



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Wednesday, March 25, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everybody. I am Russell Meyers, the CEO of Midland Health. This is our daily Coronavirus update for Wednesday, March 25<sup>th</sup>, 2020. I'll start today with a sad note. We are certainly saddened by the death of our first positive Coronavirus patient in the hospital. Our prayers are with his family and with all those who are affected by this virus and the challenges it's put on our society. Thank you.

So to begin with today, we have some numbers as we usually start with. One thing that's happened is a change in the state's reporting program. The state is now (video cut) reported cases, confirmed cases. The methodology for counting has changed. We got a message from DSHS yesterday that stated that the state is now going to accept reports from local health departments. So, you see that overnight the case number has jumped dramatically. That doesn't necessarily mean there are more cases than there were. So, some 715 cases statewide. In Midland county there are now 3 cases. We had 2 new confirmations yesterday. One who was tested at the hospital testing site. The other that was tested by a community source. Neither of them is in the hospital and as of now we have no confirmed positive cases in the hospital. Further numbers, 5 cases confirmed around the Permian Basin. Across the state of Texas there have been 11 deaths and of course one death here in Midland and only one total in the Permian Basin. As we look at the hospital's activity. We have a total of 137 patients in the hospital right now. Census is holding at about 54% of capacity. Yesterday we had 109 patients in the ED continuing our pattern of very low activity. We would be nearly double that on most typical Tuesdays this time of the year so we see evidence that the community is staying home and sheltering in place, taking care of themselves at home.

Testing wise in the community we have done 169 cases where samples have been taken and sent off. Very few results still including those 2 new positives yesterday. We continue to expect that any day now we will have a significant number of results come in, but that has not yet happened.

Also, within the hospital we have as we've told you the past couple days, we have two units where we are cohorting patients who are PUI. Patient's who's signs and symptoms are suspicious, but for whom we don't have a confirmed test result yet. Those numbers right now in the Critical Care Unit (CCU) component of that cohort we have 4 patients. Three of those are on ventilators. In the Medical Surgical component, the less severe, we have 11 total patients. So, a total now of 15. Same total as yesterday, but the numbers have moved around just a little bit. Total in house we have 7 patients on ventilators and remember that we have a total of 44 ventilators that are full service and 37 more that are temporary use disposable ventilators. So, ventilator capacity remains strong.

One of the issues we've had that I've reported in the past has been phone capacity. We are continuing to advise people that if they have concerns about their condition the best way to access advice is through our 68-NURSE telephone triage line.



That line has been plagued with some- We've added significant capacity to our lines. We are continuing to work on a project that will dramatically and permanently expand phone capacity here, but people should have better success getting through and we encourage people to continue to use 68-NURSE if they have symptoms if they're concerned about needing to be screened for testing or any other medical advice that they may need including behavioral health advice. If you have mental health concern, 68-NURSE is also an excellent resource to help you begin to deal with those issues.

We are optimistic now a little bit more than we have been about the arrival of PPE. We've had a tremendous response from the community. We have a daily collection site that is stood up between 10:00am and Noon each day at the Legends Office complex near the Scharbauer Sports Complex on the west side of town. Our team is out there for 2 hours a day and both days so far we've had significant donations come in from the community. We also have an order on the way of a significant supply of N95 respirators which we expect to be here within the week. That is a big comfort. Certainly it's not enough for the long term, but it's the first we have confidence will actually arrive for a while so, we are encouraged by that; continuing to source other opportunities to add to our PPE supply because as the numbers grow we are confident we will need it.

One thing we heard yesterday from the state which is good news on the DSHS, the state's department of state health's services website, there is a link to a tool that the CDC has published. It's a symptom self checker. So, for patients who are concerned about what may be happening with themselves or a family member this is an easy quick way to evaluate your own condition and get advice without even having to interact with anyone- via the CDC self checker. I would encourage people to check the DSHS website. Look for that link and try to self check if you think you need to.

That I believe is all the updates that I have to offer for this morning, and I'll be happy to address questions at this time.

Question: Can you give us any more details about when the patient died yesterday or just a little bit about that?

Mr. Meyers: (Audio cut) about the patient is the extent of the information we are releasing. We had interaction with his family yesterday and we (confirmed) with them that no further information would be shared about the patient or his life. He did die during the day yesterday.

Question: So, we're waiting for 169 test results to come back?

Mr. Meyers: We have 7 or 8 of those back. The vast majority of them are still outstanding. That's right.

Question: So, with that being said is there a possibility for local lab testing?

