



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Thursday, April 1, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everyone. I'm Russell Meyers CEO of Midland Health. And this is our Coronavirus update for Wednesday, April 1st, 2020. Thank you all for being here this morning. We'll start with today's numbers. In the state of Texas, over 3,200 confirmed cases now. In Midland County, there are 16. 41 deaths in the state and 1 death in Midland County to date. Our testing numbers continue to climb. 355 patients who've been sampled and tests sent off for assessment. 13 of those have been positive, those that have been done by the hospital's testing sites. 219 negative tests and we are still waiting for over 100 of them. Most of those over a week old now. The hospital census is 124 today. Still in the neighborhood of just under 50% of capacity. In the ED we saw only 97 yesterday. Continuing to see very, very low ER volumes. In the CCU we have 13 patients. On the COVID wards, 8 patients in the critical care cohort and 9 patients in the Medical Surgical area for a total of 17. That's up some from yesterday. Only 4 ventilators in use in the hospital. Of the 44 regular ventilators plus 37 single use ventilators that we have available.

A few things to clarify this morning. A couple of days ago I made the comment about 61 employees who had some level of exposure and are being monitored by our employee health staff. That was sort of true and had some inaccuracy in it. And let me clarify what I should have said. What was in fact accurate. Employee health is always monitoring our staff for exposure to various diseases or for illnesses that they have going on that may affect their ability to work. That number of 61 was the total number who had been monitored by employee health. I've got some break down of those numbers. Of those, 17 remain quarantined and asked to stay home until they get well. 9 of those are staff members who have some level of exposure, but no symptoms and are wearing a mask and continuing to work, 9 people in that category. And then 46 have been completely cleared. Now, that all of those 61 were exposures to a known positive COVID patient. In fact, only 30 of them were. I think I used that number early on. Our very first patient who was positive there were 30 employees we tracked who had some exposure to him prior to him being a known positive and being isolated. And we have tracked those folks. Most of them have actually exited their period of tracking. Only 2 of them developed any symptoms. All of the rest were either, if they were a COVID exposure it was something that they had outside of work. They either had someone known to them who was a known positive or they had traveled to a high-risk area and were asked to stay home. And then a variety of other diseases or conditions that people have reported to us that affect their ability to work and so employee health monitors them daily. So, that's that story. A little bit of erroneous communication on my part. Hopefully that clears it up.

We've talked a little bit about testing. We had some disappointing news yesterday. The short turn around test that we've been expecting to come that we'll run on our own lab equipment. We're going to get a very tiny allocation of those tests initially. And so, when it all shakes out, we're not going to have more than a handful available. We will use what we get on patients in the hospital, but it will not be a meaningful enough number to make a difference in our ability to test and to do so timely. On a good note, we are having very good luck with the outside lab vendor with whom we are sending the tests that we take today. We are typically getting 24 hours turn around up to 48 if it's an unusual



situation. But they are performing very well, very timely now. And so aside from the week plus old backlog we have, we're able to get test turn around pretty quick.

Donations here at the Abell-Hangar Pavilion. We had our first day of donations yesterday. It was very successful. We are really pleased that the community continues to step up and provide donated masks and hand sanitizer and gloves and all kinds of other useful PPE. We even got 400 N95 masks which are a really precious commodity. That all came yesterday. So, we thank the community very much for continuing to be generous. Continuing to clean out those closets and bring us useful PPE.

These daily briefings, we've worked out a way to get them posted on our website yesterday. So, right now you can find yesterday's Unified Command Team briefing on our website. After we finish today, we will put this briefing from today up on the site so you can see it through the rest of the day, and we'll keep recycling those each day as we do a new briefing.

There was a story yesterday on CBS 7 quoting an anonymous employee who alleged to have been denied access to masks. We gave a statement that wasn't quoted much in the story, but just to be very direct about that. We have had a very liberal policy with regard to the wearing of masks throughout the hospital. We have not always necessarily provided isolation masks or N95s to just anyone who wants one. But we have allowed employees to wear their own masks, to wear the hand sewn masks that are available in large quantities now from the generous people who are sewing for us in the community. And I'm not sure where this employee was, but I would encourage any staff member or anybody who has any concern about our PPE policies to raise those issues with employee health, with human resources, directly with their manager. There certainly is no concern about people raising legitimate issues with anything they are worried about. We want to be sure that we respond effectively and immediately to those concerns. In reality we have a substantial supply of those hand sewn cloth masks that are generally available throughout the hospital. We'll not throughout the hospital. They are available from our labor pool. We are issuing them to everyone who comes to the ED as a patient. And if there's an employee who wants or needs a mask, especially those that are working outside of areas where infection control policies require a mask they are welcome to get one of the cloth masks and wear one. That's not a problem for us and we're happy to address that issue as it comes up.

