



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Monday, March 30, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Thank you everyone for coming this morning. I am Russell Meyers, the CEO of Midland Health. This is our Coronavirus update for Monday, March 30th, 2020. I'd like to begin with wishing a Happy Doctors' Day to our physicians. Especially those on the front lines who are doing such incredible work here and all over our country and caring for patients during the course of this pandemic.

I'll start the day with some numbers. In Texas, over 2,500 confirmed cases now. In Midland, we are up to 13 as of this weekend. There have been 34 deaths in Texas. One death in Midland County due to Coronavirus. Our testing so far; 276 test samples taken. We have 9 positive results from the hospital's testing at our testing sites. 159 negatives and quite a few tests still outstanding. Most of those from last week. The hospital census today is low at 104 patients, about 39% of capacity. In our Critical Care Unit (CCU) we have 13. Four of those are Persons Under Investigation (PUIs) in the separate cohort for the Coronavirus patients. We have 5 Med Surg patients in that cohort for a total of 9 PUIs in the hospital as of now. Ventilators, we have 7 in use. And we have a total of 44 regular ventilators plus 37 single use ventilators available in the hospital.

On the Personal Protective Equipment (PPE) front; we have 102 days' worth of N95 respirators at the current usage rate. We do believe that there are more of our orders that will be delivered in the near future. I got an update this morning. The truck that came in this morning did not have any PPE on it, so we continue to wait but expect those deliveries at any time. On the subject of PPE and donations specifically, we've talked everyday about our donation site at the Legends Park Office complex. That will be open again today from 10:00am to Noon. And then tomorrow and as long as we believe it's productive the donation site will move here to the Abell-Hangar building right outside the door where we are having today's press briefing facing Andrews Hwy across the street from Walgreens, just south of the hospital. So, beginning tomorrow, 10:00am to 12:00pm and each day the rest of this week our donation site moves to the Abell-Hangar Pavilion.

Also, a change in our schedule, these press briefings we are now beginning to coordinate with the Unified Command Team that the city and the county have organized over the last several weeks. Each day now at 9:00am there will be a briefing. Monday, Wednesday, and Friday it will be just the team from the hospital here at the Abell-Hangar Pavilion. 9:00am Monday, Wednesday, and Friday. On Tuesday and Thursday at the same time, also 9:00am we will join the city and the county and the health department at the county annex. And we will hold a Unified Command Team briefing at 9:00am each day. I will participate in that as well as Dr. Wilson and others from the hospital. So, we are trying to get completely coordinated and organized. A daily briefing at 9:00am. Monday, Wednesday, and Friday the hospital only. Tuesday/Thursday the Unified Command Team.

I'd like to call on Dr. Wilson to make a couple of comments about issues that have arisen in the press and here locally. This is Dr. Larry Wilson, Vice President of Medical Affairs and Chief Medical Officer from Midland Health. Larry-



Dr. Larry Wilson: Good morning. So, I'm going to start off talking a little bit about the 13 cases that we have here in Midland currently. That we found 5 more cases over the weekend. These are cases that have actually been around over the course of last week or 10 days or so, but the tests start rolling in as we've talked about in previous conversations. This is really the time for Midland to shine. This is our opportunity to really get a handle on this. There's at least 2 of these cases that we recognize are community acquired disease meaning that these are people that were in our community were exposed to somebody else in our community. They had no travel. They had no other risk factors for the disease. If we do a really good job maintaining our social distancing, our hand hygiene, keeping our hands away from our faces, working on this in the same diligent fashion that I've seen going on over this weekend. Myself, personally, just getting out in the community a little bit. I went for a couple of runs. I saw people out getting things done, getting out and working in their yards, going for exercise, biking, but maintaining that social distancing. We can get through this, but it's going to take some weeks. I think everybody has heard over the last couple of days Dr. Fauci and others, there was a Johns Hopkins Dr. Inglesby that was speaking over the weekend also. And people are trying to pin down, well how long? Can we put a timetable on this? And there's some in leadership that are trying to say, "You know give it two weeks" or "We can do it at Easter" or "We can do it at the end of April." And the reality is this is a virus and it's a biological entity that's out there that we cannot predict how it's going to behave. It's all up to us to allow it to die out in the community. And the only way that's going to happen is by us not to be transmitting it from one to another. So, if we do a really good job over the next few weeks, we have an opportunity to squelch this thing. So please keep up the good work. I know it takes a lot of discipline and it's not easy to maintain this sort of a new lifestyle that we're all involved with. But it's important that we do so.