Mr. Meyers: Yes. The question is about local testing. We do have what you've heard on the news talk about a 45 minute turn around test. That particular test is produced by a company called CEPHEID. We have their equipment in our lab and we are in process for about 1,000 of those tests that would come to our lab and be available to us within a few days. 1,000 tests isn't going to go very far as you can imagine so we've had some internal discussion about policy for using that testing capability. And at least initially, we are going to limit the use of those tests to patients who are in the hospital and who are exposed employees. Once we see how rapidly we use that first allotment and get a sense of how fast we can get a second allotment we will consider whether we can broaden that testing capacity, but in the meantime



we will be using it on patient's we are actually caring for and turning around their tests as fast as we can. But, there'll be more to come on that. We want to be sure we actually receive those tests. For many of the orders we've been placing for a variety of things we're finding that we may order 1,000 and get 400 as suppliers struggle to keep up with the demand. So, we want to be sure that we actually get what we ordered and be careful with allocating those to be sure they- (Video cut out) to be late this week. I would expect to be early next week we should be confident of them being here. But, you really can't be certain of that just yet.

Question: Last night, Dr. Wilson put the count in the COVID wards at 11. Can you tell us about the people in those wards?

Mr. Meyers: The numbers change more often than once a day. As I mentioned earlier today, (audio cut) a confirmed case. So, the people we are putting into the Med Surg ward or the Critical Care ward are showing signs and symptoms. They are sick enough to be in the hospital. As we've said, three of the four patients in the critical care space are on ventilators. The patients are being carefully controlled each day in consultation between Dr. Wilson and the attending physicians involved to determine who's appropriate for those cases, but in general terms people who are suspicious, who have manifested symptoms that are consistent with the disease, and for whom we have not found another source of their disease are being put into those units out of an abundance of caution. And so that we can keep the staff together who are caring for these high-risk patients.

Question: (Audio cut) -who started manifesting symptoms that walked in yesterday or were they people already in the hospital?

Mr. Meyers: I don't know the answer to that. I'll ask Kit to come up and see if he can tell you any more about that. Obviously, we are going to be somewhat circumspect what we can share about any individual patient, but he can give you a more global idea.

This is Kit Bredimus. Once again, our Chief Nursing Officer.

Mr. Bredimus: Yes. So just like normal hospital operations we'll have patient's that move into these units from various different units. But we also get some that manifest either through the ER and then get admitted to the hospital. At this point it is a fluid situation. We also move patients from our Critical Care area who have improved to our Med. Surg. Area as well so that's why there's a little bit of differentiation in those numbers, because we do move patients from those units.

If that answers that question.

Mr. Meyers: Right. It's hard to be real specific about that, but in general terms that's how it's working day to day.

Question: Are you all testing patients in the ER or are you only testing patients who have been admitted to the hospital?

Mr. Meyers: The question is are we testing patients in the ER or only patients who have been admitted to the hospital. It is happening in a variety of settings, but I'll caution you to remember the first thing is that what we're doing is sampling. We're taking nasopharyngeal swabs, capturing a sample and then packing that up and sending it to an off site lab. We don't have any onsite testing, so when we say we are testing what we're really doing is taking samples and sending them for testing.



That does happen in the ER. The most frequent site is our off site location, our option after 68-NURSE if you've been screened for exposure and appropriate symptoms. That's still a limited population, but that's the most frequent. And of course, anybody that's in the hospital and showing those symptoms we capture a sample and send those off as well.

Question: So, yesterday it was a little shocking to see that that man didn't have any preexisting health issues. What would you say to the people that are really healthy that may be brushing this off, that think they're really healthy, that they'll be fine and then they see a case like that? Where 60 isn't that old to not have any preexisting health conditions. I think kind of is scary for some.

Mr. Meyers: I think that certainly the death of any patient is a tragic situation, but it does serve to illustrate for the people in the community who may not be taking this seriously enough that this is a very challenging disease. It has led to mortalities not only here, but around the world. They're not frequent. We're still trying to get a handle of what percentage of patient's are likely to die. But it's significantly greater than zero. And for any of us who are not taking this seriously yet, I hope this is a wakeup call. You've heard the mayor last night. You've heard him every day for a while. You've heard the governor and others caution all of us to stay home. To avoid crowds. To practice very careful personal hygiene especially hand washing and avoid touching your face. To practice social distancing if you are in a grocery store or in any other environment where you need to be out, but really only to be out when it's really essential. Those things remain in place they are still (audio cut). Even the president's original 15-day order is still in effect. We're still trying to get through the first couple of weeks of severe restrictions on movement and hopeful that that will reduce the spread of the disease. But once the patient is infected not everybody has severe symptoms. Many people can get through this. In fact, the vast majority of people get through it without any significant insult. But for those few who it gets very severe the patient can go downhill fast. And anybody on a ventilator their ability to recover is challenged. So we have to (audio cut) remember that.

