



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Tuesday, March 24, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: This is our daily Coronavirus update for Tuesday, March 24, 2020. I am Russell Meyers the CEO of Midland Health. We are speaking live on Facebook Live and a variety of other media. Please excuse the Airpod. We are using this as a microphone for the Facebook Live presentation this morning. To begin, I'll share some numbers. In Texas, we are at 352 confirmed cases. One of those is in Midland County. There are 2 others in the Permian Basin now. In Texas, there are 8 deaths to date. None here in Midland or in the Permian Basin. Here at our hospital, we are at a total census of 137 this morning. That's about 51% of capacity. We had 130 patients in our Emergency Department (ED) yesterday and as we told you yesterday the ED volume has been down pretty significantly for a few days now and as people shelter in place, they are less likely to be coming to the hospital. In the hospital, we have persons under investigation (PUI) totaling 15. Five of those are in Critical Care. Ten of them in the Med Surg. Unit that we've cohorted separately for patients who we suspect might be likely for coronavirus infection. We have a total of 6 patients on ventilators in the hospital and our total ventilator count is 44 regular ventilators plus 37 more single use ventilators. We have significant capacity remaining to ensure that people who need a ventilator can get one. Testing is a common question. We have 149 tests outstanding as of yesterday. Still only 7 results that have come back and only one of those has been positive. We are expecting that we will see a large number of test results today or tomorrow as the labs begin to catch up with the massive amount of testing volume that they've seen over the last few days. That's all on the statistics.

Now, a few things to add that I think are meaningful. We continue to have visitor restrictions. The only entrance for a visitor to come in is the ED where we have staff on duty to screen potential visitors and patients as they come in the door. We are allowing very few visitors. One person for a labor and delivery patient. One for a child coming to pediatrics. One for a person who cannot speak for themselves and is incapacitated in one way or another and that is about the extent of it. We're trying to be very restrictive on the number of people who can come into the hospital and potentially expose themselves and our patients.

Let's see. Moving on to a few other announcements. We have had a very fortunate, very positive response to our appeal for personal protective equipment (PPE). We've had, I don't know, I've lost track of how many local businesses have contacted us with offers to help either sourcing PPE from whatever resources they have that are different from ours or donating what they have in stock. We had our first donation day yesterday from 10:00am to noon at the Legends Park site. We got a wide variety of things that will be useful in adding to our PPE stock. We will continue to do those donation opportunities daily from 10:00am to 12:00pm at Legends Park for the rest of this week and we sincerely appreciate the community's response so far.

Let's see. We also with our traditional supplies we are finally beginning to see some of the logjam breaking. We have a large shipment of N95 respirators is expected to be arriving this week. Those were

sourced from China, they have been through customs so we are optimistic that our supplies will be replenished at least partially here within the next few days.

One of the challenges facing the community, really the whole region, is that as people shelter in place blood donations become less likely. We've had multiple blood donor drives that have been canceled or postponed over the last few days but in working with Vitalant, the mobile blood bank, we invited the blood mobile to come on site on Friday. We had 51 donations on Friday; a tremendous response from the community. That was put together on very short notice and a lot of people donated. We are sincerely appreciative of that. We are trying to conserve blood resources. This virus doesn't require blood, but lots of other patients need it. We are postponing procedures that are likely to use blood where we can but are still concerned about the critical need for blood and also appreciative of those donors who showed up on Friday.

We had a question yesterday about the impact on services lines throughout the hospital like labor and delivery, women's & children's services. There's really no change in activity for those areas. The challenge we face is we have shut down elective procedures, surgeries, endoscopy procedures, etc. and so on those specialties there is very little activity happening now. We are trying to keep people away from the hospital to preserve PPE. We will return to normal activity in those areas and get those elective surgeries done, but we just can't say when as of now. We think that it's probably at least a couple of weeks away. It remains to be seen how long it takes. Day to day, our surgeons and anesthesia providers are working together to determine patients who moved from that elective status where they have time to wait to urgent or emergent status where we really need to go ahead do their surgeries. Those are day to day conversations we are having throughout the facility.

That is the highlights of what I have to offer today. Anybody have a question you'd like me to address? I'm open for questions now.