Another point that there was some information about over the weekend is the test sensitivity in the testing. And I want to talk about that a little bit. I had a conversation with a couple of our pathologists over the weekend and they reminded me that the test itself is sensitive. The test itself, if you get a good specimen you can put that into the agar and take it to the lab, run it, and you'll get a high sensitivity. The issue is what you are getting on your swab. So, if you look at that article that I quoted last week from JAMA if you get a bronchial swab down deep in the lungs where this virus harbors you can get a pretty high 90%+ sensitivity. If you do a nasal swab it's in the 60% sensitivity. So, it's about how you get the swab, how it's transported, how it's used that we can have a wide range of success in finding the virus. But one thing that's really important to remember, it's got nothing to do with whether or not you have a positive test. It's about whether or not you have symptoms. If you have a fever, if you have a cough – self quarantine. Stay away from anybody else the best that you possibly can. The CDC has recommendations on how to try to accomplish that. Reach out to others if you need to. Call 68-NURSE and they can try to help you as well. But if we are able to keep people that are symptomatic away from others this virus will die. So, whether or not you test positive or negative is irrelevant if you are symptomatic with a lower respiratory tract symptom complex and cough.

Another issue that's come up over the weekend that you may have heard some about, and I think we touched on this a little bit in a prior press conference, is the serum therapy, the convalescent serum for treating this. This is pretty new way with regard to this virus because we don't have a lot of people that are hosts of the virus yet that have developed antibodies. But the more we have the more opportunity we have to do something about it. You take the plasma or the blood, take the antibodies out, and you

can use that to treat other people. And we are hoping that there'll be success with that. Russell shared with me some information from Methodist in Houston that already has FDA approval to work on this and we are hoping to have that opportunity going forward as well in Midland. So, with that, thank you.

Mr. Meyers: Dr. Wilson will be back in just a moment to take questions if you have any. I want to close with a couple more things that are important. Our website now includes an opportunity to thank the heroes that work here in our hospital and throughout our healthcare environment. If you are so inclined, I would encourage you to go midlandhealth.org/thankahero. And it's pretty free form. You can say anything positive that you'd like to say about anybody who has affected your life as a caregiver. And I would encourage you to do that. Our people do benefit greatly from positive feedback. I know I do. And anyone who's involved in this challenging time appreciates every kind word that they can get. Finally my last remark, I think we are acutely aware of our own concerns and the hardships that we are bearing ourselves, but I'd ask all of you to remember our colleagues in New Orleans and in New York and in Seattle and in the other places that have been particularly hard hit where life has come to a halt. And they have very serious concerns about large loss of life. Those folks are on the very front lines of this disease and need our thoughts and our prayers and our support in any way we can. So, with that I think I'll close the prepared remarks. Dr. Wilson and Kit Bredimus our Chief Nursing Officer and I are all here prepared to take questions and I will call on them for the things that I can't answer. So, anybody have a question this morning?

Question: Are y'all taking swabs nasally or bronchially like Dr. Wilson was just saying?

Mr. Meyers: The question was about swabs and Dr. Wilson's description of the varying qualities of the sample taking. We are primarily taking nasopharyngeal swabs. A lengthy swab that goes in the nose and tries to get to the back of the sinuses. It's unusual – I don't know if we have taken any bronchial swabs at this point. They are very difficult to get. It's a challenging procedure for the patient. Typically not indicated unless we have to.

Question: Can you speak to what's involved in taking that other swab and what the reasoning is for taking nasal swabs?

Mr. Meyers: I've gone just as far as I can with explaining that, but I'll ask Dr. Wilson to come and explain how you would achieve a bronchial swab.

Dr. Wilson: Probably the biggest issue about it is that if the patient is not on a ventilator you are not going to do it. You have to put an endotracheal tube in and go down into the bronchioles down deep into the lungs. So, the opportunity to do that is only going to only be on patients that are critical on a ventilator. It also will act to aerosolize the virus. So, it puts everybody in the room at risk. So, as we've talked about before. If it looks like this virus is going on and the symptoms are fit with that, we are treating for that. And getting a deep bronchial specimen is really not going to benefit anyone and it puts others at risk. So, we avoid it.

