



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Tuesday, April 14, 2020

Transcribed from a previously recorded live event.

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

Mr. Meyers: Good morning. I am Russell Meyers, CEO of Midland Health and this is Tuesday, April the 14<sup>th</sup>. Numbers in Texas today just short of 14,000 confirmed cases. In Midland County we have 32. There have been 287 deaths in Texas and 2 in Midland County. Our testing from the hospital's off-site testing location now over 800 tests. 35 of those positive. That includes a few duplicates. 729 negatives. We are still waiting on the test results from 50 patients. That's just the past couple of days. In our hospital census numbers, 120 overall in the hospital. Our ED saw 85 patients yesterday. We've been strangely consistent day after day in the mid 80's now. That's still very low volume for the ED. Critical care at 14 this morning. Among our PUIs for COVID, we have 4 in critical care and 11 in Med. Surge environments for a total of 15. Only 2 of those positive, confirmed so far. The last number to report, ventilator use. 7 ventilators in use today of our 44 capacity of full-service ventilators.

A little financial update from the hospital. We have begun here lately to talk about the financial impact of this now extended pandemic experience. We will close the books on March here in the next day or so. And we are looking at about a \$3 million bottom line net loss for just the 1 month wiping out about three quarters of the gain we made so far, this fiscal year. With a full month in April expected to see a downturn in activity, a minimization of elective procedures, losses in April could be double that. We could be looking at \$5 or \$6 million dollars. So, a very significant financial impact. We believe at this point that we are able to ride it out through April. We've been fortunate in our early receipt of \$3.7 million from the CARES Act distribution. About \$100 billion was assigned to hospitals around the country. The first \$30 billion has been distributed now and of that we got \$3.7 million. So, that's about enough to overcome the losses we saw in March. We also are expecting within the next day or 2 an advance from the Medicare program to give us some cash flow. This represents essentially a short-term loan from Medicare that has to be paid back after 120 days. So, we have some serious financial challenges ahead of us. We are staying the course currently. We've had good conversations twice now in the last few days with the finance committee of our board. We are very intentional about keeping things essentially as they are through the month of April. That means keeping our employees at work, keeping our benefits intact, continuing to do everything we can to serve our community as best we possibly can and to keep our workforce preserved and healthy. If this extends well into May and beyond, I think we will have to look at some challenges, make some expense reductions, look for other sources of revenue. But as of now we think we are in reasonably good shape even though the financial hits have been significant. So, there'll be more to come on that as we get through April and see how soon we're able to return to doing elective procedures and reactivating most of the work in the hospital that's been shut down through the pandemic.

I'd like to commend our Human Resources staff this morning. We've had some real challenges as you all probably know. Healthcare turnover is pretty continuous. We are always sourcing, hiring new people, managing benefits concerns. And during the course of this pandemic been doing a lot of policy change interpreting new guidelines coming from the federal government and the impact they have on our employees. Our human resources team for the most part has been working from home. But they have



been deeply engaged. They have come up with new methods for hiring people, for sourcing candidates, for orienting new employees right through this crisis. They've been real troopers and a real vital part of the team here. So, today's shout out is to our human resources team. Thank you all very much for the work you're doing.

That is the end of my prepared remarks and I'll take questions at this time.

Erin Bailey, COM Public Information Officer: Media, do you have any questions? Stewart with the MRT is wondering if the hospital district was approached with the CHAT initiative as well.

Mr. Meyers: I'm not sure what you mean by approached. We are aware of it. I'm actually participating myself. Judge Johnson introduced it last week I suppose. And I think when it- My impression of the CHAT initiative is it gives us a unique perspective on the broader community's health. It does so of course if people participate. And I think it could be a useful tool among many tools we are using to try to understand the impact of this disease not just on the people who are sick enough to come and get tested or be in the hospital, but on the broader community.

Erin: And then the next question is how many total beds are available right now?

Mr. Meyers: Total beds available in the hospital? Let's see, we've got 120 patients in the hospital. So that's about 130, 120- I think our total capacity is 244 if I remember correctly, so 124 total beds available.

Erin: Russell, that's all we have for you.

Mr. Meyers: Ok. I'll step aside. Thank you.

Erin: Is Dr. Wilson speaking today?

Mr. Meyers: Yes, he's got a couple of remarks.

Erin: Ok, perfect.