Questions: We have a few questions on Facebook. Do we know of the confirmed cases we have do we know where they have been or where they went?

Mr. Meyers: The question from Facebook is will there be any more information forthcoming about the confirmed positive patient and where he might have been exposed. We have said from the beginning that this is a travel related event. I don't think we know a lot more than that. The health department may be able to share more in the future, but we do believe it is domestic travel. We can say that.

Question: Does anyone know how we are treating these types of patients or are they just keeping them comfortable?

Mr. Meyers: The question is does anyone know how we are treating these patients. It obviously is being managed by expert physicians in critical care and infectious disease. Those treatment regimens are a product of their professional expertise. Kit you may want to comment any further.

Mr. Bredimus: Yes. So again, it's going to be based on symptom management. So, the severity of the disease varies by person to person just like the colds and everything any other virus out there. So, it is going to depend on the patient what particular methodology we are going to use. We are using the latest recommendation from the CDC and various experts as to how we are going to treat each individual case. But again, recognizing that it's not a one size fits all. It varies by patient to patient.



Mr. Meyers: Very good.

Question: Have you acquired some of these drugs that are anecdotally have appeared to be helping and will you be offering victims in severe condition the option of these meds?

Mr. Meyers: That's been a common question about the drugs that's been talked about in the media the anti-malarial drugs. Kit, would you like to comment on our use of those?

Mr. Bredimus: Yes. So, we are currently looking into utilization of that along with azithromycin and anti-malarial drugs. Right now, again it's still very anecdotal evidence. There is some research that is suggesting that there is a positive effect of that. But as of right now we are being very judicious in using those treatments and again it's going to be in the more severe cases. We're not just recommending just routine treatment for every patient.

Mr. Meyers: Recognizing there is some judgement involved with the physicians each time that a case comes up. There are also side effects of some of these medications that that they have to be thoughtful about should they choose to use them.

Question: How many Midland Memorial staff have been exposed to the coronavirus while treating people and have any of them started exhibiting symptoms?

Mr. Meyers: The question is how many of our staff has been exposed. I- (Audio cut) remember, at this point early on we had 30 people we were concerned had been exposed to our first positive patient prior to recognizing that he needed to be tested. Our employee health group has been monitoring those employees. Most of them have continued to work with masks and with regular monitoring for symptoms. I know that at least a couple of them have (audio cut). Any numbers beyond those original 30.

Question: Once you have been exposed to something as infectious as COVID-19, how do you decide which continues to work and who is sent home?

Mr. Meyers: The question is about exposure for employees and how to decide who should continue to work and who should not. Early on in this process we asked for and received guidance from the CDC recognizing that the health care work force is going to be essential to managing this crisis and if we send home everybody who's had any exposure we will quickly have nobody left to care for patients. So early on we determined that our staff who may have had an exposure or who have had an exposure to a patient could continue to work with a mask. Would be monitored on a regular basis for temperature and other symptoms by our employee health group, would be sent home if they exhibited any symptoms. And we've stuck with that policy so far and will continue to do so.

Mr. Bredimus: Yeah, just to add to that we are following CDC guidelines as far as exposure control. If we do have a expected exposure we are following those processes and every employee regardless of exposure risk is self-screening each day making sure that we're reporting any variants to our employee health department as well.

Question: What kind of protective efforts are you taking with employees that you feel are exposed?

Mr. Meyers: The question is what kind of protective measures we are taking with employees who we believe to have been exposed. If they've been exposed to our one positive patient, so they're a known



exposure to a known confirmed positive patient then we're taking the precautions I mentioned earlier. We are monitoring them for symptoms. We are allowing them to continue to work with protective gear on. If they manifest any symptoms at all we are sending them home to self-isolate. Of course, if they get sicker, they'll be in the hospital. For employees who have traveled to counties that are on the level 3 risk list or had any other exposure outside of the hospital those people were asked to self-isolate and stay home for the 2-week period that was requested by the CDC. We expect to continue that level of precautions for now. They seem to be working and we'll continue to monitor that on a daily basis.

Question: Can you go more into detail on the protective gear?

Mr. Meyers: We were talking about masks, but when an employee when anybody's been exposed wearing a mask themselves is intended not to protect that person but to protect other people. To prevent secretions, droplets from their own respiration from effecting the people around them. So, with an isolation mask on they can continue to work safely as long as they don't have any symptoms.

Mr. Bredimus: And just to add to that piece as well. Hand hygiene is still the single most effective method for infection prevention. So, we still want to continue to stress that. I know there's a lot of talk around the masks and how to use the masks. That is a good source control to wear a mask if you are coughing, but ultimately your hands is the number one mode in which contamination occurs.