Question: And as far as the serum treatment you were just speaking about and antibodies. Would someone develop antibodies if they only have a mild case or is that only in more severe cases?

Dr. Wilson: Theoretically anybody who's got the virus is going to develop antibodies. And those that have only mild symptoms theoretically are going to have a more robust antibody response so they

should squelch the infection more rapidly. So, I think that in any of those individuals you can potentially take serum and build a plasma out of them.

Question: And then sorry, just one more question while you are standing there. Since it is still taking so long to get these tests back are you all using CT scans to diagnose people with symptoms?

Dr. Wilson: Right, so again you know going back to what I was saying earlier about trying to avoid unnecessary exposure. When it looks like this virus, and they're behaving like this virus, we are assuming it is the virus. We can see that on x-ray. The swabs that we are getting currently with the newest vendor we are working with we are getting back in about 24 hours. So, we can utilize that information more readily. If there's another indication the way we are acting at the hospital currently is that if there is another indication for a CT scan of the chest, if there is some concern that they could have something else going on we'll do the CT. But not just for diagnostic purposes. The problem with that is that you expose a lot of people again. You are going into a small room. You are breathing the air that they're breathing. You know we are all using PPE, but at the same time why take that risk if it's not going to change anything you're going to do downstream.

Question: Dr. Wilson, since right now is the time for Midland to shine to prevent the spread. Odessa is signing a shelter in place order today. Do you think it's time for Midland to sign a shelter in place or declare a shelter in place order?

Dr. Wilson: Yeah, so this is something that Mayor Payton has talked about a bunch. I tend to agree with what he and others have said that the places that I've seen shelter in place orders there's a lot of added pieces to it that sort of liberalize certain individuals and gives you some freedom to not follow it exactly. So, what a shelter in place really means I think is that we all self-distance. Avoid contact with other individuals and do the best job we can to prevent the spread of this virus. So, in that sense I think we all are sheltering in place and we need to continue to shelter in place and we need to keep this fight on for the next several weeks while this virus hopefully dies out in the community. So, if you have that label shelter in place, that you know that the mayor did, if people aren't practicing any differently it doesn't really change anything. It's how we behave that makes the difference.

Question: We've also seen several of the tests that have come back recently have tested on positive on 20-something year olds. I think we usually think of this as something that affects those who are older. Why do you think we are seeing some many 20-somethings coming back positive?

Dr. Wilson: I think just doing the test. If you look across the board, I think you've heard us talk about the younger population tends to do well with the virus. They don't get as sick by in large although I'm sure you read and seen some cases that I have of some pretty young people on ventilators and stuff, but they tend to recover. So, it's out there and it's being widely spread. I think even in our community right now probably more spread than we think. Just because we only have 13 cases that we know of in the end of the day young people will get it. They'll have a runny nose, cough, congestion, maybe a little fever and recover over a week, 10 days or less. In elder population it's not so easy.

Question: Since there is such a backlog of tests, have any PUIs passed away while their test is still outstanding?

Dr. Wilson: All the PUIs that we've had come though other than the ones that ended up being positives as I've mentioned have done well and graduated out of our Critical Care Unit to the COVID floor. And most of those have subsequently gone home. And some of them remain quarantined. I think some of them probably have even graduated out of quarantine at this point and time because it's been a couple of weeks. So, no we haven't had anybody pass away to the PUI category that I'm aware of. Kit is that correct?

Mr. Bredimus: Yes.

Mr. Meyers: Ok. Thank you, Larry.

Question: We have a question on Facebook. How can you tell the difference between allergies or a cold from the symptoms of Coronavirus?

Mr. Meyers: I think we've covered this question. It's a common one several times. And I'll get a nod from my guys off camera. But the main difference is fever to begin with. And then deep respiratory congestion, shortness of breath, and progressing eventually if the worst case happens to the need for support with oxygen and even ventilation eventually. So those are the main differences.

Question: Will symptoms only be a criteria for testing the patient or has testing criteria changed?