Dr. Larry Wilson: Thank you Russell. Good morning. I wanted to make a couple of comments about increasing news that I'm sure you're all hearing, that I'm hearing about how well things seem to be going particularly here in Midland. We've had a what I would describe as a slow burn. Not a significant gasoline fire of disease that we were worried we might experience. I believe that's largely because of everything that all of you have been doing and we all appreciate that very much. The healthcare providers and everybody around us in the community particularly those most vulnerable to this disease. As we look at that, there's a lot of activity and talk across the nation from the president, governors, our mayor about when we can start our economic engines again, when we can get businesses moving again. And I want to be a little bit of a baffle to that if I may in the context that the reason that we're in a position to have these conversations is because of exactly what we have been doing. The social distancing, the increased hygiene, etc. has made a difference in the way the disease spreads. I do believe also that here in West Texas particularly and other places around the country we're not in the same position that others are in urban centers where the population densities are much greater, and risk of transmission is much higher. But still remember, there's a lot of things that have not changed. This virus remains a very highly transmissible virus. It's got a very high likelihood of spreading from individual to individual when you are in close proximity to one another. It also has a higher lethality

than many other viruses that we experience on a seasonal basis such as the flu, etc. And because of that we must maintain some level of vigilance and care no matter how we move forward with liberalization of policy, etc. to get back to moving forward. Clearly, we must do that sometime in the near future. But remember, the virus is still the virus. We still don't have a cure for it. We don't have a vaccine. We don't have wide availability of antibody testing to help find out who has immunity and who does not. It remains an infection that can be carried and spread in asymptomatic people. So, as we begin to contemplate things becoming more "new normal" I would say, let's remember that social distancing, wearing masks in public, hand hygiene particularly, and anything that we do that begins to liberalize will have to be different than we've done it in the past and thoughtfully implemented. Thank you. Any questions?

Erin: The MRT said there are some who believe the lack of testing is a reason for the low number of confirmed cases in Midland County. What is your response to those people?

Dr. Wilson: I think that there is an element of truth to that. There has been a low amount of testing available and slow return of test results as well and that's been a frustration across the country as well as to us here in West Texas. However, the end result of the disease is a certain amount of patients end up hospitalized, a certain number of patients end up with severe illness, and our numbers have not sky rocketed. As I've mentioned earlier, it seems to me that we've remained in a slow burn. We haven't had a tremendous number of patients in our critical care unit thank goodness. We haven't had a tremendous number of people hospitalized. So, despite the lack of widespread testing to recognize how much disease there may be in our community, we remain fairly optimistic that the numbers- you know 15% or so as you've heard me say in the past will end up hospitalized. A smaller percentage end up in critical care or with mortality from it. And those numbers fortunately remain pretty low. We have had 2 deaths and any deaths is too many, but it still remains a pretty low number.

Erin: And then the next question is: What is the hospital's plan in case we do see a surge in patients?

Dr. Wilson: Well that's what I'm here to try to help prevent. You know we have all the same preparations in place that we've been working on over the last several weeks. Russell Meyers has done a tremendous job. You know if you want to give a shout out to anybody, I would give a shout out to our leadership within this hospital. Both he and Steve Bowerman our CFO have put the health of our community and the health of the healthcare providers in the forefront over the financials. I know he's got to be paying attention to the financials. That's a really important piece of keeping our hospital alive, but in the face of that we are taking care of our patients and our population first. Making sure we have appropriate PPE for all our healthcare providers. We have the ventilators that he reports on every morning. We are prepared to manage anything moving forward that we must. But our goal is to not must and to stay with the slow burn and keep things at a low level as we being to do things to help keep the economy going well and keep the hospital and every other industry in our community viable.

Erin: And Tasa said she had a Facebook question to read so Tasa you can go ahead.

Tasa Richardson, Midland Health Public Relations Manager: We have a Facebook question on our Midland Memorial hospital page. It is: why are we still waiting so long for tests? Can you explain the time?



Dr. Wilson: The whole nation is involved in doing testing right now. Every state has people with COVID. And there's a handful of outfits that are- industries that are involved in doing the testing resulting for us. We are still waiting on a rapid test result here in Midland. I think we will have that very, very soon if not today, but not a large number of them. And when we send out our tests to be processed, other places are sending them there as well and it just backlogs. It's a frustration across the country and we are experiencing it as well.

Tasa: We have another question from our Facebook page. Why are we not releasing location data of patients like some communities have specifically where patients might have shed infection throughout the community?

Dr. Wilson: You are talking about doing the contact tracing and identifying people downstream that might have been exposed to-

Tasa: Yes, sir.

Dr. Wilson: That's the health department's role. And I'll let them answer that question. I don't mean to divert it, but it's really their role and their responsibility. And I think part of it is also that you know we all want to maintain everybody's privacy and as long as we are protecting other citizens there's no need to share information like that I don't think.

Erin: Tasa, any others?

Tasa: Yes. I have one more question. Have any blood types been shown to have resistance to the virus?

Dr. Wilson: I've heard some anecdotal information about different blood types being less prone to the illness than others, but beyond anecdotal information I don't think there's any hard science behind it and I don't- I really wouldn't want to comment further than that.

Tasa: We have one more question. When will antibody tests be available here?

Dr. Wilson: That is an excellent question. I wish it were yesterday. It would make a huge difference for us. I'm hoping within the month. But you know any timetable that we've ever described about any of these things like this it seems they always get pushed back because there's so much demand and the supplies are going to go to places in the highest need. And fortunately, we remain at a slow burn and we are not a high demand area.

Erin: Dr. Wilson, Thank you.

Dr. Wilson: Thank you.