Research Institute April 15 All-Hands Meeting Q&A

The questions during this Q&A concerned the future of the Research Institute in light of COVID-19; leadership can provide reassurance on some of these concerns. Below are abbreviated answers to summarize the hour-long discussion.

Bryan Wolf

What is the current situation’s impact on the RI roadmap/strategy in terms of personnel, facilities, etc.?

• Still proceeding with strategy. Focus is on the future to ensure we can position CHOP and RI where we need to be 3-5 years from now. Team is continuing work on research pillars, Cell and Gene Therapy program, and will announce shortly a comprehensive genomics strategy for CHOP. Taking advantage of this time to get things lined up.

AWA: Philly considered as next “hot spot.” Will AWA extend further into May, June?

• At least for the next 4-5 weeks is Bryan’s guess. May is likely we’ll still be working from home. Regular meetings with CSO team to review this.

In regards to the May 31st guidance for salary – is it applicable to all employees or those unable to work from home, does it apply to postdocs?

• Guidance applies to folks who cannot work remotely as well as to postdocs and clinical research coordinators (i.e. a research tech in wet lab who cannot do research, a postdoc who may be doing 50% paperwork but other 50% benchwork – that 50% would be charged to COVID-19 cost center)

What happens after May 31st?

• Calvin Allen’s team is working on a plan that will be disclosed by mid-May. Stay tuned, there are a number of options. More info in about 4 weeks or so.

Impact on summer student programs?

• We are not opening any of our student programs during the summer. Clear guidance from HR we can’t do NTP’s, student internships.

Thoughts on budgetary impact of COVID-19? When will budgets be finalized so we can realign work with potential budget cuts?

• Michelle and Bryan are reviewing the first draft of the current budget this afternoon. No full picture yet but target of $160 million subsidy. Finance instructed to continue working with current target (no cuts are made). Next step is presentation to CFO.

• Sometime in May there may be guidance from leadership about potential cuts – but we don’t know yet if there will be. If there are budget cuts, it would happen in May timeframe,
implemented starting in July. Last recession in 2008, there were some budget cuts across the Institution and a hiring freeze for a few months (because clinical income drives the whole institution).

- Michelle: Madeline Bell mentioned at leadership meeting, if bottom line is not more favorable, incentives could be impacted.

- Watch and wait – more info in the next coming weeks.

**Will employees take pay cuts, or leadership take pay cuts?**

- It is possible that executive team may take pay cut. First option will be incentives (merit increases – this happened in 2008). But we don’t know yet, until we get a fuller picture on revenue.

**Bev Davidson**

**How to plan to get people back to work? Will there be a phased approach in RI staff returning to work?**

- Team is putting together a committee of senior, mid-level, and junior investigators in wet lab research buildings that are considering ways to begin return to research that takes safety into account for all staff and consider: How do we ramp up our science in a thoughtful way? First meeting has not been held yet. It will include representatives from Safety, DVR, Admin, etc. Bottomline: no framework yet, but working on it. More info in coming weeks.

- Those who work from bench may be phased in first before administration.

- Richard Aplenc: Clinical trial standpoint, we may end up prioritizing clinical trials that can open that are non-essential. As beneficial to patients as possible and also safe.

**Provide a high-level overview of COVID-19 work RI is actively involved in?**

- Work in immunology, looking at immune responses to COVID-19, involving lots of faculty newly appointed in Pediatrics and Penn partners.

- Penn – high throughput screening lab to look at novel drugs that inhibit viral replication or viral infection. (Susan Weiss, Sara Cherry)

- Carl June leading effort to understand cytokine storm response to this virus.

- Penn Today website + newsletters list these efforts every day.
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- Richard (for clinical side): Immune Dysregulation team has a COVID-19 registry up and running that’s collecting samples from patients and biobanking them in collab with Arcus, and running cytokine levels on them.