Mr. Meyers: The question is have testing criteria changed. No, they have not changed. We continue to follow the CDC's criteria for exposure and symptomatic patients. We are not testing people without symptoms at this point. I know you've seen increasing calls for broader testing. There's been a lot of conversation nationally about more testing being available. We are not prepared to move beyond testing patients with symptoms at this point. We simply don't have access to that volume of testing. And so that's where we are staying at the moment. That certainly can still change, but it has not changed as of now.

Question: Do you know what the CDC recommends for schools?

Mr. Meyers: Do I know what the CDC recommends for schools? I don't know specifically what the CDC recommends for schools. And I would encourage anybody who has questions about CDC guidelines to go to their website and check. There's a wealth of information there. It's not particularly difficult to navigate. The CDC has been very good about keeping the most current information up on their website at all times. So, if you have a specific question that's beyond our scope please go there and look for yourself. You certainly can do that.

Question: How is Midland Memorial working with Odessa hospitals to prepare for any further outbreaks?

Mr. Meyers: The question is how is Midland Memorial working with the Odessa hospitals to prepare for further outbreaks. We are in regular conversation with them. I think that you know that the state has begun ramping up its database on available beds and capacity across the state. We are going to be contributing to that and continuing to talk with the state about opportunities to help provide for more services. The same is true here in the Permian Basin. We have shared data among ourselves regularly and we are working toward a plan for if we ran into capacity challenges, where are the first places to go. We have some ideas. We'll be firming up that plan hopefully this week. And that's a regional issue. The

most common models that are available to do the modeling on the potential growth of the virus lump Midland and Odessa together into a region of about 400,000 people. And that makes a lot of sense to me. We have a good bit of travel back and forth between the communities. We share one single major industry that affects virtually everybody that lives here. And so, we expect to continue to coordinate efforts with them as we look toward what happens if we need more capacity than we have now. And in both communities, capacity is not a challenge at the moment, but we still have to think ahead to the possibility that it could become a challenge.

Question: How many results are still outstanding and currently how long is it taking to get results back?

Mr. Meyers: The question is about test results and how many are still outstanding. It looks like we have about 100 tests outstanding. Those for the most part are tests that are a week old or more. One of our testing partners had a multiday period of challenge at getting results out. Those are beginning to trickle out. If you move to the current time the vendor that we are using today is turning around test results in 24-48 hours pretty routinely. So, we've been tracking a graph of outstanding test results and negatives and positives and it's clearly declining dramatically. We are not seeing the long delays on the more current testing.

Question: Do you recommend people letting their fever run its course without taking medication?

Mr. Meyers: I'll let Dr. Wilson come back up to the podium and answer questions about medical management. Dr. Wilson.

Dr. Wilson: So, the question is should you not treat the fever? Yeah, no I would treat the fever. You'll feel better and it's not going to have an effect on the infection itself, but it will help you feel better while you are convalescing.

Question: From the tests that you've received back, are you seeing an acceleration of the coronavirus at all?

Mr. Meyers: The question is have we seen an acceleration in the incidence of the coronavirus in the community based on the results of the tests received. And we've been trying to be thoughtful about that as you look across the- I've asked our team not only to look at the day we received the positive test, but when the swab was actually taken on the patient who had the positive test and you look at that graph across the past 2 weeks it's fairly steady. A case or two each day over several days even though the results may have all been received on the same. It feels like we had a sudden increase over this past weekend for example, but those results were spread out over several days of testing. We're really not at that point yet, it doesn't mean we won't get to that point. We certainly should behave as if that remains a possibility. But so far, it's been a fairly flat curve of positives day by day. Other questions?

Question: Is retesting necessary for the outstanding pending results from last week's previous lab?

Mr. Meyers: The question is, is retesting necessary for the results that have now gotten a bit stale and are outstanding. Dr. Wilson is a physician. I'll speak for him briefly. If I get it wrong, he'll come back up. But it has been essentially that we are not going to treat these patients any differently if they're having symptoms, the symptoms are severe they're going to be in the hospital and we are going to treat them as PUI regardless of whether we have a result back or not. There may be a few patients who still need



to be retested, but for the most part retesting isn't going to make a lot of difference, so we probably won't do a lot of that.