A quick shout out today to a couple of groups of employees. These are folks who are displaced from their regular work. As you all know, we are minimizing surgery. Especially elective surgery, elective endoscopy, procedures in the heart institute, and other places in the hospital where elective work happens day in and day out. The people who do that work are being reassigned to jobs that are useful for our ongoing patient care activities. A couple of those are very different. We've re-assigned some nurses from areas like surgery or post anesthesia care into our 68-NURSE call line. We've seen a tremendous jump in the call volume. So, the regular staff there has struggled to keep up with the volume of calls we've received at 68-NURSE in order to supplement their work we've added nurses from our staffing pool. And they are doing a great job. We have roughly tripled the volume of calls since this pandemic issue has been underway. And without those extra staff from people who are unfamiliar with what the 68-NURSE folks do. But they've picked up and learned and taken on some call volume without any complaint, without any concern and they've stepped right in. The other group also from our labor pool. This is very cool. We've taken our surgical waiting room and turned it in to essentially a sewing shop where people who have the talent to sew are making masks. The last number I heard was about

375 masks a day being turned out by our team in the surgical waiting room. Those are OR nurses and others who like to sew and are capable of it who are finding a way to contribute when their regular work had been suspended for the short run. So, very pleased with the work that those folks are doing with the spirit with which our people are approaching these unusual circumstances regardless of the impact on themselves. And we couldn't be prouder of the way that our people have stepped up.

I believe that is all my prepared remarks for the day and I'll be happy to take questions.

Question: Can you just clarify again how many employees were exposed to Corona?

Mr. Meyers: She asked me to clarify the number of employees who were exposed. We had 1 positive patient, the first one that was a known positive. And we counted and tracked 30 employees who were exposed to that patient before we realized what we were dealing with and began to treat him as an isolation patient. So those 30 employees were known very early on. Employee Health identified them, communicated with them, and tracked them every day until some of them have graduated. A couple of them have had symptoms. But we are monitoring their conditions. And our policy from the beginning has been that simply being exposed is not a reason to take an employee out of work. If they develop symptoms, then we send them home. We monitor them from home. But if they're exposed, but asymptomatic we put a mask on them, and they continue to work.

Question response: Ok. So, no more employees have been exposed since the first patient even though there's been several PUIs since then?

Mr. Meyers: No more employees have been exposed because those PUIs we've aggressively isolated them pretty consistently since the first positive. We've been pushing patients into one of the 2 COVID wards using isolation precautions for them even though we don't have a positive confirmed test on any of those patients. Our team has made the decision if a patient appears to possibly be a COVID patient, there's no other explanation for whatever symptoms they have we are treating them as if they are positive and behaving accordingly.

Question response: Why are those 61 employees being tracked by employee health then?

Mr. Meyers: I think I explained the 61 employees. I can do that again if you like. I'll go through that. Our employee health program tracks employees all the time who have different disease processes on going, who might have fever, who have reported that there is something going on with them. Some of them are required to stay home. Others are monitored by employee health to make sure we know when they are safe to return to work. Those 61 that we talked about the other day included that first 30 who were exposed to the coronavirus patient, but it also included people who had traveled to hotspots, who had been exposed to someone perhaps in their family in another community and returned here and reported that exposure, or who had some totally different disease process going on and were simply being monitored by employee health.

Question response: So, it's possible there is some of that 61 that has been exposed, but there was only 30 that there was a known exposure?

Mr. Meyers: That's not correct. As I've said a couple of times now, the 61 employees we know what their exposures were, each one of them. Only 30 of them were exposed to the positive patient. There is

not a possibility that the other 31 were exposed to other patients that were unknown positives. We know what their exposure is.

Question response: I meant outside of the hospital. Could they have been exposed-

Mr. Meyers: Yes. Some of them certainly could have been outside of the hospital. Yes. None of them were exposed to a hospital patient beyond the first 30.

