite a while. So that combination we think is contributing. I appreciate that. I'm going to transition to talking about boosters for a couple questions. We've talked before about the data for the new Bivalent booster and I'm curious, one of the questions that came up a bunch was do we have data about how it's doing now that a bunch of people have been vaccinated with it? Do we know the impact of that vaccination?

John Lynch:

So one thing I want to do is frame this a little bit and I'm going to try doing a slightly different framing that I read about for some other experts. When we think about influenza vaccines every year, we use a

technology that has been proven to work many years in a row. It's not the world's best vaccine, but it is a very powerful tool for preventing influenza. And so we don't test its effectiveness in a real world population because we don't have the time. We find out what's going on in the winter, the companies make the vaccines. We try to get them the people in the fall because we know the technology works. I think we should be thinking about these new boosters in the same way. We know these mRNA vaccines work really well. And in fact for the Bivalent boosters they're using right now that's aimed at BA5 and BA4, one of the Omicron thing we're seeing right now, we do have effectiveness data not only in prior boosters using this technology, but also BA1, another Omicron.

So we have really good clinical data, these vaccines boosters work really well and it makes... So when we think about the BA4, BA5, although we didn't have clinical data saying that this is going to prevent infection, this is going to prevent hospitalization, this is going to prevent death, we do know from all the prior same tools that we used that it was very effective in threading those things, particularly serious illness and death. And think about it like that flu thing, we don't have the time to spend another year not trying to collect data and then rolling this out in January of 2023 for an example. So it's very much like we've been doing for decades in influenza vaccination. It's the same idea. We've got good historical data, good understanding of the safety of the technology and we're just using that same process going forward.

Trish Kritek:

I really appreciate that. I think that analogy is helpful. We don't do clinical trials for the flu vaccine every year. We use the evidence we know about how that vaccine works and we roll it out targeting the variants or the type of flu that we expect to see. So I think that's helpful and I think people have questions because everything happened really fast with COVID so I understand that. Okay, two more or maybe three more, but probably two more quick questions about boosters. How long after an infection should you get your next booster?

John Lynch:

Yeah, so this is one of those questions that's still from a scientific perspective is a little bit open. What the CDC is saying is you can wait up to three months after your most recent infection to get your booster. There's no harm in getting it sooner and there may be some benefit to waiting a little bit later, but we don't know what that number is. And so based on everything you've learned so far, you can wait up to three months. That infection mediated kind of boost to your system is going to protect you for at least that long. And then getting the booster at that time is fine. If it works for you, you go to a primary care appointment within two months and your provider's like, "Hey, you want to get your booster now?" That's totally fine, but you can wait three months.

Trish Kritek:

I think CDC recommendation is three months, but that's not hard and fast and you can have some flexibility. What if you're going to travel in six months to a place where you're worried about getting more infection? Should you wait?

John Lynch:

Yeah. So it's always hesitant to move away from or make recommendations that are not consistent with the CDC guidance because there's a lot of great experts on that panel including our own health office here from Public Health South King County, Dr. Jeff Duchin. I would say that this idea of if you're going to be at an increased risk, getting your booster makes really good sense. I'm not so sure I'd wait out six

months, but maybe something in the middle in the same way if I was infected a month or two ago and I'm going to travel now to another country, I'd probably get my boosters sooner. It's that risk scenario. If I'm going to be taking a lot of precautions going forward, then the booster's probably not going to have as much impact in that short timeframe versus if I were to take more risks in my life.

Trish Kritek:

I mean, I appreciate that. We said the guideline is three months but I also think that that kind of nuance thinking and yeah, I'll just say I ran out and got my booster as quickly as possible because we were going to Europe and I wanted it before I went. So I kind of took that into consideration when I rapidly got in line.

John Lynch:

I think it's very reasonable.

Trish Kritek:

I have a bunch more questions but I'm going to give you a break for a little bit but I will be back because I have too many questions about COVID not to come back to you, but I'll give you a rest. Tim, I'm actually going to ask you a couple questions about COVID and then I'm going to pivot because there are a second category of questions. And the first one is we just heard great numbers about COVID and there are people who are listening to the news or worrying themselves that maybe we're going to have another surge. So I just wanted to ask you to talk about in a time that's already pretty stressful, how are we preparing if there were to be another surge this fall?

