



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Monday, April 6, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everyone. I am Russell Meyers, CEO of Midland Health and this is our Coronavirus update for Monday, April 6th, 2020. Thank you all for being here.

Starting with the numbers today across the state of Texas there are now over 6,800 confirmed COVID cases. That's right off the DSHS website. Anybody can check that if you'd like to. They actually have a dashboard with the state's cases and every county's cases that's updated regularly. In Midland County, there are 24 confirmed cases. Across Texas there have been 127 deaths and 1 death in Midland County. We've had really good news over the last few days with regard to the testing that has been performed from Midland Memorial sites. We've sent out over 500 tests now and as of this morning only 24 of those results were still outstanding. All of them covering over the past 4 days I believe it was. So, the long backlog of week old or more tests has now been relieved, all of those results are in. Those tests have reflected only 19 positive patients. There are 23 test results. A couple of those are patients who have been tested twice. So, 19 patients positive out of that 500. 459 negatives and as I said 24 still waiting for results.

Hospital activity today in our CCU there are a total of 15 patients. There are 4 PUIs in the separate component of the CCU. 3 of those patients are on ventilators. In the special Medical Surgical ward for PUIs we have 19 patients. So, a total of 23 PUIs in the hospital. 2 of those confirmed positive. As Dr. Wilson explained last week, we have done some changes to our rules for patient occupancy in the 2 COVID units. And so, you're going to see those census numbers stay relatively high as we keep patients in those units through the duration of their hospital stay and discharge them from there versus moving them out to a different unit once they're symptoms subside and we're convinced that they are not positive. So, those numbers will continue to be fairly high. I'll remind you that we have 12 beds of critical care capacity in the separate COVID unit. I have 30 beds of capacity in the separate Medical Surgical unit. So, neither of those units is near capacity at this time. Hospital wide, the census of 116 or about 44% percent. In the ED yesterday only 86 patients. We continue to see that very low trend of ER activity. And hospital wide we have 10 ventilators in use, 3 of those are for COVID-19 patients the other 7 are for a variety of other patients who need ventilatory support.

With regard to national trends and new developments, you'll see more people wearing cloth masks of all different kinds today. On Friday, the CDC confirmed its recommendation that all of us wear masks when we are in public settings, when we are encountering other people. And today, the hospital will be getting it's policy together to issue to our employees along with the cloth masks for those who don't have one yet that have been sewn by volunteer sewers in the community, by our team of operating room nurses and others who are working in our surgery waiting room turning out masks every day. It was reported to me this morning that we are the point of making as many as 500 masks a day with our team of redeployed staff. An incredible amount of effort and very beneficial to us and to our patients. I think we told you before that we are masking every patient who comes to the ED now. Everybody on their way in gets a mask. We are assuming that they may possibly be positive and until we confirm what they're here for we've put a mask on them. That is going to be extended. And the purpose of the CDC's new guidelines which we will be implementing here in the hospital is not so much to protect the wearer

of the mask, the cloth mask. No one is suggesting that it will protect anyone from the aerosolized droplets that could come from a COVID patient's cough or sneeze. Rather they are intended to enhance social distancing to help those of us who might possibly be carriers with no symptoms to keep from spreading the disease to others. And to remind us a very visible and tangible reminder of the need to continue social distancing. So, today we will be getting policies together and distributed to our staff along with masks. Tomorrow in the press conference that we'll have with the Unified Command Team we will talk in more detail about this. And you'll probably see me with a mask on, Dr. Wilson with a mask on. We'll take it off when we speak, but otherwise it will be obvious that we have embraced this new guideline from the CDC, and we are encouraging our employees and really the whole community to embrace it as well.