Question: Do you know if anybody like any sewing guilds have volunteered to sew masks and that type of stuff?

Mr. Meyers: The question is, have there been local sewing guilds or others who have volunteered to make masks. Yes, in tremendous numbers. Over this past weekend, the people who routinely sew for our volunteers our auxiliary sewed several hundred masks. It's amazing how fast these folks are able to turn out what are fairly simple sewing efforts. We are very pleased and very excited about the opportunity to share those. We'll be using those in a variety of ways. We have PPE now that's compliant with our policies for isolating patients. These masks are for other purposes: people who feel they need to wear one as they move around the hospital or potentially for patients as they arrive if they're coughing or in need of a mask. So, we are very, very appreciative of those folks who have sewn for us and we expect that there will be more of that in the coming days. We are also sourcing non-medical grade masks and face shields. That's another really good source. A lot of the industry around us has a lot of PPE that they use in their work. Some of it translates very well into our setting so we're able to use some of those resources as well.

Question: Yesterday you said that you were asking individuals using N95 respirators to re-use them. How are those masks being stored and how are you making sure that you are preventing the spread of the virus by the movement of those masks?

Mr. Meyers: I am going to invite Kit Bredimus to join me at the podium. Kit is our Chief Nursing Officer and some of the questions you ask will much better, quickly answered than I (can). Kit.

Mr. Bredimus: Yes, so for N95 masks re-uses right now we are following CDC guidelines on storage and re-using that. Right now, we have instructions on how to doff, so how to take off the mask and fold it onto itself for re-use. We are providing paper bags which allow the virus or if there's any particulate that will dry. So, by putting it in this bag will allow it to dry and that will then allow the virus to not be able to spread from there. So we are providing for that. Obviously, that will go 4 days if it's not been visibly soiled. If it does become visibly soiled that's when we issue a new mask.

Mr. Meyers: What point- I think it's important maybe you said this and I wasn't listening. That's one patient one mask.

Mr. Bredimus: Correct, Yes.

Mr. Meyers: The isolated patient is in a room. There's a limited number of staff going in and out. We are using that mask in that room with that patient not wearing it around the hospital or using it with multiple patients.

Mr. Bredimus: Right. We have pushed out guidance for our staff on how to use PPE and where each one is appropriate.

Mr. Meyers: Other questions?

Question: How many of the COVID patients on the COVID ward or suspected ward are on ventilators right now?

Mr. Meyers: We have a total of 6 patients in the house across the board on ventilators. I'm not sure how many of the patients on the CCU COVID isolation area...

Mr. Bredimus: We have two right now.

Question: Are there plans to acquire more ventilators?

Mr. Meyers: The question is are there plans to acquire more ventilators. We have a substantial number. We have on hand now 81 usable ventilators in the house with only 6 patients on ventilators at the moment. So we don't have a plan right now to acquire more ventilators. We did talk about this yesterday and like so much of the other equipment that's necessary to manage this disease, ventilators are in very short supply. We've heard a good bit of talk about companies gearing up to manufacture more as the days go by. As we develop our longer term worst case scenario plans, ventilator access will be one of the keys to that. We'll be assessing whether we can get additional ventilators or have a plan for using what we have. We don't really know that yet, but over the next few days we'll be pulling those plans together.

Question: We have a Facebook question. Will there be any more talks about stay in place orders due to the number here growing in the Permian Basin?

Mr. Meyers: Will there be any more talk about stay in place orders? I think there will. The mayor had a press conference last night. There is a growing sentiment among our medical community that more aggressive staying in place; if not orders at least encouragement; for our community is the appropriate response to where we are now. The more people can separate themselves practice social distancing stay home improve their personal hygiene especially care for their hands the more likely we are to reduce the spread of the virus and flatten the curve or extend the burden placed on the healthcare system. Many of our physicians are speaking out now. There's been a good bit of conversation between them and the city. I think the city's trying to strike a balance between recognizing the freedoms that our people enjoy and encouraging them to stay home and avoid infecting each other. That conversation is not going to cease. We want to take every opportunity we can to encourage people if you don't have to leave your home then stay home. If you have to get out and buy groceries, then do that. When you do so then practice social distancing carefully. Avoid crowds at all costs. Do your best to avoid being exposed.