Question: Is there any more updates on the MMH employees that were initially exposed to-

Mr. Meyers: Yes. I actually- You asked a question about our exposed employees. I can give you an update that I got this morning. We have a total of 61 employees who either have had an exposure outside of work or at work. 11 of those 61 are self-isolating at home and have been for a couple of days. And some of those are travel exposure or unknown exposures. We have 50 employees who are at work. They don't have symptoms. All of those people if they are a known exposure are being tracked by our employee health group. They are wearing a mask at work throughout their workday to minimize the chances of them being a carrier and it affecting others. But it's really important and we've said this from the beginning as has the CDC that we keep our healthcare workforce on the job. We want to take good care of them and give them opportunities to take care of themselves and be well protected. But simply an exposure without any developing symptoms is not a reason to take people off work. And so that's been our policy from the beginning, and we expect it to continue to be as we guard our very scarce healthcare resource.

Question: That being said, are there any nurses who are walking away from the job?

Mr. Meyers: The question is are there any nurses who are walking away from the job. I'm not aware of anyone. Kit is there anything you want to say about that? Our Chief Nursing Officer, Kit Bredimus.

Mr. Bredimus: Hi yes, currently we don't have anyone who's walking off the job. We do have folks that are concerned, and we've made reasonable accommodations for them to be able to practice still. Either reallocating them to a different source, putting them on a different floor with a different labor pool, or giving them some options to help them feel more comfortable.

Question: What would those options be?

Mr. Bredimus: So right now, we have our labor pool going on which is our nurses or staff who have been displaced either due to lack of surgeries, we've cancelled some of our elective surgeries, all of our elective surgeries. So those folks are now being either re-allocated to help with way finding, help with clinical skills on the floor, and moving to different areas of the hospital to help with those tasks that they are up trained to do.

Mr. Meyers: Kit, while you're here would you like to mention the scrubs and showers and those other accommodations?

Mr. Bredimus: Yes, so one question I've received is what is Midland Memorial doing to protect the staff. And I think this is a paramount question that we want to address and get out in front of. So right now, we do have the option for our staff that are working our designated COVID units and our ED to have adequate access to PPE. This includes on the floor; this includes ready access if one becomes soiled and they need different ones. We also are allowing for scrubs. So, we allow them to change out their clothes before they leave the hospital. We are providing them scrubs while they are here on their shift. And we are also providing showers. We'd like to ramp that up even more this week so that way they can change clothes, shower, and feel safe going home.



Mr. Meyers: Thank you Kit.

Question: We have a comment that they've heard if you let your fever get to 103/104 that the fever will kill the virus within 3 days. Is this true?

Mr. Meyers: Wow. That sounds like one our physician might want to take. Probably doesn't sound like a good plan to me. Go ahead, Larry.

Dr. Wilson: I think a couple comments. No. That's not a good idea. The higher the fever is not going to kill the virus. It might make you feel pretty miserable, but it's not going to help take care of the infection. But something to Russell's point earlier that I'd like to add on to with regard to the testing and when to test and should you retest. Speaking to our infectious disease doctor about that topic and it's very unlikely somebody is shedding virus when they are asymptomatic. So, when we have the workers that we have that continue to work the likelihood that they are going to spread this infection is negligible to zero. And they are using PPE superimposed on top of that, self-monitoring twice a day. The first sign of symptom they go on self-quarantine. That's the pattern that's being used across the country and that's what our infectious disease doctor here Dr. Richardson suggests as well. So, the bigger issue isn't so much just doing a lot of testing. It's testing at the right time and getting the right specimen. That will help us get more positivities out of the tests we are giving. But certainly, doing surveillance testing is not a bad idea, but doing it at the right time makes a big difference.

Mr. Meyers: Thank you.

Question: The inpatient PUIs, how are they doing?

Mr. Meyers: Well that has been- There's been on going progress. The question is about our inpatient PUIs. We've seen patients graduate from the Critical Care Unit to Med Surge, we've seen patients who have graduated completely to home status. So by in large we've seen nice progress from the majority of the patients we've cared for at the hospital.

Ok. Sounds like we are done for the day. I'll remind you our new schedule is in place. So tomorrow at 9:00am we will not be here at the Abell-Hangar Pavilion. We will join with the city and county and health department at the Midland County Annex at "A" St and Scharbauer. And we'll see you there at 9:00am tomorrow. Thank you.