Tim Dellit:

Yeah, no thank you Trish and thank you everyone for joining us here this afternoon. Going back to what Anne said, we have done this now for a thousand days and throughout this period of time we have weathered a number of different surges. Each surge kind of has its own unique structure and circumstances, but those fundamental practices that we've learned I think will continue to guide us. If we started to see an increase, we would revamp our incident command structure, which really allows us to stay coordinated across our system. We're constantly thinking around surge issues simply because of the baseline capacity challenges that we face. So I think if we do see another surge, we likely will see increased number of cases. The real question because of the prevalence of some immunity, right? Whether it's through natural infection or vaccination and boosters, how much of a rise in hospitalization we'll see is yet to be determined, hopefully less than what we've seen in some of the other surges.

I think one of the other concerns as we go in is just what John was talking about, that people are talking about not just COVID 19, but do we see an increase in influenza? Do we see RSV which can cause bronchitis or bronchiolitis in older individuals as well in addition to kids? And so that impact particularly on our staff is probably what I worry about more in some ways because I think our hospitals... Again, we are starting at a very full capacity as everyone is aware. And so that does give me some concern. I'm probably more concerned about the impact on our staffing, which also has been ongoing challenge. And if we see larger numbers of individuals who are out or have family members out, that will likely have a greater impact. But there too, again, we have been through this before, we'll continue to navigate this. So I see us as very different than at the beginning of the pandemic in our ability to respond to whatever we see here in the fall. But there could be some challenging days ahead depending on what the numbers do.

Trish Kritek:

So fall back on the strategies that we've had, the structures we've built, more worried about staffing, but obviously beds are still a concern. So keep monitoring and yeah, flu and RSV and the immunocompromised host is also one that impacts our hospitals a lot. Someone asked, did some state employees get paid a thousand dollars to get vaccinated and if so, why didn't we? And I actually hadn't heard that so I'm going to ask you that question so you can tell me.

Tim Dellit:

So Jay Inslee did make that announcement for certain unions as part of their offerings. That was not part of the negotiations that we did. And so we are not offering that for our employees.

Trish Kritek:

That was for certain unions. That does not include the unions that are part of our system.

Tim Dellit:

It wasn't part of our negotiations.

Trish Kritek:

Or for those of us not in unions. Okay.

Tim Dellit:

Correct.

Trish Kritek:

Okay. I said I'm going to come back to COVID. I may come back to you with COVID too, but I'm going to actually shift gears because we did get a number of questions about something that you and Cynthia Dual messaged about earlier this week I think, or maybe it was last week, this thing called Mission Forward. And I think the questions were about kind of why are we having a campaign around this financial crisis and what's the intent in calling it Mission Forward? I'll start with that then I have more follow ups.

Tim Dellit:

Yeah, no thank you Trish. And again, I'm going to take John's liberty and use a bit of a time here and just frame this for us and where we are and again, as we go into this next phase of the pandemic or hopefully emerge from the pandemic, in my perspective, the healthcare landscape is fundamentally different than we were before the pandemic. When you look at our capacity challenges, our staffing challenges, and then subsequently the financial challenges. For the first quarter, the first three months of this current fiscal year, our hospitals have lost over \$80 million. Now that is driven, I would say by four primary factors. The first one being simply who we are, meaning our unique role within our state, within our region, caring for the most vulnerable patients within our communities and the most complex. And as we do that, when you look at our under or uncompensated care, we provide over 700 million a year.

The second factor is our teaching mission. We train 65% of the residents in our state. The reimbursement for GME has been capped for a couple of decades. And so we have continued to cover those additional costs. While all healthcare systems are facing staffing challenges and we continue to

have about 20% of our nurses at both Harborview and UWMC are contract labor, we have continued to invest in contract labor to meet that clinical need from our community. Other healthcare systems, understandably given the financial challenges are starting to pull back on contract labor. Perhaps they're not using all of their physical beds. That creates overall capacity challenges for our state and our region. And then the fourth major factor is what we've talked about here before, those patients who medically are ready for that next level of care. But because we don't have enough post-acute care availability in our communities as long-term care facilities, skilled nursing facilities, they're also facing their own bed staffing and reimbursement challenges, particularly for the complexity of the patients for whom we are carrying.

So when you look at those four drivers, we are really facing some unique challenges, particularly here at UW Medicine. Now as a state organization, we are working very closely with the university as a whole. In fact, we are the number one legislative priority for the university as we go into these discussions with legislators this year and looking at state support, particularly given the current crisis that we're facing with respect to staffing costs and the overall situation of our hospitals to ensure that we can continue to deliver those unique services that we and only we provide for our community.