Question: We have a lot of people asking to just reconfirm the case count. They couldn't hear very well earlier. We've kind of moved in. So could you go through the numbers again?

Mr. Meyers: Yes, I will. The request is to go through the numbers again so to try to be clear. Texas as 352 confirmed cases. There are 3 in the Permian Basin. One of those is in Midland. Eight deaths in Texas. No deaths so far in the Permian Basin. The hospital census today is 137 which is 51% of capacity so we're fairly low right now. The emergency room traffic has been low at 130 yesterday. That's about 60% of normal for this time of year, so we're way down there. In the hospital, we have 15 patients we consider to be patients under investigation (PUI). Five of those are in our Critical Care space that we've separated for patients we suspect could be possible COVID patients. Only one of those is a confirmed case. The other 10 of those are on a medical surgical unit with a similar cohorting separation effort. None of those are confirmed cases so far. So, 15 persons under investigation. Only 1 confirmed. 6 total patients in the hospital on ventilators. We have 81 total ventilators available so 75 remaining available beyond the 6 that are in use. Testing, 149 tests are outstanding. Only 7 results received so far. We expect a large number of results to come to us in the next day or two.

Question: A follow up question. How much longer do we believe this will go on?

Mr. Meyers: That is the great question. How much longer do we believe this will go on? We don't know. Anybody who will tell you they do know I think is pulling your leg. When you look at the history across the different countries that are farther ahead of us, China for example. I was looking at graphics yesterday. The duration of the Wuhan Crisis to a point that further transmission was minimal was between 6 and 8 weeks. In Korea, it was much shorter. It was about 3 weeks. So, a great bit of that seems to be dependent on the aggressiveness with which the communities approached social distancing and self-isolation, sheltering in place. The more aggressive, the shorter the duration of the transmission.

Question: Ok. We have another question. Is the 3<sup>rd</sup> floor west campus something that they're looking at to fill since rooms were in use not so long ago?

Mr. Meyers: The question is about whether West Campus and specifically its 3<sup>rd</sup> floor is a candidate for expansion. I would say it is. We are not in a hurry to expand capacity at all. As I told you earlier, this main campus has a lot of capacity left, but as we plan for a longer term and much worse case scenario the West Campus is an interesting resource. It has been out of commission as a licensed inpatient facility since 2012, but the 3<sup>rd</sup> floor as of about a year and a half ago was in use as a long-term acute care facility and so it's fairly recently been in use as a hospital. It might be an attractive place if we need to expand. There are couple of other options we will consider as well. Those plans we expect to come together over the course of this week as we begin to use the best information available to project what that worst case looks like. How many beds? How many critical care beds? How much staff? How much equipment will be required to try to manage that worst case that does become an interesting resource at the West Campus.

Question: What restrictions are in place for new births concerning families?

Mr. Meyers: What restrictions are in place for new births concerning families? We are limiting the visitation as I said earlier very severely. A laboring mother can have one person with her and that's it. Beyond the labor period, I don't believe we are allowing any visitors. Is that accurate?

Mr. Bredimus: That is correct. So as of right now you have one visitor that is allowed and that is also assuming that that visitor is also not symptomatic. So, no new cough, fever, or any of the things we are screening for right now.

Mr. Meyers: And remember that the length of stay of a typical new delivery is very short. People will be going home in a day or two in most cases. So, while, this is clearly a hardship- It would have been very painful for me not to be able to see my new babies when they were born, we recognize that. We are trying to act in the best interest of the whole community's health and in compliance with the governor's order to severely limit visitation in hospitals.

Question: Do you think we will go on lockdown?

Mr. Meyers: Do I think we'll go on lockdown? I don't know exactly what the questioner means by lockdown. I suspect they mean across the whole community. Will people be ordered to stay in their homes? I'm not in a position to say whether we will do that or not. I think that everyone's preference will be that we do that voluntarily. There certainly are communities that have been more aggressive. It's a difficult thing to accomplish and to enforce. We are all much better off if the people in our community do so voluntarily and stay at home unless they absolutely have to go out.