- Brian Fisher – study on immune response on healthcare workers. Goal is to study development of antibodies in up to 2,000 healthcare workers at CHOP.

Jeff Pennington

Can external collaborators get VPN access?

- It depends. VPN access requires a full CHOP identity and not all external collaborators have that. There are a lot of options that could allow somebody not on the CHOP network to still be productive with our systems and tools – use of RedCap and other applications outside the firewall.

- Contact RIS to see options for CHOP’s secure use of Google docs, Drive, remote Citrix tools that could be set up, etc.

Strategies for work-life balance?

- The most important thing to do is to recognize the severity of this disruption to your life and forgive yourself in any one day or hour – this is not easy even for people used to working remotely previously. Be kind to yourself as the baseline. And practical strategies: Have physical separation between your work and your life. At home that’s tough, but it can be as simple as closing your computer and putting it away. Use that physical interrupt as a way to change from work to life.

Michelle Lewis

Is 100% AWA an option after this current situation settles down?

- All leaders will be faced with having to make decisions about the workforce that differs from life prior to the COVID-19 outbreak. Remote work arrangements will force ALL leaders to think creatively about how to facilitate more flexible work arrangements and cultivate opportunities for teams to engage and collaborate. I would like to see when things normalize that there will be a physical staff presence in the office which is a big part of teamwork. But this experience has revealed to me that non-location critical staff who have access to the necessary tools and accommodations afforded to them while in the office, can successfully work from home. So, while Michelle might still be flexible with AWA (i.e. maybe AWA more than once a week), it will still be important to create scenarios where the team feels like a team.
Since COVID-19 outbreak, I’ve had time to reflect on the ongoing discussion about work-life balance. I used to think very strongly that work-life balance solely rested with the employer, but I now believe that the employee plays a vital and pivotal role in creating their own work-life balance paradigm. What are the boundaries that you’re setting up for yourself in your home while working remotely?

Existing salaries and benefits through May 30. What will happen if we have not returned to our regular work schedule? Salary reductions or possible layoffs?

There has been a number of steps taken by HR at the guidance of senior leaders to do everything possible to preserve the existing workforce at CHOP, including the launching of the Talent Marketplace (which was created in recognition of COVID-19 impact on the workforce, as an example). In addition, under the advisement of Human Resources, all hiring managers are being asked to review all open job requisitions and make decisions to put those positions on a 60-day hold or cancel the requisitions until later time. These are all efforts to preserve the workforce.

Situation will continue to be assessed.

Office supplies. What to do if you don’t have the appropriate supplies, such as a larger computer monitor?

If you want to request additional equipment, you can submit the request via Bioresponse, according to John Knab.

Do not go into office to take your equipment from there!

We agreed to support reimbursing staff for consumable supplies not equipment.

Richard Aplenc

Explain how you are generally thinking of opening up clinical research?

We are working closely with Bev Davidson to make sure what we do on the clinical research side aligns with wet bench side. This is of particular importance for translational research that has both a clinical and wet bench component. In the process of restricting research, we developed a process to assess protection of human subjects, and protection to research staff and resource use. We expect to use that framework to determine the schedule of relaxation of research restrictions.

Matthew Hodgson

Once the situation returns to “normal” and before people return to work in the Roberts Building, will CHOP arrange to have administrative spaces cleaned and disinfected?
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- We still have people working in the Roberts building. We have the COVID-19 hotline team working out of the 7th floor and some executive presence on the 20th floor. With all that being said, we have not changed our cleaning scope. We are still cleaning as if the building were occupied targeting high traffic areas, interior elevators and all door handles. We have also started shampooing carpets as of April 3rd.

Are there any updates on universal masking for research buildings?

- Effective April 16th, employees working in any research building are required to wear a surgical mask. Masks can be picked up at the security desk of Roberts, Abramson, and Colket. A brown paper bag will be provided so that the masks can be placed into the bags when not in use. Guidance for use of masks while in the animal facility can be provided by the Office of Research Safety.