

UTHealth McGovern Medical School Faculty Senate

Thursday, August 19, 2021 | 4:30 pm

WEBEX Meeting

Minutes

Pending Faculty Senate approval

1. Call to Order at 4:30PM
2. Approval of Minutes (July 2021)
3. Reports (20 minutes)
 - a. McGovern Medical School – Dr. Richard Andrassy
 - i. Students
 1. White coat ceremony and MS1 retreat have been postponed due to COVID concerns
 - ii. Residents
 1. Protection of resident education stressed with goals that residents are not pulled off elective rotation to help with COVID patients
 2. Will call upon faculty and fellows to fill in if more ICU help is needed
 - iii. COVID surge is expected to last a shorter amount of time possibly than the initial waves.
 1. Fewer patients on ECMO
 2. Faster recovery being seen
 - iv. Tim McCulley will take over chair of ophthalmology in fall 2021
 - v. Pathology chair search ongoing
 - vi. Neurosurgery chair search getting started
 - vii. Dean search is ongoing. A few candidates have dropped out, but one finalist is coming back, and more candidates may appear
 - b. Faculty Affairs Update – Dr. Kevin Morano
 - i. 94-95 faculty have applied for promotion
 - ii. MAPP (Mentoring and Promotion Program) is off to a good start with over 200 interested faculty members
 1. Plan for 10-12 clinical focused groups and 2-3 research focused groups
 - iii. COVID: Masking and vaccination encouraged
 1. Inappropriate to ask if someone is vaccinated as it is personal health information
 2. Hospital to mandate vaccination for any of our workers who work in the hospital

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Dr. Zi Yang Jiang – Secretary
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4. Old Business (0 minutes)
 - a. No old business to report

5. New Business (30 minutes)
 - a. Covid-19 Update – Dr. Luis Ostrosky
 - i. 4th wave of COVID, US surpasses 600,000 COVID-19 deaths
 - ii. 15% positivity rate at TMC
 - iii. Staffing shortages
 - iv. 123 patients with COVID at MHH today
 1. We used to have 1-2 cases of children a day, but now we are seeing >10 children and many are otherwise healthy
 2. Many cases are coming from the northwest and western parts of the city
 - v. Forecasts suggest surge will happen for at least 2 more weeks especially with school opening (Attachment 1)
 - vi. Most of the cases are delta variant; delta is more infectious than ancestral strains and transmission is at the same rate as chickenpox.
 - vii. Severe breakthrough is 0.04 per 100,000 mortality amongst vaccinated individuals so vaccine remains very protective
 - viii. Vaccine
 1. Janssen associated GBS and TTS cases
 2. mRNA associated with cardiomyopathy
 3. Boosters are available for immunocompromised people (20 days out from the second dose)
 - a. Preparing for 09/20/21 for boosters for other populations
 - b. Potential co-vaccination with influenza and COVID-19 shots
 4. MHH: all 29,000 employees must be vaccinated by Oct 9 or ‘voluntarily resign’
 - ix. Any specific characteristics for the breakthrough cases that can be used for identifying high risk people?
 1. Not really, possibly some people with immunocompromised state
 2. 93% of those infected at the hospital are unvaccinated
 - x. Booster should wait 10 days after disease onset
 - xi. Children <12: FDA approval likely for Pfizer in late October

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- xii. Quarantine should last for 7-10 days; if you get a test on day 5 and if negative, quarantine can be lifted
 - xiii. If an asymptomatic person tests positive during quarantine, then the “count” for days to remain quarantined starts on date of positive test.
- b. Annual Report of the Continuing Medical Education Committee – Dr. Zi Yang Jiang
- i. Overall, a decrease in trend with the number of total events but an increase in the number of total learner encounters.
 - ii. Accreditation for McGovern Medical School CME office is official as of July 26, 2021.
 - iii. Plans to take over running the McGovern Medical School CME events in March, 2022 from Baylor College of Medicine.
 - iv. Some programs are going to transition earlier as we pilot our new system.
 - v. Please register for your CME account on <https://go.uth.edu/account>
 - 1. Remember to use your unique telephone number (likely cell phone)
 - 2. You will receive a confirmation email that will also provide you with a CME ID that you will use to request a transcript
 - vi. Previews can be seen on <https://med.uth.edu/cme/instructions-to-learners/>
6. Announcements
- a. Interfaculty Council – Dr. Catherine Ambrose
- i. FAC introduced a resolution that originated at Texas A&M that
 - 1. “*Resolved*, That the Faculty Senate of Texas A&M University urges that individual institutions be allowed to make their own decisions involving the responses to the COVID-19 pandemic based on sound scientific evidence, local health conditions, and public health standards.” ”
 - ii. UT Austin passed a similar resolution
 - iii. UTH IFC has not passed a similar resolution
 - iv. Dr. Catherine Ambrose drafted a resolution with a similar language. Dr. Nahid Rianon and Dr. Jaime Cazares commented in support of the resolution.
 - v. The resolution will be sent electronically for review and voting (Attachment 2).