Question: Where have your tests been sent? Public or private labs?

Mr. Meyers: The tests that are outstanding have been sent to both public and private labs. The state has a system of labs around the state that have to this point have fairly limited capacity. There is one in Lubbock that we have sent some tests there. There are at least 2 different private labs that have received tests from us. So, it's multiple resources. We are waiting on results from all of them now.

Question: Can you give us an update on the one confirmed patient, what his status is?

Mr. Meyers: The one confirmed patient who is in critical care here is in critical condition and remains so.

Question: Of the 81 ventilators you have, around 37 are single use. How are you determining when single use ventilators should be used?

Mr. Meyers: We had a talk about that yesterday. The question is about single use ventilators and when those should be used. I think there is some differences of opinion about that and we are still working through it. My perspective is because a single use ventilator is a resource that is gone as soon as you use it, as long as we have reusable ventilators available and can keep those in service and clean them and put them back in service those will be the first choice. Now there is some difference in capability between the single use ventilators and the multi-use ventilators so that's going to enter into the equation as well. The single use ventilators are much more limited in their bells and whistles that they have on them so we will continue to talk about that, but as of now our preference is for using the reusable as long as we have them so we preserve that resource that will be wasted once it's used for worst case scenario.

Question: Has testing been paused while you guys wait for tests to come back?

Mr. Meyers: The question is has testing been paused. It has not. We took a significant number of samples yesterday and sent them off for testing. We will continue to do that. The labs will catch up. We are counting on them to do that, but in the meantime people that meet criteria need to be tested. They're going to have to behave as if they're positive until the results come back and that's really the only option we have at this time.

Question: Can the masks be heated to kill the virus without degrading the filtration ability?

Mr. Meyers: Kit, I'm going to let you answer that.

Mr. Bredimus: At this time, I've heard different opinions on that. Right now, we are not recommending that. I've seen some where people are microwaving things. That is not recommended. There is metal in some of these masks. At this point we are not doing that. We are looking at different cleaning methods such as UV lights and different methodologies as that. Right now, we are still following CDC guidelines on airing them out as needed.

Question: Are non N95 masks recommended or are they ineffective?

Mr. Bredimus: It depends on the context. As of right now, N95 masks are still going to be use for anything that's an aerosolized generating procedure. So, anything that would produce aerosolized particles, very small particles that the N95 mask will be used for. In general use, droplet precautions everyday use, the simple isolation masks are effective. CDC guidelines do go on to say that if we run out of N95 masks then you can use an isolation mask in its place. It's not preferred, but that is one of the options. But we're not to that point yet.

Mr. Meyers: Other questions?

Question: Are you modifying the way you schedule your employees to make sure they are getting enough rest at this point while there is a low patient count?

Mr. Meyers: The question is are we modifying our staff scheduling procedures to make sure that people get enough rest. Kit, do you want to take that?



Mr. Bredimus: Yeah, I can speak to that. So as of right now, we are adequately staffed for our census. On our COVID units, that's one of our most important staffing measures there, we are following CDC recommendations to rotate that staff out every day so we try not to have the same nurse go back 2 days or 3 days in a row. They'll do one shift on the unit and rotate back to a different unit from there. And we also have our labor pool, so as we know we have several folks that are not doing what they would normally be doing due to our disruptions of service lines so we are now using those folks to help augment labor on the unit. So, that's been a great help.

Mr. Meyers: We do have a concern about our physicians. There are a relatively small number of physicians we are relying on in critical care and infectious disease and we are inviting and encouraging the rest of our physician community to step into some of those roles or at least to be prepared to do so if we need them in the future. That's probably the most critical concern we have at this point. People are holding up well now, but our physician supply is fairly limited especially in some of those unusual specialties, so we'll have to be very sensitive to that.

Question: How many physicians do you guys have on staff?

Mr. Meyers: Say again.

Question: How many physicians do you have on staff?

Mr. Meyers: How many physicians on staff? There are over 300 physicians on staff that is across many specialties.

Question: How many specifically in your COVID-19 unit?