We're also looking at other funding models to see how we can get additional resources, particularly from the federal government to support our Medicaid managed care patients. But ultimately we recognize that we need to really re-look at our overall operations and how we function and deliver care going forward. Now Mission Forward, and again, I've said this before, I am not a big slogan person and in fact when I saw the list of potential names I was like, no, no, no, no. But this one resonates to me because as we go through this process, for me and I think for our leadership team, it's absolutely critical that we maintain our values, maintain who we are, maintain our unique role and commitment to serving our community. It really is that mission of improving the health of the public for all people. And then how do we do that in a sustainable manner so that going forward we can continue to deliver on that mission. And so that's really where Mission Forward and that name comes from. We use that name to really capture all of those different activities that we're going to be doing.

And again, we're at the very early stages of our engagement with Huron, but fundamentally we need to look at all of our operations across our system to look for where can we do things more efficiently, including how can we help our clinicians and staff actually do their work more efficiently. The last thing I'll say about this, and again, it's really important that as we do this work, there are two lenses that we have to continue to use. We have to continue to focus on our people, the wellbeing, the resilience of our people, acknowledging again they are exhausted after these thousand days. And the equity lens. Those two are absolutely critical as we do this work. And so again, that's the way I think of Mission Forward. There's going to be a lot more information coming as we go through this process, but it's really about how can we do our work better, continue to serve our community in the future.

Trish Kritek:

Thank you. I appreciate all that context. I'm going to ask two follow up questions about what you just said and then a couple things about Mission Forward. You listed four things, kind of our mission and who we are, the teaching mission of this place, which I think is also about who we are, the challenges with contract staffing and then the post-acute care. And we got a bunch of questions about what is the state doing to help support post-acute care? Are we seeing some movement on that?

Yeah, I would say while the state has been a good partner, we haven't seen as much movement as we need to see. I think a few months ago you saw Governor Inslee make an announcement where they were going to increase staffing strike teams to some of our long-term care facilities. I think the challenge as that has worked out is that you see different skill sets among that staffing, variable hours and it hasn't



been in a manner that has allowed those facilities to really count on that additional staffing. We still have opportunities around financial incentives so that those facilities are reimbursed in a way that allows them to cover the cost to care for these more complex patients. So we're not where we need to be. I can tell you the Harborview team is meeting daily with a variety of different state or not daily, weekly, with a variety of different state agencies reviewing that list of patients particularly there to really identify where those barriers are.

And again, as we're having conversations with the governor, with the legislature, we are continuing to push on this need to improve the post-acute care situations. That benefits all hospitals in addition to UW medicine. But it's really critical for our community. I'll also say as I've spoken with various government leaders, I've tried to frame this. This is not a hospital problem, this is a public health emergency.

Yeah, yep.

Tim Dellit:

I know we use that term a lot, but it really is about how do we ensure the health of the public given those constraints that we are all experiencing. And it's not just us, it's all the healthcare systems in our state.

Trish Kritek:

Yeah, I appreciate that. So it sounds like ongoing discussions not really there yet. Still definitely a pain point and a pressure point for us in terms of advancing the care of the folks that are in our hospitals right now. So we'll come back to that because I'm hoping that we make some forward movement on that. I think the most common question we got about Mission Forward was will there be layoffs or furloughs with Mission Forward?

Tim Dellit:

Yeah, we don't anticipate widespread furloughs like what we did early in the pandemic at that time. And quite frankly we learned some valuable lessons through that process. So we don't have any plans to do that. And if you look on the clinical environment, we need all the people we have within the clinical environment. So we are looking at efficiencies, where can we do things better? Particularly from a workflow, from what we refer to as kind of areas of control, meaning that leadership structure in different areas. But there's no plans for widespread layoffs or furloughs like what we did in the initial pandemic phase when we did furloughs to avoid layoffs.

Trish Kritek:

So neither furloughs or layoffs are being considered like we had, just furloughs, early in the first phase of this pandemic. Appreciate that. I think people will keep asking because I think it's the thing that people worry about when they hear that there's going to be change. I think the other thing that leads to some distress is wondering if the consultants are folks that understand the medical environment and how they're going to hear the voices of the people who are delivering the care to our patients.

Tim Dellit:

Yeah, that's a great question. I will say that Huron has worked with over 900 healthcare systems including a lot of academic healthcare systems and I think it would be hard press finding a healthcare system right now that is not engaged with a consultant around these issues of how do we adapt to this changed environment? And so it is very common. Now you're absolutely right, we do need to hear the

voices and the ideas from our people. Part of what they are doing are focus sessions where they are getting that information frontline individuals. Some of these will evolve over time depending on the area or potential initiative that we will then deploy these focus groups to try to get more direct voice from the individuals, the stakeholders who are involved. In addition, we're really seeking everyone's ideas. Everything has to be on the table here.