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- b. Election results for the IFC representative from the Faculty Senate
 - i. Syed Hashmi has been elected to a 3 year term, starting September 1, 2021.
 - c. Welcome the new FY22 Chair-elect and Secretary-elect
 - i. Chair-Elect 2021-2022: Georgene Hergenroeder (Associate Professor Neurosurgery)
 - ii. Secretary-Elect 2021-2022: Olasimbo Chiadika (Associate Professor Division of Cardiology, Internal Medicine)
 - d. The monthly Faculty Senate meetings will continue to take place via WebEx only. In the future, the Senate may move to hybrid meetings to allow both in-person and virtual attendees; however, this will be at the discretion of the incoming Chair.
7. Adjournment at 5:29PM

Next meeting: Thursday, September 16, 2021, 4:30 PM

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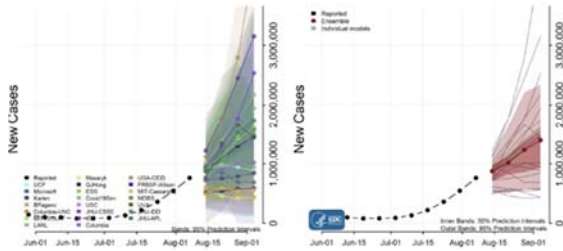
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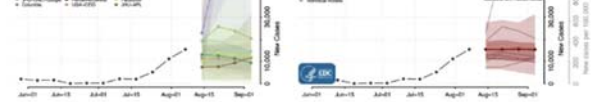
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Attachment 1

National Forecast



Harris County, Texas



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PROPOSED RESOLUTION ON COVID-19 GUIDELINES FOR FALL 2021

On behalf of the Faculty Senate Executive Committee, Catherine Ambrose (Faculty Senate Chair and Associate Professor) submitted the following resolution, which was informed by the Faculty Senate Resolution from Texas A&M University and the Faculty Council Resolution from The University of Texas at Austin. Dr. Ambrose proposes that the McGovern Medical School Faculty Senate consider the resolution via an online vote Friday, August 20 - Thursday, August 26, 2021.

RESOLUTION ON COVID-19 GUIDELINES FOR FALL 2021

Whereas the Centers for Disease Control (CDC) presently recommend that people in areas of high transmission of COVID-19 resume wearing masks indoors;

Whereas the medical evidence estimates the new Delta variant may be twice as contagious as the original COVID-19 virus;

Whereas the CDC provides data that places Harris County in the highest risk category for transmission of COVID-19;

Whereas Harris County Public Health (HCPH) raised our city's risk-based guidance to Level 1 (red, the highest risk level);

Whereas forecasters at The University of Texas at Austin COVID-19 Modeling Consortium concluded recently that most regions of the state will experience overflowing hospitalization rates similar to those of January 2021, unless people resume masking and maintain social distancing;

Whereas institutions in The University of Texas system are prohibited from requiring masks or vaccinations for faculty, staff, and students who are in face-to-face classes and meetings on campus;

Whereas many classrooms and other facilities used for academic purposes such as advising do not permit proper social distancing for faculty, staff, students, and visitors;

Whereas The University of Texas Health Science Center at Houston has built a rich academic history based on scientific principles and practices; and

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Whereas The University of Texas system is being constrained in its protective and preventive measures by forces outside its control; now, therefore, be it

Resolved, that the Faculty Senate of McGovern Medical School at The University of Texas Health Science Center at Houston urges that individual institutions be allowed to make their own decisions involving the responses to the COVID-19 pandemic based on sound scientific evidence, local health conditions, and public health standards.

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