Mr. Meyers: Well, physicians are not assigned to units. They move around and of course they're independent of the hospital. So, we have a critical care medical director who's key to our critical care environment who works here full time. He has a couple of physicians who back him up who can be brought in and frequently are over the course of a typical year. We have only one infectious disease physician who's really critical to assisting our doctors and managing the selection of drugs and the management of these infected patients. He's critical. Texas Tech also has an infectious disease physician on their faculty who works primarily in Odessa. But, infectious disease is a very, very small specialty here and probably the one that we've had the most concern about if this goes on for an extended period. Fortunately, in these specialties we are able to access telemedicine. We can get consultation from medical centers far away from us in the medical specialties and that could be useful if this goes on for a long time.

Question: Are you in contact with the hospitals in Ector County and have you heard of anything that could be different there?

Mr. Meyers: We are in contact with the hospitals in Ector County. I am not up to speed on the details of what's happening there. We are trying to plan together as this certainly is a regional issue and our planning efforts are going to be regionally focused, but day to day I'm not aware of anything materially different that is happening there.

Questions: Are we in need of blood?

Mr. Meyers: Yes. I mentioned blood earlier. The local blood bank has seen several blood donation campaigns cancelled. Blood drives in companies where people have been sent home or are trying not to allow large gatherings and that knocks out a lot of blood drives. They did make an appeal last week for blood. We held a blood drive here using their blood mobile in our parking lot and we had 51 donations on Friday which was really positive. I would encourage people to contact the blood center if you have the ability to give and go to their site on the North Loop and Midkiff and donate there. They were open the last time I heard although they were having some staffing challenges. They are still open and prepared to take donations and eager to receive them if they can.

Questions: Do we know where the confirmed COVID-19 was contracted, either travel or community transmission?

Mr. Meyers: The question is about the one positive COVID-19 case we have and whether that was travel related or community transmission. We have believed from the beginning that that is travel related and that perspective has not changed.

Question: Talk to me about how long this will last. China and Korea put in a lot of protocols to limit people going out in public. Korea had really broad band testing and so far the United States hasn't been able to do really either on a broad scale. Do you believe at this point we're on track to go for how long? I mean they are still battling it as well.

Mr. Meyers: I am not expert enough to predict that. My assumption is that we should be prepared for a long duration. We certainly are all planning right now for the month of April to be pretty well shut down. Beyond that we have no way of knowing. I'd only be speculating, and I am certainly not an expert.

Question: I have a question regarding Texas Oncology since they're attached to our building and do we know what precautions that they are taking and are they working with the hospital to keep their employees safe?

Mr. Meyers: Texas Oncology is a private practice. The Allison Cancer Center is in the Craddick Medical Office, which is separate from the hospital, but connected by a walkway that's enclosed – pretty long walkway actually. We have put precautions at the entrance to the Craddick Medical Office Building similar to what we have the ED. We have a team there screening every person who comes into the building. The practices, not just the cancer center, but the other practices in the Office Building are open. They are seeing a reduced patient load, but they are still seeing patients. We are screening everyone who comes in using hospital staff with the same protocols we have at the hospital. What exactly the cancer center is doing inside of its operation I don't know. They are an independent practice and they make their own decisions. But they have access to the same information we have and are a very conscientious group so I would suspect they are being careful with their patient population.

Question: Will MMH consider using the malaria drugs mentioned in the news to treat patients?

Mr. Meyers: The question is about the malaria drug that has been mentioned often in the news. Of course, the question asked is will the hospital use the drugs. Hospitals don't prescribe drugs. Physicians do and so the physicians involved are very interested and actively considering all possibilities. There are



some shortages of the drugs that have been mentioned and some concern about our ability to get them in quantity so that's a case by case decision made by the physicians that are actively managing the patient. But I am aware that they know about it and are considering it as they go.

Question: What is the age range for the PUI patients?

Mr. Meyers: I don't know the answer to that. Kit?

Mr. Bredimus: I don't have any current information on that considering we don't have any pediatric patients, only adults. But, I don't have the age ranges at this point.

Mr. Meyers: Ok. I think we are finished for today. Thank you all for being here. We will be back at 9:00am tomorrow to give you the latest updates that we have. We really appreciate your attention to this and helping us to get the message out.