So we are in the process of developing. There'll be a website set up on the huddle. I think Anne can put in an email in the chat where you can submit ideas, questions. So we really want this bidirectional. We want the input, ideas, suggestions of individuals. We want to hear your questions And I would say we've learned a lot from the incident command structure that we used in response to the pandemic. And so we're going to take pieces of that incident command and use that in our response here in support of Mission Forward. So a lot of the same sorts of ideas, how we do that and how we gather that information and input will use with Mission forward as well.

Trish Kritek:

I really appreciate that. So some focus groups are ready. More focus groups to come. I appreciate Anne, you putting that in the chat and we'll put that in the email that we send out about town hall as well. And so I think we do want to hear voices. I appreciate you saying that and I hope that people hear that for their ideas and their questions and concerns as we move forward. I'll ask you one last question, I'll probably ask it kind of floating also to the CNOs. One of the things, Tim, that they asked was that I saw him a couple questions at least was in some of the emails there were questions about new skills and new skills or new thing activities people might need to do or have to do or learn to do. I wonder if you could just expand on that a little bit because I think that made people have a bunch of questions and then I'll ask Cindy and Jay and Leslie if they want to add to that.

Tim Dellit:

Yeah, no thank you. And my take on that, we're not going to fundamentally ask someone to completely change what they are doing, but rather as we look at things, we may change workflows. We may change the way we deliver that care, but we're not going to ask someone if they're a nurse now we're not going to ask them to all of a sudden be not a nurse. And so I think I just want to put that in balance that it's really within that position that you're doing. What could we potentially do to really one, hopefully make things more efficient and decrease those pain points for you. But in the broader context in a given area as we're looking at operational efficiencies, how do we all contribute to that using the skills and the positions in which we serve? And so I don't think people have to worry about a fundamental change in what they're doing as much as we may look within that area and how can we do things in a more efficient manner.

That's the way I would interpret that. But I also do appreciate, as you've alluded to Trish, I totally appreciate just like at the beginning of the pandemic, when there's a certain amount of uncertainty, a certain amount unknown, that anxiety or just really wondering is very natural, totally expected. We're going to do our best to continue to communicate, to answer questions and this will continue to evolve in an iterative process. We're at the very early assessment stage. We haven't even identified yet all of those potential initiatives. There are some things that we're already running at length of stay. We're already working on. How do we improve our documentation to capture the severity of illness of the patients for whom we're caring for? How do we improve our charge capture?

Those are things that are already in process, but there'll be others that we haven't even thought of yet. And that's really the role of the consultants to really help us identify those potential opportunities. And

then we have to decide which ones do we think are going to be of value for us going forward to really help us continue true to our mission, but help us to achieve financial stability.

Trish Kritek:

Tim, I appreciate all that you shared about Mission Forward and I appreciate particularly acknowledging the anxiety because I think we've all lived with anxiety for... As Anne has, and we're just going to keep saying this over and over again a thousand days. And so I think it just adds to that. So thank you for saying that. I'm going to encourage people to use the link that Anne shared and we'll make sure we get it out to other folks. I do want to follow up with Cindy, I'll start with you. I think a lot of those questions actually came from nurses about new skills and I wondered if you had anything you wanted to add to what Tim said.

Cindy Sayre:

Well, I really appreciated Tim's message and I think he captured it well. The only other thing I'll say is that we learn new skills all the time. This is something in healthcare we're pivoting to new technologies, new types of care models. I mean that, that's just been our history, right in healthcare. So can we expect some changes ahead? Yes, whether or not we were in financial trouble or not, we're probably going to have to learn new ways of doing things. Just that's what we do.

Trish Kritek:

I so appreciate that actually. That's a fun part of my job a lot of the time. But I also understand why it causes anxiety when we don't know exactly what that means.

Cindy Sayre:

Can I say too, Trish? I mean we'll make sure everyone's equipped to do what they need to do.

Trish Kritek:

Yes.

Cindy Sayre:

So nobody's going to be just thrown into some scenario where they're not prepared.

Trish Kritek:

I appreciate that. Jay, did you want to add anything?

Jay Sandel:

I don't think I could add anything on top of what Tim and Cindy have said. They did a phenomenal job answering that question. So nothing more from me.

