



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Thursday, April 23, 2020

Transcribed from a previously recorded live event.

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

Mr. Meyers: The Unified Command Team Briefing for Thursday, April 23, 2020. I'll begin today with some sad news. We have had our 5th death from COVID-19 in Midland County. A woman in her 70's this morning passed away here at Midland Memorial Hospital. She had been a resident at Midland Medical Lodge. That's all the information that I have to share. Our 5th death this morning. Continuing with some additional numbers. Across the state of Texas, we have now 21,000 cases. There have been over 500 deaths in the state. 65 cases here in Midland and our 5th death today. Here at the hospital we have a census today of 126. Yesterday we saw only 82 patients in our ED as activity continues at historic lows there. We have 11 critical care patients today and one of our lowest census numbers of PUIs that we've had in a while. Only a total of 7. Two of those in critical care and 5 in Medical Surgical environments. Five of those 7 are confirmed positive for COVID-19.

We have a number of things to tell you about today. We have opened as of actually yesterday to some elective endoscopy procedures. Today we have some elective surgery beginning. We have certified to the state that we will reserve 25% of our bed capacity for COVID-19 patients as well as making a promise that we will not ask for PPE from any state or federal agency. Those were requirements that came up in the governor's order that allowed for the resumption of some elective procedures. We will be having regular meetings probably at least twice a week with the surgeons and the anesthesia providers and others involved in doing elective procedures to assess the upcoming schedule to make sure that we continue to abide by our pledge to keep 25% of our beds available for COVID-19 patients and to be certain that nothing has occurred in terms of growth in cases or a depletion of PPE that would cause us to change those schedules. We've asked our surgeons, and our GI doctors, and our cardiologists, and especially their patients to be very patient with us, to remain flexible, and to recognize that this is a fluid situation that could change from day to day depending on the conditions in the community. With that said, I would like to offer my specific thanks today to those providers: surgeons, gastroenterologists who do endoscopy, cardiologists, anesthesia providers, the whole team in the operating room, nurses and techs, people who do recovery and pre-operative work, all those folks have been off their regular routine for several weeks now. They've filled in in other places. They've remained patient. Many of our surgeons have had very little opportunity to earn income during the course of that time and through all of that they've remained patient, very rational, they've encouraged us to continue to be careful as we ramp up elective cases, and I can't thank them enough for their professionalism and their attention to the concerns of the whole community. But we are getting started again today and we'll see how that goes over the next few days. As we get started with elective procedures, there'll be some impact. We have been using the personnel from the operating room and recovery and day surgery in other jobs. One of those important jobs that they've been doing has been helping to man the 68-NURSE call lines. We've had record numbers of calls and the call volume really hasn't dropped off a whole lot. But we're going to be taking some of those folks off the nurse call lines and putting them back to work in their regular work areas. And so, for a few days, while we work on staffing up if you call 68-NURSE you may actually receive a little bit more of a delay than you've had in recent days. We'll correct that delay as



soon as we can, but we're beginning to shuffle personnel back to their regular workspaces. So, we'll ask you to be patient with the 68-NURSE line as we transition.

Yesterday, you probably saw media reports that we had a positive case that involved a physician. This is someone who has been working in critical care pretty regularly. That physician is home isolating, self-isolating. Has some symptoms but is at home. We have identified staff members, other physicians, and patients with whom this physician has had contact. We are monitoring those folks for development of symptoms and will continue to do so. We began that contact tracing 5 days prior to the positive test. So, anyone that he had contact with in that time frame we are tracking down and monitoring.