Question response: I just meant if they were reporting symptoms, it's possible that they could have exposed outside of the hospital.

Mr. Meyers: Let's go back over that. She's asking again could these folks have been exposed to a known positive outside of the hospital. The answer to that is yes. But that doesn't mean they were having symptoms. We ask our employees to report any exposure, any travel to a hotspot, and then we begin to monitor them whether they've had any symptoms associated with that or not.

Question: You said there are 15 who are in quarantine right now?

Mr. Meyers: 17 currently quarantined at home.

Question: Have any of those employees been tested?

Mr. Meyers: We've tested all of them I believe. Whether we have results back, just like the rest of the population we've tested, I'm not sure if we have them on all those folks. But we've tested any employee we know to have an exposure.

Question: You said 4 patients are on ventilators right now. Of those 4 are they all PUIs?

Mr. Meyers: That's a question I don't know. Do you?

Dr. Wilson: 4.

Question response: All 4 of those? Ok. And the conditions of them? Critical, or do we know them conditions of those?

Mr. Meyers: I don't have a condition report. I'm sorry.

Question: We have a clarification on Facebook. Someone believes that we've stated that we have employees that have tested positive still working and they are fearful for their family members.

Mr. Meyers: I know this is a difficult and confusing situation. I've probably made it worse with statements I've made a couple of days ago. But just to be clear. This question is someone who thought they heard us say we have employees who have tested positive but are still working. That is absolutely not correct. We will never do that. If we have a known positive employee, they will go home. They will be required to stay home until they meet CDC guidelines for recovery which essentially means symptoms all resolved plus 3 or 4 days. I've forgotten how many days.

Dr. Wilson: 3.

Mr. Meyers: 3 days. But we have no employees who have tested positive and certainly would not allow them to work if they did.

Dr. Wilson: I wanted to provide clarification, so it doesn't come up again, later. It is confusing. We have a bunch of patients in the hospital that employee health tracks all the time for any number of exposures. They may not have had anything to do with COVID. They might have been exposed to tuberculosis patients for instance or something else. I think that is incorporated into that number of 61, but patients that were exposed, the known exposed- that have been exposed to the index patient the COVID patient that we had in the hospital the first patient. There's 30 of those that were exposed. They were all tested on day 2 or 3 after the exposure. It was just a decision we made to test them, recognizing that asymptomatic patients in general are going to have a very low yield of positive tests. Other patients that might have traveled to hotspots as Russell has mentioned or any other risk patient that we've elected to quarantine or have been having them self-monitor while we continue to work. They have not been tested. If they develop symptoms, and there's a couple, 2 or 3 that developed symptoms and those were patients we had tested on the front side of that 30 that we had tested. We re-tested them after they developed symptoms. So, we are tracking the patients throughout this and doing the self-monitoring and doing the CDC guidelines and all of that and infection control is monitoring all of the patients the 60 that Russell had mentioned. But the ones that I mentioned are the ones that have been tested for COVID specifically.

Question: While you're up there could you walk us through- Yesterday you had really great sound bites about just how smart this virus is and how it can camouflage itself and things like that. Can you describe to us what it does to people's lungs?

Dr. Wilson: In some detail. Let me back that up just a little bit and remind us all that the real power to having these meetings, Russell talking as he does and giving you updates is that it shares information and we can get on the front side of it. And then we can really be in a position to have power over this epidemic and control it in our region the epidemic, the pandemic all over the world. But it is a virus. And my anthropomorphizing a little bit and saying that it's a wiley critter and all this kind of stuff that's just bringing to light that it's very good at what it does. But it still behaves like a virus. So, it's not jumping in places that it can't jump. But you might be minimally symptomatic or asymptomatic and shedding virus. You might be having the virus in your system and known to have it and be tested and be negative. So, there's things about it that it's been proven to be difficult to really get our arms wrapped around how it's all spreading. But the most important thing is the social distancing, frequent hand washing, believing the person next to you probably has the virus, and behaving accordingly and if we maintain the distances from one another we can stop this thing and lower the curve, flatten out the curve, prevent people from being overwhelmed by it. Unfortunately, the patients that do get it down deep in their lungs especially patients that are elderly or vulnerable to it for any number of different reasons that we've discussed it creates something called ARDS or Acute Respiratory Distress Syndrome. And it basically leads to fluid accumulation in the breathing parts of the lung. You know our lungs are vascular and they have fluids passing through them, but their air tubes are supposed to be open. And as those air tubes that fill up with fluid it compromises the ability to breath. And the ventilator is meant to help control that, push the fluid back out of the alveoli or the breathing tubes, back into the tissue, and allow the air to be transmitted properly. It's a challenge and unfortunately this virus the way that it works on the lungs and our infectious disease doctors and our critical care doctors can give you more detail on that if you'd like. But essentially, it's hard to win that sometimes. And it creates the problem that that first gentleman went through.

