



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Thursday, April 9, 2020

Transcribed from a previously recorded live event.

Midland Health's portion selected out of the Unified Command Team update.

Mr. Meyers: Good morning everyone. I am Russell Meyers, CEO of Midland Health. This is our Unified Command Team update for this Maundy Thursday, April 9th, 2020. This is the first of the Unified Command Team briefings that we are holding by video conference, each of us in our own space and I'll start off with the Midland Health update here at the top.

The numbers for the state of Texas over 9,300 confirmed cases now. 30 cases in Midland County that are confirmed. In the state of Texas there are 177 deaths and 1 death so far in Midland County. Testing that the hospital has sponsored 673 patients have been tested so far. 28 positives of those, 510 negatives. So, less than 5% positives. We are waiting on results for the past couple of days. That totals about 130 patients. The hospital census is 130 today, still under half of our capacity. Critical care census is 17. Our PUIs total 9 in critical care and 8 more in medical surgical areas for a total of 17. Three of those are confirmed positive. In the ED, we had 89 visits yesterday continuing our pattern of very low ER volume. We have 7 ventilators in use in at the present time.

A few things to tell you about today. One, we began the process yesterday of decontaminating masks. The N95 mask that we talk about every day and are in still short supply. There is a process that was developed at the University of Nebraska Medical Center. It's called UVGI, Ultraviolet Germicidal Irradiation. That allows us to use the ultraviolet cleaning systems that we have. We have several of them that we use to decontaminate patient rooms after a patient leaves. We've put one of those in a room with the masks hanging and they can be decontaminated by this process developed at the University of Nebraska. The typical N95 reuse policy has been 4 shifts. They are used by a single employee with a single patient for 4 consecutive shifts preserved in the meantime and then discarded. This UVGI process we expect to allow us to extend the life of a N95 four times. So, 4 times 4 shifts for 16 shifts' worth of use. That just began yesterday. We are very excited about the ability to stretch that vital piece of PPE. We are doing that only for our own masks. We won't take people's masks from outside in the community and decontaminate those, but we are excited about the option for doing it for the masks we use with our own staff.

We've talked some lately about the financial challenges that healthcare providers are facing and will continue to face as we deal with the costly care we are providing to the COVID-19 patient population and those suspected of having the disease. And also, especially with the declines of revenue we are experiencing that come from not doing elective procedures of all different kinds. That's particularly difficult for hospitals as we face being on the front line of managing this disease, but there is some relief on the way. We have, in one of our practices already received some of the advance payments that the Medicare program has promised. We expect that there will be about 6 months' worth of advance payments coming to the hospital within a few days. That is not a grant. That's a loan, a working capital loan from the federal government. They will give us 6 months' worth of typical Medicare payments, allow us to hold that for 4 months, and then begin to take the money back after a 4-month period. So, it's a relatively short-term interest free working capital loan, but should certainly help with cash flow.



There are other programs that are in the works. We have heard 2 days ago now that the hundred billion-dollar element of the CARES Act that comes to hospitals is being put together now by CMS. The first thirty billion of that is expected to be distributed soon. We are not completely clear on the rules for that, more on the timing, but we are encouraged that that relief may be coming soon. We are just closing out our March financials. We did take a bit of a hit in net revenue in March. We are projecting what the rest of the year looks like and putting together the plans for how we expect to manage that. But as I've said a couple of times now, the highest priority we have is maintaining our ability to care for the community with all of the needs that present to us and keeping our workforce intact and allowing our people to continue to work wherever possible. And we will continue to keep that commitment as long as we possibly can and look forward to laying out some better educated financial plans over the coming weeks.

A couple more things to add, we are very excited about the addition of an infectious disease physician to the Texas Tech faculty here in Midland and somewhat also in Odessa. Dr. Eduardo Iregui has just joined the Texas Tech faculty. So, now we have 2 infectious disease physicians practicing in Midland and that's very exciting for us especially in a time when we are actively dealing with infectious disease in the community. So, welcome Dr. Iregui.

Finally, my last remarks a shout out today to our COVID unit staff: the nurses, and unit coordinators, and nursing assistants, and all of the others who are working directly with the patients who are under investigation or are actively suffering from the COVID-19 virus. These are the people who are absolutely on the front line. They are in and out of these isolation rooms every day. They are our big users of PPE, the people for whom it is the most important protective gear that they can have. These folks are doing everything. Unlike our typical environment where our housekeepers come in and clean rooms and our dietary personnel deliver trays. The nurses are doing all of that for these patients; cleaning, delivering meal trays, every aspect of the care of the patient to try to minimize the traffic that's in those rooms. That increases their exposure to the patient and to the virus and these are people who are extremely dedicated, and we couldn't do what we do without them. They are also keeping a great sense of humor. I've gotten a couple of different videos from the people in those areas where they are trying to have a little bit of fun, inject a little bit of levity into the work that they do which is very, very serious. So, a serious shout out and praise to those people working in our COVID units day in and day out. Thank you all very much for the great work you're doing. So, I'll pause here and see if there is a question for me and then I think that Dr. Wilson has a couple of comments he'd like to include as well. Any questions?