Trish Kritek:

I appreciate that. Well you're unmuted though. I'm going to switch gears and stick with our CNOs for a couple more questions. There have been changes in how we're screening people or not screening people when they come into the hospital now. And actually we got a bunch of questions about what are we doing to make sure that visitors wear their masks and wear their masks appropriately?

Jay Sandel:

Yeah, I think we've been trying to figure out how to exactly do this for many years. I don't think anything has changed necessarily from our tactics that we have unfolded. We approach people who aren't wearing masks. We all do that because it's something that we all should be vested in doing. If people choose not to wear a mask, then we obviously go over the steps of what is going to happen to them if they cannot comply with the rules that we have set in our organizations. So I don't think anything necessarily has changed with that except always escalate to whoever you report to if you were having issues around visitation or visitors, bring in security. Just the same tactics that we've been trying here on the Harborview campus.

Trish Kritek:

Okay. And Leslie, do you want to add to that? I saw you nodding.

Leslie Hampton:

We're just going to make sure that we have kiosks with masks at every entrance. And I just want to agree with what Jay said is it just takes all of us being ready to say to a patient, put your mask up and hopefully by doing that we'll have a consistent message and we won't have too much trouble.

Trish Kritek:

I appreciate that. So it's kind of what we've been saying all along and it's all of our responsibility to check in when we see people not wearing the mask the way that they should. Leslie, I'll ask you one more question. How has the evolution in the visitor policy gone at Northwest?

Leslie Hampton:

I think it's gone really well. Our visitors have worked well with us and we've had the ability to have a little bit more family presence at the bedside, which we love and we think is really important for our quality measures like decreasing falls. And I think our staff have been happy to have a little bit more family presence.

Trish Kritek:

Yeah, I want to emphasize that. I think this step towards more family presence is a great thing and I have heard from lots of members of the clinical team, docs and nurses and everybody else that that has untold benefits in the care of the patients. So thank you for emphasizing that. Rick and Tom and Santiago, I'm going to shift gears. Santiago, I got some other kind of ID ish questions for you, but I actually got a bunch of questions about safety and I'm going to start with you Rick, because there were a handful of questions about what is Harborview doing to address safety in the setting of the recent gun violence there? And obviously this is a thing that everyone takes incredibly seriously and I just wanted to give you an opportunity to comment on that please.

Rick Goss:

Sure, thanks Trish and good afternoon everyone. This is something we've been talking about a lot at Harborview and a lot of work going into this. But just to frame it, I think people are aware there was a shooting event that happened across the street from the Harborview emergency Department that was on September 20th. It was later learned that this had been related to a dispute between family members and also involving related to another family member who was in the hospital. The response

very briefly, Harborview Security was immediately involved creating an electronic lockdown of all the entrances within about a minute, and also instantly responded to the scene where the shooter had actually fled and they were able to bring in the one other wounded individual into the facility. Seattle police presence was within three minutes and had a very strong presence there for many hours.

But while the police presence was strong, there were elements largely about our communication as events were unfolding, that created ambiguity, some confusion and really ongoing safety concerns that many did express, especially those that were closest to the site, including the emergency department, people who witnessed the event and others that were caring for the patient originally hospitalized on 9 East. And it just unfortunately, and sadly gun violence seems to be on the rise everywhere. It seems to be getting closer to the hospital environment as we read about and we realize that this incident is not a one off, but really something we need to become even more prepared for. And having this event so close to our work environment has caused really a sustained level of stress and concerns about our safety. So here are a couple things to mention about what we've done to review the event and what action we're taking. Ali On, our chief security officer and Mark Taylor, associate administrator, conducted a number of debriefing and listening sessions, particularly involving those in the ED environment and 9 East.

And we know that there was a lot of active involvement, leadership very involved. Great questions about future preparations. We on the executive team also did an in depth review having been involved in the events as they are happening. And while I think we were focused very much on more the immediate stabilization following the lead of the Seattle police, what we learned that we could have done better is around communication with Seattle police over the following many hours while they were on site. And while there were still questions, maybe some concerns about potential threats that could have still existed. We could have done a better job of providing updates with information that was evolving and we could have done a better job of really assessing the full spectrum of the experiences that people had in and around the event.

So with those learning opportunities, very clear and something we really want to embed in the work we're doing. Probably the most important thing, and I'm going to ask Anne to share on the chat a link, and it is really the communication where we have launched a campaign for full participation in the UW Medicine stat info alert system. Here's the link that allows for text notification from our security system across our entire system. And you can select which campuses you want to be notified on one or all. And it allows us to provide information in fast moving emergency situations. So this would've been an absolutely great opportunity if we had had this more fully deployed. People do need to sign up individually as this can't be done automatically. So with this link, very easy to sign up. We really want to see everybody engaged in this.