One last comment I'd like to offer some thanks and some recognition to our team in the laboratory, especially today our microbiology team. The guys in microbiology lead by Taylor Johnson are responsible for all the test send outs, all the tracking of results. It is a time consuming, manual, difficult, challenging process for them. We've sent out over 500 tests now and every one of them has to be handled manually. It has to be packaged and sent away and the results have to be tracked. We've used now by my count 4 different labs during the course of the pandemic. As each one of them has gotten backlogged we've moved on to another one. We have now found a commercial lab partner who's delivering consistent timely results, but throughout this process the microbiology team has had to track and work with 4 different labs to get results as quickly as we can to make sure the test samples were packaged and handled appropriately. They've done a tremendous job. We are very proud of the work they've done. Today's shout out to our microbiology team and our entire laboratory and our pathologists who lead and provide medical direction to the work we do in the lab.

So, with all that, that's the extent of my update for this Monday morning. And I'm happy to take questions.

Question: We have a comment and question on Facebook. How is there 400 negative tests? Could it be the protocol to test unless symptomatic? Does this mean that 400 people have had the flu or is that a waste of our testing resources?

Mr. Meyers: Um, that's an interesting question. I'm going to ask Dr. Wilson to come talk about testing which he's done a few times over the last few days. But the question from Facebook is about how we can have so many negative tests. 459 out of 506 have come back negative. Does that mean we've wasted testing resources? What do we take away as meaning from those tests results? Dr. Larry Wilson, our Chief Medical Officer.

Dr. Wilson: Thanks Russell. So, the purpose of testing is to screen the population and to find positives where we don't expect to find them. If we only tested people that we were absolutely confident had the disease we'd be wasting our time. And it'd be unfortunate because we'd be having a lot of the patients that we might be missing otherwise, and we wouldn't see that. So, you look today at the information that we are getting of 20% or more the population that are asymptomatic carriers. We wouldn't know that without doing wide testing. So, we started off testing only patients that might have respiratory tract symptoms and fever and had traveled to one of the high-risk areas or had been on a cruise ship or had traveled overseas or what have you. Now we are testing more widely anybody who feels that they may be sick by this and tell us they've had a fever or chills or what have you. It widens

out the population. I look at the numbers that we've seen and our percentage in the low, you know low, less than 5% positivity rate that we've seen is consistent with other places around the country. So, I think the goal of the testing is really to find the disease where we don't expect it. Not to just look at the people that we know have it.

Question: Can you go over more of what the criteria is now to get tested since you've said that you've expanded it?

Dr. Wilson: Well, I think this is more widely what's being done. Once you know that you have community spread of the disease that when there's a population with any symptoms that think they may be ill. Patients that we have confirmed positive and close contacts are being tested as well. So, we are looking more widely for the disease in the community rather than just looking at people that have been into a high risk area, known contact with somebody, known cruise ship travelers, you know is where it started at and we've moved now to be more broad based in what we're looking for.

Question: We have two questions that have come in regarding the antibody testing. So, I'm going to kind of lump those together so you can address them both at the same time. Will you at some point be purchasing the antibody testing that's becoming available? And then on the flipside- Are we using the antibody testing or RT-PCR tests?

Dr. Wilson: We are absolutely going to be moving towards antibody testing as soon as it's widely available. It's currently being utilized I believe in Mayo Clinic. It was going to start today at the Mayo Clinic. Maybe some other places around the country, some research sites that were going to start working on it. It's really about making sure that we know what we're getting from the test before it's widely distributed in a commercial fashion. But that shouldn't take too long, and we should be able to get it. The goal with that will be to do 2 things. One is if you know somebody has had a confirmed positive COVID, once they have IgG which is a sort of a long term antibody in their system, we know that they are both no longer infectious as well as can produce antibodies enough in their blood well enough that we could potentially harvest that through convalescent serum and use that to treat other individuals as well. So, it will be of significant benefit for us to be able to do those things. The other thing is that we'll be able to recognize patients in the population that are immune that may never have had symptoms. Because we recognize that there are people that can be infected and recover and never get sick. And where they are, how that is, it will be determined better by having the antibodies available to us.

Question: Do you think there will come a point when anyone who wants to be checked to see if they have the antibodies can just go to their doctor's office and get tested for this?