Question: Yeah. So, I read this article where doctors have been using 3D those virtual reality glasses so they can see exactly what the virus is doing within those lungs. Have you guys looked into using that technology at all?

Dr. Wilson: I'm not familiar with what you are talking about.

Question response: Ok, and how are you guys making sure that you are staying up to date on the latest trends and staying on top of this virus from a medical standpoint.

Dr. Wilson: Yeah, that's a moving field on a day to day basis. We had a conversation yesterday on some changes that are taking place with recognizing that masks may help improve social distancing by mitigating the spread of the breath, etc. And that wasn't something that was being spread by the CDC or anyone else 2 weeks ago. But today more and more are advocating in that direction. So, we are moving on a day to day basis understanding if it's a ventilatory patients again without getting too granular about it. Let's just say if you move them from supine to prone it seems to improve the breathing and we have beds set that we can rotate so we can move the patients to a prone position. And there's other things that are coming out of New York and other critical care doctors, our infectious disease doctors, and I am reading on a day to day basis and get feedback from a lot of folks. We have many doctors in the community that are working less in their usual line of work and they are spending their time reading about this as well and they are forwarding information to us. I mean it's a moving field. You know you've heard me quote a couple of Journal of American Medical Association, JAMA articles in recent and every week, every critical care journal even modern medicine COVID is- anything new that's being learned, you know COVID is putting out there either in blogs or articles and we are eating it up as fast as we can so that we have as much experience from vicariously so that we are prepared to manage it if we have to here locally.

Question: For those patients who have recovered who were PUIs in Critical Care and have recovered is there a chance that they could have permanent lung damage or do you recover completely?

Dr. Wilson: I think that ARDS or any other kind of significant inflammatory process in the lungs can leave scarring and damage to the lungs long term. Yes, it can.

Question: We have a few questions on Facebook. What are the age ranges of the PUIs on ventilators?

Mr. Meyers: Ok, the question is- Kit do you want to come try to take this on?

Mr. Bredimus: I don't have it.

Mr. Meyers: You don't have it? OK, the question is what are the age ranges of the patients who are PUIs and on ventilators. We don't have that data available at the moment. We can see if we can answer it live when we get back. Thank you.

Question: How many retests have there been due to any false negatives or inconclusive results?

Mr. Meyers: Well, nobody knows what a false negative is. We can assume that that false negatives are happening because patients are exhibiting symptoms that appear to mimic the disease even though they've got a test that's negative. So, I would say we don't know which ones are false negatives. So, we haven't retested a false negative.

Question: Which employees are given the N95 masks to wear?

Mr. Meyers: Which employees are given N95 masks to wear? N95 masks follow a protocol that they are basically only used in isolation patients. So those patients where we are actively caring for a PUI the folks caring for that patient are in PPE garb including N95 masks. There really isn't any other place where they are indicated. Is that a fair statement? Kit can come and talk about that.

Mr. Bredimus: Yeah, so that is one question we get a lot about who gets an N95, who gets an isolation mask? So, the N95 is meant for aerosolized, very small particles. So, if the patient is going to have something that is going to aerosolize. So, if we have to intubate or put in a breathing tube or if they have an open tube that's putting stuff into the air that's where N95 is going to be used. So, in this case. We are treating all of the patients that are in the ED because we haven't had an opportunity to fully understand what's going on with them yet we are treating them as COVID patients. So, they would be allowed to have N95 masks in rooms when they are taking care of patients. Also, on our COVID units we are again treating them as presumptive positives until we get test results. We will allow them to wear N95 masks as well. You shouldn't be wearing them outside of patient care areas. You don't need them outside of rooms or just in general public spaces.

Question: Have you had employees request N95 masks that aren't in those areas?