And then lastly, we are also expanding a substantial amount of work already underway regarding workplace violence, including active shooter response training, de-escalation training, safety escorts, and then physical, more physical security devices such as panic alarms and cameras. So just on behalf of Harborview, our leadership, we have been really reviewing this, working with so many individuals to make our response system better so that we can continue to ensure that our workplace is safe, that all of our employees are safe, our patients, families, visitors, all feel safe so that we can take care of patients. So thanks again for bringing this and obviously any questions.

Trish Kritek:

Yeah, well thanks for reflecting on it so much Rick. I really appreciate it and I appreciate the emphasis on debriefing across both the emotions but also about what we can do differently and how we can grow and make our places safer. I appreciate the sharing of the UW Medicine stat info advisory. I personally

added more notifications to my setup, so I appreciate that. And I think that kind of coming back to this and hearing from people about what does or doesn't feel safe is something that's happening across our environments as we think about workplace violence and also the environment around all of us. So I know you could talk a lot more about this and I appreciate all the investment that's already gone in. I'm going to pivot to Tom and say at the same time there were questions about Harborview, there were questions about how UWMC/health sciences, which I know is not your space, but feeling like maybe that doesn't feel as safe as well. And I wondered if there were things that were happening on the UWMC campus that you wanted to reflect.

Tom Staiger:

Sure, yeah. Trish, in response to knowing that you were going to bring this question forward, I reached out to our public safety manager and was pleased to learn today that there's a project underway to create Husky card access from the multiple... I'm pointing over because it's right next to my office, the multiple entry points between health sciences and UWMC Montlake. So the plan is to install card readers through all of those entry points so that we can be more sure than we currently are able to, that it's only people who should be coming into UWMC from health sciences are entering UWMC Montlake.

Trish Kritek:

Okay, I think that's helpful because that was exactly what people asked about is that people kind of coming in and not feeling like they know who was in their environments and if those folks were supposed to be in their environment. So the card reader seemed like a good step in that direction. And I welcome people to continue to ask these questions. I think, I mean gun safety, goodness, it is a gigantic issue in this country, but also workplace violence. And I think this would be a good topic for us to return to as folks have questions and concerns as we move forward. Thank you both very much for that. Santiago, I'm going to actually shift gears for you and I'm going to begin by asking a question I asked a bunch before, which is about monkeypox and got a couple questions that are we still worried about Monkeypox? You stopped talking about it at town hall. So what's the deal? And so I'll ask you.

Santiago Neme:

I think with Monkeypox, things are much better in our area. I want to take a second to thank Dr. Shireesha Dhanireddy, Chase Cannon and our partners and public health because we went from having 50 cases a week in late July to having one to two cases a week. The access to vaccines has increased. The number of clinics that have given the vaccines, the access to treatment, all these things were actually possible because this team actually jumped on this. We now have approximately 480 cases total for King County. So the monkeypox outbreak is getting more control in our area. Unfortunately this is not true for other places in the country where there's been very little emphasis on prevention, on discussing the topic, on testing, on treatment, et cetera. So unfortunately we live in this. We're lucky to live in this place where public health and UW Medicine really jumped on this as early as possible.

Trish Kritek:

Really much better in our environment due to those interventions. Not true everywhere in the country. And that's why we're not talking about it as much, which is a good thing though, always good for people to ask questions about it. I'm going to pivot to kind of COVID-esque questions and I'll ask you one or two and then I'm going to go back to John for a quick one before I hand it to Anne for ask an ID doc and got a bunch of questions about can we have more people in break rooms or could we have more chairs in the

cafeteria? Can we start to eat together a little bit more? And I'm wondering what your thoughts are on that.

Santiago Neme:

Yeah, I think as you know, we've had so many outbreaks and clusters of infections associated with eating together in small spaces. And that's really a high risk area where, I mean, if you talk to John or anybody on the call, we've had so many of them and that really hasn't changed. We are still requiring masking everywhere. So I would say, and I'm looking to John.

Trish Kritek:

Our clinical spaces everywhere in our clinical spaces?