Dr. Wilson: I think it's going to be almost essential to be able to do that, certainly with healthcare providers. Because it'd be really nice to know if you're safe working in that environment. How protected you have to be or how careful you have to be. We really look forward to the time when we all have immunity to this thing. I think as we move forward and we get to the point where we have a vaccine, which unfortunately is a ways away we can you know not worry about it quite so much you know once you have the vaccine available. But for the next year or so, it will be a huge benefit to be able to tell if somebody is safe or not.

Question: Can you go over what the care is as far as wearing cloth masks? Are they reusable or can you wash them?

Dr. Wilson: That's a good question. Yes, absolutely so. As Russell mentioned, the purpose of the mask is really to enhance social distancing. So, if I'm standing up here and I cough or sneeze, it will blunt the distribution of my water droplets into the air around me. So, I am, by virtue of wearing a mask, protecting other people that I'm around when I'm in a public environment. I went outside for a run this weekend. I did not wear a mask when I was out for a run. I'm far enough from everyone I can make sure that I maintain good distancing from everyone, and it would be uncomfortable to run with a mask on. But you know if you are going shopping, I think it would be a perfect place to wear it. I unfortunately had to stop into a store, and I think the social distancing is not really well recognized what we mean by that, what needs to be done with that. We have too many opportunities to be too close to other individuals and if we all were wearing masks, we could help protect one another from one another. And that's the key. Because again I want to emphasize. There are people with this virus in our community that don't know they have it. I promise you that's true right now. And we are spreading it amongst ourselves if we are not really, really careful with that.

Question: And how much does wearing a cloth mask protect you from getting the virus?

Dr. Wilson: It doesn't really protect you from getting the virus. Unless you are wearing a respirator mask, aerosolized virus can get to you. So, if you are in the vicinity of somebody and they cough or sneeze wearing that mask- I don't know if you've worn a mask, hopefully everybody will have an opportunity that's there tomorrow. We'll have a donning and doffing opportunity for everybody to put one on. But if you wear those masks you know air is escaping around the edges of the mask. And these virus particles are microscopic very, very small and they can move through some cloth materials and they can move around it very, very easily. But the goal is to prevent your breath from getting out as widely as it might otherwise. Just an added layer of hindrance to expressing our water droplets into the world. Good question though.

Question: We have a question on Facebook. How accurate is the COVID-19 testing?

Dr. Wilson: Ok, so we've been over this a number of times now and I wish I could give you a better answer that would be more clearly understandable. But the test itself, the PCR testing, polymerase chain reaction testing, PCR is very accurate. We use it for a number of different things. And basically, if you have genetic material on your swab you can find it in like 97% sensitivity which is very good. It's very good. The problem is where is the virus shedding? Where is the genetic material to be picked up at? So, if somebody is developing lower respiratory tract symptoms and we do a swab in their nose you may not get genetic material. We know that people can be symptomatic from a gastrointestinal tract. There may not be virus in the respiratory tract it may be their gastrointestinal tract. There's some evidence of myalgias, viremia, you know other symptoms that people can have with the virus in other parts of the body so might not find it. And, our sole testing mechanism is in the respiratory tract. So, we are looking in the nose, nasopharynx, deeper down in the respiratory tract. And the studies that have looked at that more carefully have recognized that the deeper you go in the respiratory tract for somebody who's symptomatic the more likely you are to find virus particles and you can get that higher accuracies that I was mentioning.



Question: Are you testing people from Martin and Howard Counties if they come to the hospital or only testing Midland County residents?

Dr. Wilson: If anybody can get a hold of the phone number for 68-NURSE and they call and they feel they are symptomatic, they can schedule an appointment and they can come and be tested. So, we are testing widely, anyone who wants to, you know Ector County, Martin, Andrews, anywhere around our area.

Question: And the results for those tests, would they be reported by you all or would they be reported by the other counties?