Mr. Bredimus: We have had some that have asked for N95 masks that are not in those patient care areas. And in those cases, we educate them on what the CDC guidelines are and then also what we are doing as an organization going above CDC guidelines allowing isolation masks and the fabric masks in non-patient care areas, anywhere in the hospital.

Question: But have you had employees who are still concerned even after being educated more on it. Are they still concerned that they're not receiving those masks even if they're not in those areas?

Mr. Bredimus: So, we do have some staff that are still concerned. They'd like to wear N95 masks all the time. Again, we don't have the supply enough to really allow for that. And also, it's not really indicated. So, it doesn't produce any results to allow everyone to wear N95 masks everywhere. But to that same point, we are not stopping them if they have their own N95 masks and they choose to wear them wherever. We are not policing that. We are allowing staff to work in a zone that is comfortable for them with what resources we have available on hand.

Mr. Meyers: From the beginning and still today we've tried to be very careful about managing those scarce resources and the N95 mask is among the scarcest resources we have. There's even a fair amount of entrepreneurial spirit out there and what I think would certainly be characterized as price gouging as people are finding supplies and marking them up 4, 5, 600% over what their typical price is. It's a precious commodity. We are trying to be very careful with it and only use it where it's appropriate and indicated.

Question: So, the community has praised the hospital here in a lot of ways for just being transparent. Why do you think it's been important to stay on top of this and admit when you know things or when you don't know things? Why is that important?

Mr. Meyers: The question is why is it important to be transparent. And we decided fairly early on that the most important thing that people need is information. We are better able to fight this thing and to

keep people aware of the social distancing and other hygienic precautions if they have good information about what's actually happening with the disease. I think- I'd like to think that we have a bias towards transparency anyway. It's consistent with our culture. We try to tell people what we know when we know it. Sometimes that puts us in a position of making a mistake. You know, I made one a couple of days ago that I had to correct today. We'll do more of that undoubtedly because this is a fluid situation. As we know information, we think is accurate we will share it. As we get corrected, we'll share that as well. We've made policy decisions that we've rethought and changed throughout this process. Sometimes based on input from the audience we have had from doing these briefings. This is an interactive process with all of the media, through the Facebook live, and in other ways. And it's useful to us as we manage through this unprecedented crisis. So, I think it's the right way to do it and we'll continue to be open and transparent as long as there are things to talk about. And I believe it's had benefits for us and for the community.

Question: One question about the testing. You mentioned the minimal equipment you've got as far as inhouse. Outside of that what's the average wait time for any particular test and if there is an average?

Mr. Meyers: Well the question is about testing. I did say earlier that the optimism we had about being able to do our own testing in house is proving to be unfounded. And unfortunately, we have very few tests coming to us as we've ordered a substantial quantity. We are not going to receive very many at all. So, we are going to be dependent on labs to whom we send out samples for the time being. And that turn around time has gotten to be pretty good. Often times 24 hours typically no more than 48 hours over the last few days. We still have a backlog that hasn't been relieved, and we are actively working with a previous vendor who's struggled to get the reports out. We are hopeful those will get wrapped up soon. But the tests we send out today will probably be resulted tomorrow and no later than the next day. So, we are very encouraged by that. That's been a real nice improvement in performance.

Question: Do you know how many rapid response tests you are receiving out of the ones that you've ordered?

Mr. Meyers: Do I know how many rapid response tests we are receiving? Can you clarify what you mean?

Question: The tests that you were just speaking about that you can do the testing in house.

Mr. Meyers: Oh, I'm sorry. Out of the ones the hospital ordered to run on our own equipment. It's minimal. We ordered over 1,000 and we are going to receive less than 100 and there's restriction on how those have to be used for quality control. So, it ends up just being a handful that we can use on patients. So, it's effectively not going to be a useful technology for us in the short run. We are hopeful that we will get more of those in the future, but as of what we know today it's going to be a while if they come at all.

Question: Do you know if they are being sent to areas that are more affected?

Mr. Meyers: That's a good question. The question is do we think they are being sent to areas that are hotter than we are. That have a greater number of cases. We don't have any insight into the manufacturer's decision making on how they allocate. But I think it's a good guess. We know that that's the case in a lot of our equipment allocation. That the greater the need, the more likelihood of getting



an order filled. That's true with other parts of the supply chains. So, it's a reasonable assumption that's probably the case.

No more questions from Facebook. Anybody else? Appreciate you all being here. Thank you very much.