Santiago Neme:

Exactly clinical spaces. But I'm looking to John in terms of we are still universally wearing masks when we see patients clinical spaces and we are healthcare workers and also thinking about the virus season. I feel like it's not time for that to modify the break room situation for healthcare workers. But like everything we are transitioning in a stepwise manner where we talk about screeners, when we talk about pre-op testing that is no longer required. All those things are steps in the right direction as we continue to monitor the data. As John said, there's only 55 cases per 100K over the past seven days. That's much better than 100 and it's much better than four months ago, which was 352. So I think we're going to continue to be focused on our safety and make sure that we continue to lift and get to as normal as we can while maintaining safety.

Trish Kritek:

I appreciate your nuanced answer about how we're evolving some places and it's a stepwise process and we also have to keep us all healthy. I think the short answer is you don't think we're ready to change that. And you gave a great segue to me turning to John and John, no town hall will be complete without me asking about masks. So lots of questions about people wondering, are we going to evolve on masks? So do we see a threshold when we can go back to surgical masks and not hire degree respirators?

John Lynch:

Yeah. So I think it's going to always be a good option to wear higher level respiratory protection in clinical settings where we're around patients. We already talk about RSV and influenza. These things work, they work really well. And as a healthcare worker, an emergency department, a clinic inpatient setting, they are very, very effective. And I think even surgical masks continue to work well. So I don't see us change. I think Santiago laid it out really nicely. Hey, if you're wearing like a KN94, an N95 and it's working comfortably for you as we head into winter and new variants and influenza and rhinovirus and RSV, I think maintaining our current status around masking is probably a really good idea. Again, also balancing with the rollback of a lot of these measures outside of the hospitals, which is probably increasing all of our risk going forward. So I think it's a lot of what Santiago said, take it step by step. We're going to keep reevaluating it as the numbers change.

Trish Kritek:

But no changes right now. And you're still advocating for-

John Lynch:

You just wanted a yes or no answer?

Trish Kritek:

Sometimes, but that's okay.

John Lynch:

No, the answer's no. We're not changing.

Trish Kritek:

No, we're not changing. And I think it states at the highest level of mask that you can wear comfortably doing your work. Is that right?

John Lynch:

Yeah, that's right.

Trish Kritek:

I just want to say that for everybody.

John Lynch:

Yes.

Trish Kritek:

How about the people who are not in clinical spaces? What would be your guidance for people in the office that has... out of the clinical environment, Same thing?

John Lynch:

Yep.

Trish Kritek:

Okay. That's helpful.

John Lynch:

And I say the same thing in the grocery store and I say the same thing in all those public indoor spaces.

Trish Kritek:

Yeah, I do the same thing in my office. I agree with you. Last question for you, since you mentioned variance, is there news about new variants on the horizon?

John Lynch:

Yep, absolutely. So we are going to be seeing new variants. New variants have arisen throughout the pandemic every three to five or six months. And we're going to definitely see that. Around the planet, we're seeing new variants all to some extent. Good news is they're all kind of linked to B.5, the variant that we're seeing right now. So sort of sub variance of the variants. And that's good because that means the vaccines, including the bivalent booster that we're using right now, most importantly, are going to



still probably be very effective preventing serious illness in death. So the challenge though is some of these new variants, you're going to hear lots of different numbers come out there. BA.2.75, BQ.1, even I think a BBX or BXX, I always forget which one it is. But these are all new Omicron variants that are more transmissible than the last one.

So more infectious, which means there's going to be more infections when people aren't wearing protection, wearing masks and similar. And the downside is we're going to lose some of the therapies we have in place. So if people remember we talk about Evusheld, it's a monoclonal we can give to people who are immunocompromised who the vaccines don't work in. That's probably not going to work anymore with these new variants, Bectelovimab, another monoclonal that we use for treatment at COVID 19, is not going to work anymore. And so we're going to lose some really important treatments we have. So that's the downside in addition to being more infectious. So yeah, they're going to happen and they're going to happen this winter.

Trish Kritek:

Okay. So on the horizon, the ones that we're seeing right now are kind of sub variants of the one that our booster is at, presumably. Okay. And it will continue to evolve.

John Lynch:

Yep.

Trish Kritek:

I appreciate that. I'm going to hand it over to Anne to ask an ID doc who I believe is Santiago today.

Anne Browning:

Correct. All right. Santiago, as we were saying, for a lot of folks in a lot of ways and places feel... Things like they've been returning close to kind of a thousand day ago normal as we can imagine. I'm curious what you were doing these days. So I'm going to ask you kind of a rapid fire shot of... Are you still masking? What precautions are you using? Are you doing dining indoors?

Santiago Neme:

I only do it if I have to, if I have to go to an event. But I don't choose to do that. It's not equivalent. It's not in the same. So priority I would say only if I have to and I can count with my hand the number of times I've done it so far.