Erin Bailey, City of Midland: Public Information Officer: Sammi said, "Midland Health received \$982,000 in a new round of Coronavirus relief funds appropriated by Congress. Why are the funds needed? What specific things are you going to use the funds for?"

Mr. Meyers: I'm not sure exactly what she's referring to, but there will be funds appropriated by Congress through the CARES Act. And as they come in, what they will primarily be used for is to recover from the lost revenue we've experienced. In the month of March as we're just closing, we are down more than 15% in net revenue. We will probably lose \$3,000,000 on an income line in the month of March alone and remember that March was only out half a month of impact. So, as we look at a full month's impact in April that probably makes the projection even worse for the month of April. We are hopeful of recovery beyond April, but the most immediate concern or us, is continuing to meet our



payroll, continuing to have money for supplies, recognizing that our revenue stream has been severely interrupted. So, the money that we get is primarily replacing lost revenue. Our expenses have not gone down. Our people are still on the payroll and working, we are still spending a lot of money on expensive equipment, especially PPE that's gotten much more pricey since this crisis unfolded. So, that's where the money goes. It keeps the business running, gets applied in a lot of different ways.

Erin: Ok, that's all we have if Dr. Wilson wants to come up.

Dr. Wilson: Good morning. I wanted to just bring to everybody's attention what I'm sure most of you have heard already that yesterday was the most severe day in terms of mortalities across our country. We had over 2,000 deaths across the United States, a lot of them in New York City. That's very sobering and I hope it gives us all pause and recognition of how serious COVID-19 has been to our community and worldwide. At the same time, it's also a harbinger hopefully of a better day ahead because as they peak, we reach the apex of the curve and we are hoping that New York is on the downward trend in the near future if not already and we'll start seeing improvement in the outcomes in their city. We recognize across the country that everybody's in different stages of this disease and we are not all on the same trajectory that we see in New York City. But it provides a degree of cautious optimism that there is an opportunity through what we've been doing to be successful with this. And I want to remind everybody at the same time soberly that we had on the 31st of March, 15 diagnosed cases through the testing here in Midland and on the 6th of April, 1 week later we were at 30 cases. Now, we actually got a couple of those results back a day or two after the 6th, but they were tested on the 6th. So, in 1 week we doubled the number of cases in Midland. That should serve to remind us that asymptomatic people are carrying the virus. That people before they become sick for a day or two might be carrying the virus as well, so very serious and it remains that way. But if we continue on the course that we've been on with the social distancing, wearing our masks, frequent cleaning of surfaces, all the things that you've heard me, Russell, the mayor repeating multiple times we have an opportunity to bend the curve down and change the models that we've been hearing about over the last several weeks. Some of them have been very scary with this trajectory going on all the way into August or later with peaks coming much, much later. Now the models are beginning to show that what we've done, what you've done, the citizens of Midland and around the country have done by practicing these difficult tasks that we've asked you to change your lifestyle so much around by doing so we've changed the trajectory. And it looks like the models are suggesting we may be through the worst of what we've got going on currently around the end of April. That'd be really nice if we are successful in doing that. But it only can occur if we do the things that we've been doing and stay the course. Please. And recognize too that if we are able to do that and there is a time when the mayor and others can begin to speak about how do we liberalize things and get back towards doing- get the economy moving again we have to do that carefully. We can't just jump in with both feet or we'll ramp this thing right back up again. This is a very transmissible virus and it remains in the community. And the reason we are seeing such a flattening of the curve here is because of all of the things that you all have done. So, I want to say thank you, but I also want you to remain cautious. So, with that any questions?

Stewart Doreen: Good morning. We are being asked by commoners all the time that the number of cases in Midland is one thing, but they're also maybe some people who believe that there's been a whole lot made of the coronavirus. I'll get to the question. What do you say to those people who believe that the low number of cases, the people who have already gone through and have recovered



that you know it's really, really not that big of a deal here and that we're making too much of it just by saying that this is how many cases there are and that we're making too much of this whole thing.

Dr. Wilson: Yeah, so I think everyone has seen what has happened in areas that were more cavalier about their approach to this virus. You remember the nursing home in Washington State, there's been one in Maryland as well, and other places around the county. The reason that we have been able to bend the curve down and make this seem like an overreaction is because we kept it away pretty effectively from the vulnerable population. Certainly, if young people and kids are infected the vast majority of them do very, very well. You've heard the numbers of asymptomatic people that have the infection but never develop any symptoms. But if they are exposing their grandmother, or an elderly person, or somebody with an immune deficiency, or diabetes, or other underlying healthcare issues to this virus, it can become very, very serious very, very quickly if it got into a nursing home, etc. So, I think you might recall that over the last couple of weeks you've heard myself say, the mayor say, Russell said as well that we all hope that we are going to reach a day and look back at the (audio cut)- gross overreaction, we didn't need to do all of those things. But the only reason we'll be able to say that is because we did all of those things. And we protected everybody from this virus. I hear that courageous stance or whatever you want to call it, you know, why don't we just drive on with the mission and not worry about this nearly as much we will get through it fine. We only will get through it fine if we keep everyone safe from the virus.

Erin: Alright, that's all the questions that I have.

Dr. Wilson: Thank you.