Last that I will add is that we added some new guidelines for the physician practices that we manage in our community, Premier Physicians and Permian Cardiology and West Texas Orthopedics. All beginning to implement some new guidelines this week that involve continuing to encourage telehealth but recognizing that many patients cannot get what they need simply from a phone call and need an in-person visit. We are reopening and encouraging patients to come in if they need to, but with some new rules. Careful screening at the time of the appointment and right before they come in to affirm that they don't have symptoms of COVID-19, we are asking people to wait in their cars and we'll text them when it's time to come in so we don't fill up the waiting rooms and damage our social distancing requirements, we are asking every patient to wear a mask when they come in to see their doctor, we are doing as much registration over the phone as we can do, cleaning the surfaces in each of the offices very carefully very, very thoroughly, a wide variety of things intended to maintain social distancing, practice careful hygienic practices, but allow patients to begin to begin to come back and see their doctors as they need to. So those are being rolled out now. We have patients who will begin to come back to the offices we hope. Certainly, some people who are anxious and continue to stay at home and we have telehealth options for them. But for patients who need to come see their doctor we are going to encourage them to do so. Just the same way we've been encouraging people to come to the ED if they have an emergency. If you have chest pain, you need to come to the ED. Don't say home and allow for it to become worse and delay the care that you need. People who need emergent care should be seeking it in our ED. We are there and ready to serve you in a safe and effective manner. So, I believe that is all I have today in terms of prepared comments. I'll be happy to take questions.

Erin Bailey, COM Public Information Officer: Tasa, do you have any Facebook questions?

Tasa Richardson, Midland Health Public Relations Manager: I do.

Erin: Ok.

Tasa: What are your thoughts on the drastic drop in positive cases in Texas yesterday?

Mr. Meyers: I don't have thoughts about the positive case drop in Texas yesterday. I think one of the things that you have to be careful about as you watch those numbers is that there are wide variations in the turn around time for testing. For example, for us, we haven't received any results for the last 2 days of testing. So, if that's applied then on a larger scale across the state that would be an explanation and it doesn't really mean much.

Tasa: Do you know when the home tests that were recently approved by the FDA will be available to Midlanders?



Mr. Meyers: There is a home test. I know that one of the commercial lab providers contacted us yesterday to talk about the home test. I think there is some serious concern about the way those tests work. Throughout this process one of the observations that our providers have made is that the quality of the swab and the sample collection is a very important factor in getting a good, accurate test. The swab process, the nasopharyngeal process is difficult. It's a little painful and there is some question about whether an individual self-collecting, self-swabbing is going to a high-quality sample. So, we are a little bit skeptical about that. The hospital is not going to be offering that home testing. I think it's possible that the local lab providers may be offering it. And that's really all we know about it at this point.

Tasa: We have a question regarding why Odessa can get the fast COVID-19 test results and Midland doesn't have it. I'd really like to know why Midland doesn't have it and when could Midland receive it?

Mr. Meyers: The 2 Odessa hospitals have the Abbott point of care testing device. And there were stories a few days ago about the state providing them with a small number of test cartridges that will run on those machines. We do not have that machine in Midland. We have a different machine that can run a relatively rapid turnaround test, but we have not been able to get the test kits and cartridges for that machine in any quantity. So, that's basically the facts. The Abbott machine has been somewhat more plagued with accuracy concerns. And we have chosen over time not to acquire that machine so we don't have it. We can't get it as best we can tell. So, we are waiting on a different manufacturer to be able to deliver test cartridges and kits and we've been slow to get those supplies.

Tasa: We have a question regarding the physician that tested positive. When was the last day he was at work?

Mr. Meyers: His last day of work was this past Sunday.

Erin: Ok, we have a question from Marfa Public Radio. It's two part so I'll ask you the first one and then the second one. How many COVID-19 tests are still outstanding from Midland Medical Lodge?

Mr. Meyers: From the Medical Lodge it's very few. I didn't look at—it was 5 I believe yesterday. I haven't checked that number this morning. The vast majority of the patients tested at the Medical Lodge have been resulted. Most of those have been negative. But there were a handful still outstanding as of yesterday.

Erin: And the next question is, is the hospital beginning to see more patients from the nursing home who were originally asymptomatic begin to show serious symptoms?

Mr. Meyers: No, I don't think so. We have a very small number of PUIs in the hospital now. That doesn't mean we won't. I mean clearly there are positive patients who are still isolating at the Midland Medical Lodge and we are paying attention to that, but so far, they have not gotten worse. And we have not seen a big influx into the hospital.

Tasa: We have a question from Facebook. Did the 9 physicians that have been tested after the positive doctor have symptoms?

Mr. Meyers: No. No, they are tested out of concern for the fact that they have contact. We are trying to establish a baseline with those. There are also some employees I believe who had similar contact.



Tasa: Another question as a follow up to that regarding those other physicians that were tested have those results come in and are they still working knowing it can be transmitted without showing symptoms?