Anne Browning:

Okay. If you're traveling, going through airports, planes, are you still masking?

Santiago Neme:

Absolutely.

Anne Browning:

Okay. Gyms, would you mask up in a gym anymore? What do you think?

Santiago Neme:

I'm not a big gym person, but I would say I would feel pretty comfortable today depending on the ventilation and everything and the number of people in the area. But I would feel pretty comfortable and especially now that the community rates are coming down, a K95 and nice mask that's a bit thicker. I would use that while working out if I'm able to breathe. But yeah.

Anne Browning:

All right. I got a very specific question. Would you do martial arts? Are you ready for hand to hand combat with strangers yet?

Santiago Neme:

Oh man, that's a tough one because I've never done that. I don't know. I think if I would put it in the risk benefit situation, I think it's a close activity. It's probably safe if you're masking, it's probably safe if a team is vaccinated, there is a risk. You are interacting with someone in the same space in close proximity. But it's just, I think John put this really eloquently once. He said that it's all about that risk benefit and your equation and that equation is really personal. It's how much does this matter to you and your wellbeing and how can you mitigate or minimize the risk of infection for any activity really?

Anne Browning:

So if hand to hand combat is your jam, just keep masking up and you should be able to make it through the winter. Okay, so there's RSV, flu, COVID, all the stuff is floating around. For kiddos getting to kind of socialize, would you still want your little people masking up? And I know you don't have little people but maybe even big people and little people. Do you have more concerns around little people doing infection prevention right now?

Santiago Neme:

I do. If I had kids I would encourage masking with others in indoor spaces. I would also discourage anything indoors. You do what you can. We use the best mask that the kid will wear. I've been impressed in Seattle seeing a lot of kids in indoor spaces really well masked. Not right now, but fast forward. Yeah, back two months ago it was really impressive. Now masking, unfortunately it's become a sign of potentially you're sick or what's going on, which is a bit concerning to me because there seems to be a lot of pressure to not wear a mask. And I think that's problematic because we know that masks help with respiratory viruses and we know that RSV might not kill me but it might kill a patient who had a transplant for sure and RSV in my case would not be treated but in a transplant patient you will admit the patient to the hospital and provide treatment, et cetera. So it's a different ballgame how these infections can impact other folks.

Anne Browning:

As a parent, I think I'm going to start leaning toward seeing if my kiddo will start masking again just because there is so much stuff beyond COVID floating around right now and now we know it works. Quick one to end us up here. Would you go to a Diwali party? How are you thinking forward to Thanksgiving? Are you in on some social gatherings at this point?

Santiago Neme:

So we're about to go to Argentina and we'll have Thanksgiving in Argentina, which is really odd. So it would be more of a normal day. But I would say I would be more comfortable hanging out with people that I know, small and then letting go my mask in a small setting where I know people doors open.

Luckily in Argentina will be summer, but I am concerned because Argentine's like to hug and kiss and it's going to be interesting. So I have to say.

Anne Browning:

Awesome. Santiago, thank you. Hand it back to Trish.

Trish Kritek:

I'm going to be really quick. Thanks to everybody. Thank you for answering the questions. As always, everybody on the panel, thanks for joining us Leslie; Jay, thanks for coming back. I really appreciate it. I want to say a belated Diwali to everybody who's celebrated it. I have visions of Santiago and Thanksgiving in Argentina now and I hope people have a wonderful Halloween. It caused me to reflect on a Halloween two years ago when John was trying to parse his words not to cancel Halloween and we were trying to figure out how to get candy to kids and still hold on to some of that celebration. So there's a lot that we still need to hold onto and be safe with. But a lot has changed as Anne talked about. And I look forward to welcoming small people to my door and probably some large ones and giving them candy and understanding if they're Harry Potter or Elsa or they're Sue Byrd or they're a witch because everyone seems to be a witch.

I love that and I'm excited to celebrate Halloween with all of you. I did suggest the panel all come in costume. Everyone turned me down. But I hope everyone has a great holiday and I want to say a special thank you to everyone for joining us and asking the questions that you ask. And for all the work folks are doing. A special call out to the people in our ED's, our clinics, and everyone at Seattle Children's as they deal with this surge in RSV and other viral illnesses. It's a big deal and really appreciate all that you do to take care of our patients, their families, which is so important, particularly in pediatrics. And as Tim has talked about, as we move forward together, how we keep taking care of each other. We'll be back on November 18th I think. So we'll be back in about a month and we look forward to answering your questions then. Take care. Bye-bye.