Dr. Wilson: So, if they have a negative test, we are taking the responsibility to make sure that anybody we test we take the responsibility to call and let them know that your test was negative. We still are advising quarantining until you are better because we know that there still can be tests as I was just describing that could be negative. But the real key to that piece of it is unfortunately there can be asymptomatic people carrying the disease and there can be symptomatic people that we test, and we don't get the virus on the swab. So regardless if you are feeling like you are sick, you have a fever and a cough you should be self-quarantining until you are 7 days into your illness and have had 3 days of no fever and your cough has subsided and you are improving. And at that point the CDC says you are clear to go off of quarantine. But would not rely solely on the test results to prove do you not have the infection any more than I would believe you are necessarily not infected if you are symptomatic.

Question response: No, I was just asking if people from other counties if they're results are being reported at the same time as ours or if they are being reported in the other counties?

Dr. Wilson: So, if they get positive results back, they are reported to their health department within their county. And their county health department contacts them and does a downstream investigation of their potential contacts.

Mr. Meyers: So, the state's numbers that they publish on the DSHS website show infections by county of residence. So, a Martin County person is going to show up as a Martin County infection.

Question: Do we know when the peak is expected here? And what ways have we prepared for it? Is that why the West Campus is closed down?

Mr. Meyers: Well let's see, there's several questions there. Do we know when the peak is expected? And how are we preparing for it? And is that why the West Campus is closed down? There are a number of different models and we are playing with all of them. But they show peak infections at a wide variety of dates between now and I've seen as late as August in some of the models. So, we are trying to use our own experience, observe what's happening in the rest of the country and come up with a better idea of when we expect the peak to happen here. Are we preparing for that? Absolutely we are. I'll get to the West Campus in just a second. But there are a number of things that are happening right now in preparation for expanded infections should that occur in our community. I think we talked on Friday or last week at some point about several things we've already done. For example, we've set up an area in the ED with negative airflow and a place where we can cohort patients who are expected of having a COVID infection. That was new last week. We've taken as you may recall the medical surgical patients who are PUIs from the original 12 bed unit into a 30-bed unit. And we are taking that original 12 bed

unit and we're converting it to critical care capability. So, that we have the basic 24 critical care beds on the 5th floor. The other 24 beds which we use as a step-down environment which can be ramped up to critical care plus 12 more on a different floor for a total of 60 critical care beds. As you know I've been talking everyday about the critical care capacity and how many patients, I don't think we've had 20 patients critical care on any day we've been reporting. So, we have ample capacity already prepared and ready to go. We are also assessing the rest of the main hospital environment for where we could expand, what more we could do should the infection numbers get bigger. We are much better off using the main environment as long as we can because all of the basic infrastructure for a hospital is here. We have a laboratory onsite, we have a pharmacy, and ED that's functioning, and a RT team, and all of the specialists who live and work in our community are here based at this hospital. So, it's very difficult to stand up another site and replicate all of those infrastructure pieces that it takes to care for hospital patients. So, we are going to do everything we can to avoid that. Here on this campus as I've reported daily, not only in critical care, but throughout the hospital we are running at less than half capacity, so we've got a good bit of growth potential already in the day to day operating beds here at the hospital. We still have old buildings that we no longer use for inpatient care, but up until a couple of weeks ago we were using a good part of the 4th floor as day surgery. That's a place that where we could expand for lower acuity patients. We have a lot of options. At the West Campus we certainly do have a hospital that was operating and functional as essentially a full-service hospital up until 2012. That's a long time ago now. That's 7 plus years since we shut down the hospital operation there. There was a Long-Term Acute Care (LTAC) hospital working there until about 2 years ago. So, it's not that long since that facility was operating. And as a possible back up. It's there. Certainly, we are in control of that facility and could use it should we need to. But we'd have to figure out how to serve it and especially how to staff it if we did that. So, I wouldn't say that West Campus is closed. We have controlled access to it. But there are a number of doctor's offices still functioning in that facility. The hospital really hasn't been doing a whole lot of services there except for a laboratory draw station and an x-ray unit and I believe we've discontinued operations in those although we've been discussing whether either of them needs to come back. But West Campus isn't actually closed, we've just minimized access there as we have in our other facilities. And it remains a possibility although a distant one for expanding capacity should we need to do so.