Mr. Meyers: No, the results are not in. We've tested for the past 2 days and have not received any of those results yet. The issue of healthcare workers continuing to work after an exposure, we established at the very beginning of this process under guidance from the CDC that workers who have been exposed in the healthcare environment or potentially exposed and are showing no symptoms can safely continue to work as long as they are asymptomatic and as long as they wear appropriate PPE. So, that's been our practice from the very beginning. We've had a large number of employees who were exposed to our very first patient. Those continued to work a couple of them became symptomatic along the way and were sent home. But our practice continues to be that a simple exposure to a patient without symptoms developing in a worker is not cause to take that worker out of the workforce.

Erin: Ok, well we don't have anymore media questions, so Tasa if you are good on Facebook Dr. Wilson you can come on up.

Tasa: I have one more question Erin, sorry. It just came in. Since they tested out of concern why not also test the nurses?

Mr. Meyers: I don't know that we are not testing the nurses. I don't have an answer for that. (off camera response) We are testing everyone who's- Dr. Wilson is prompting me off camera. We are testing all of the doctors and nurses. I think the doctors were originally tested because they are cohorted together much more closely than the rest of the staff, but we are continuing to test all of the known exposed staff as well. So, we are taking care of that. Don't have any results yet. Is that all the questions? Dr. Wilson does not have a presentation today. So, I'll close the hospital's portion there and then you can hand it off as you see fit.

Erin: Ok, we have one more question for you Russell.

Mr. Meyers: Oh, ok yep.

Erin: They are asking about the EZ Rider tests.

Mr. Meyers: Once again, don't have those back yet. We've had, as I said earlier, the turn around time on testing is sporadic. Sometimes we get them quickly, sometimes it takes 2 or 3 days. We are in the mode of waiting with over 200 tests outstanding right now and those tests are among those.

Erin: Ok, thank you.

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Dr. Larry Wilson, Chief Medical Officer: Hi, good morning.

Erin: The question was can we can Dr. Wilson to respond to these answers about the majority of patients being women and sporadic checking of other nursing homes.

Dr. Wilson: Ok, so the majority of patients being women that have contracted the disease could be related to a number of factors that are going to remain in sort of our sorting out things as we move forward. Women, for instance, tend to be the caregivers for children. Children tend to be

asymptomatic carriers. There could be so many other factors that play into this to sort out. I suspect, in the end of the day there won't be a higher susceptibility of women. It may be just contact issues or other factors that remain to be investigated and sorted out. The second question is about testing, sporadic testing at care facilities, nursing homes?

Erin: Yes.

Dr. Wilson: So, I assume the question is related to doing screening and this goes back to some of the conversations we've had in the past about testing in general. How is it most effective? And when we have a limited number of tests available, we are focusing on areas where we recognize that there is some disease present. We have done a couple little pilot studies I may have mentioned earlier in some of our conversations at looking at just random admissions to the hospital that were not considered COVID patients and other blocks of patients that were asymptomatic. And we found no positive tests in those groups of patients that we've done in that capacity. So, unless we have a recognized event like we did with EZ Rider where there were some of the drivers that were infected and we recognize that they have a central area where they all meet before they go out for driving we wanted to make sure that those potential contacts were tested. The Midland Medical Lodge had a similar issue. There was an effort in Odessa to look at Madison, one of their Long-Term Care facilities and with no disease that they were recognizing in there and they tested all of their residents there and they were all negative. So, I think just in general just to be economical and thoughtful about how we are approaching that. We're going to remain careful and recognize once we see disease in an area we'll broadly and widely test in that potential exposure. But sporadic testing I think is going to have a very low yield.

Erin: Then another Facebook question. They ask, do you recommend those that are experiencing symptoms self-trace?

Dr. Wilson: Self-trace? I think if somebody's recognized COVID infected somebody should, professional health department, etc. should help work through the contact tracing with them. They may have some ideas about people and certainly let anybody know that they know that they've had contact with. I think that's always a good idea, but by in large I'd get professional assistance and work through that backwards because there could be contacts that you may not recall or circumstances, etc. So, I think having the professionals work through that with you is a better idea than just doing it independently.

Erin: Thank you, Dr. Wilson.