Question: Can you comment to the anecdotal effectiveness of the drug regimen also are supplies limited? And are lupus and severe arthritis patients being debited access to the supply?

Mr. Meyers: I'll ask Dr. Wilson to come back and maybe repeat the question if you can.

Dr. Wilson: So, you are asking about hydroxychloroquine availability and utilization of that. Are we taking it way from patients that use it for lupus and other conditions so that we have it for this purpose? Is that what I understand?

Question response: Yes, sir.

Dr. Wilson: Ok. The hydroxychloroquine we are fortunate that we have a large supply of it. We have plenty to use for the patients that we've been having come through. And the Plaquenil or the other name for the medication that is used for autoimmune disorders is still available and is still being used for those patients without any compromise.

Question: What is the current stock of ventilators? And what is the projected need? Are you planning on utilizing partially effective machines in the event of a shortage?

Mr. Meyers: The current supply of ventilators there are 44 full-service ventilators and another 37 that are single use, lesser capability ventilators. So, the 44 that are general purpose can manage any kind of patient, any type of disease. As I understand the other 37, they're a little more limited. So clearly for those patients who are in need of all of the bells and whistles if you will that come with a full-service ventilator, they'll get that. Should we run short, should we quadruple the population or more- we have 3 COVID patients on ventilators today so with a total of 44 full-service ventilators on hand we are along way from capacity. There are a number of strategies for stretching ventilator capacity. You've probably seen in the news there are a couple of manufacturers out there of splitters that allow them to be used by more than one patient. And of course, then we have the single use ventilators that can stretch our capability as well. So, we are not in any danger of running out of ventilators anytime soon. And there are some strategies that we can deploy if we need to stretch that supply later on.

Question: You said you've received almost all of the outstanding tests results at this point. Have you received all of them on the 30 employees that you were speaking about last week that had been exposed?

Mr. Meyers: The question is about whether we've received all the test results on employees who were tested after being exposed to our initial patient before we realized he was positive.

Dr. Wilson: So, thank you for the question for concern about our healthcare employees. So, we had the 30 employees that were exposed to the initial person that came through. And they were tested asymptotically early on in the time that they were here while they were- some of the time quarantined, other times some of them continued to work, I believe.

Off Camera Response: Yeah.

Dr. Wilson: Yeah. And they all came back negative. It took a long time to get those test results. We got them sometime last week, so it was well into the timeframe. And I think most of them were already off of the quarantining by the time we got the results of the test. But they were still self-monitoring and/or quarantining throughout that period. I think 3 of them developed some symptoms of a respiratory tract illness during the time that we were waiting. So, they were retested at that time and those tests all came back also and all of those tests remained negative. So, we never had a confirmed positive conversion on any of the employees that were exposed.

Question response: And the employees who were experiencing symptoms are they past their period of quarantining?

Dr. Wilson: Absolutely, yeah. Thank you.

Mr. Meyers: Other questions?

Question: Will the number of recoveries be released by you guys or the by health department?

Mr. Meyers: The question is about recoveries and will those numbers be released. How many people who are tested positive, and gone through the period of their illness, and their quarantine and then come out the other side?



Question response: Mh-mhm.

Mr. Meyers: Well, I think that's going to come from the health department. Most of those patients have not been in the hospital. And as you know we've only had a couple of patients throughout this period who have been in the hospital and tested positive. The 24 in the community, at least 20 of those have been strictly in the community, never were in the hospital. And so, the health department tracks those, and you'd need to get those results from them.

Question response: Ok.

Mr. Meyers: Ok it looks like that's all of our questions. Thank you all very much. Remember tomorrow will be at the county annex with the Unified Command Team and we'll have a good bit more to say tomorrow about the new masking protocol that the CDC has recommended. Thank you all for being here.