Mr. Meyers: That's right. Washing your hands thoroughly, using 60% or greater alcohol content gels or other disinfectants, cleaning surfaces- We do believe that the virus can live on surfaces for some period of time. So, if you're in my office now, it smells like bleach. That's common around the hospital. It should be common around any public space where we're using useful disinfectants and if you can't get Lysol or the other commercially available disinfectants, a bleach solution will do the job and that's what we're commonly using in our space.

Question: Ask for clarification, how many tests have been taken versus how many were false.

Mr. Meyers: So, 169 tests that we have taken. I believe the total number of results is now at 9. We were reporting 7 yesterday, we had 2 come back during the day yesterday. So, I believe we are at 9. So, obviously a very small percentage of the number that are outstanding. We are hoping for a large number of those to come in at once. And we're obviously concerned and we're seeing this in other places, when we get a large number of reports back and a couple of those are positive its going to look like we've had a significant jump from one day to the next. Recognize that this is about 2 weeks' worth of testing backlog, so it doesn't necessarily mean we've got that many new infections. We are confirming ones that already existed. Hopefully, that's going to happen today or tomorrow, but we don't know.

Question: Are N95 masks washable?

Mr. Meyers: Washable?

Mr. Bredimus: No. The short answer is no. We are taking different methods to try to increase our use and utilize our masks as best as possible, but no at this point, they are cannot be washed.

Mr. Meyers: We can do a little bit of surface cleaning. We know that the virus in the droplets will die if the mask is left to dry, and so re-use we've limited to, what 3 or 4 days?



Mr. Bredimus: Four day of continuous use or if they are visibly soiled.

Mr. Meyers: And remember that the N95 mask is used only with a single patient and it's only used with isolation patients. So, if you're caring for a patient in critical care in isolation on a ventilator and you've got an N95 mask that you can use for that patient, leave it in the room, reuse for 3 or 4 days. But they're not worn from one room to the next. They're not exposed to more than one patient. That's been our rule from the beginning.

Question: With your announcement that you are feeling better with your PPE supply should people take it as you are all good or should they still donate?

Mr. Meyers: The question is about the PPE supply. Should you take from my remarks that everything's fine and we've got plenty. No, they certainly should not. We've got an adequate supply for the patient population we are caring for today and for several weeks at the load of patients that we have right now. That load could increase dramatically at any time therefore challenging the supply of PPE. So, we are continuing to try to source PPE from a variety of places. We expect those numbers to grow in the days to come. But if we find ourselves with several more patients tomorrow, we are going to deplete those supplies pretty rapidly. We are not going to become complacent, but rather to continue looking for PPE. We know the federal government has been engaged and the president has engaged the defense production act which requires some manufacturers to step up production at the government's request. We're expecting that that and voluntary commercial efforts are going to increase the supplies available to us, but that's still a day to day work in progress.

Questions: Do other patients and guests at the hospital need to self-isolate after visiting the hospital?

Mr. Meyers: Do patients and guests at the hospital need to self-isolate after visiting? The answer to that is no. If you've been exposed to a known confirmed case or you've been to a high-risk country, then you should be self isolating for 14 days after that exposure. We are allowing very few visitors to the hospital and those visitors are seeing patients who are not suspected of having the virus. So, there's no reason to self-isolate. There are great reasons to minimize your stay here. To wash your hands carefully while you are here and after you leave. To avoid touching your face. To do all of the protective activities that we recommend for everyone. But otherwise simply being in the hospital building or seeing a patient who is not suspected to have the COVID-19 virus is not cause to self-isolate. Anything you want to add to that?

Mr. Bredimus: Yep, no that's exactly right. The recommendations for self-isolation remain the same. Whether you've gone to the hospital or HEB it doesn't matter it's going to be based on symptoms be based on whether you've had a known exposure to someone who tested positive for COVID-19.

Question: Do you plan to restrict L&D spousal support in the next few weeks?

Mr. Meyers: The question is do we plan to restrict L&D spousal support in the next few weeks. We are restricting it now on some level. Laboring mothers are one of a small handful of categories of patients for whom we are allowing a single support person. But that support person has to be screened. They have to be disease free. They can't have a fever. They can't have a recent onset cough. So, we have to be very thoughtful that they are healthy when they attend a delivery and it's only one person now. In addition to that, we allow one parent with a pediatric patient. We allow a limited number of family members to visit an actively dying patient. And for our primarily elderly patient's who cannot speak for



themselves who have a guardian or someone who has power of attorney we are allowing that person to be present for their care. Otherwise, visiting is severely limited.

Question: Have you tested any residents that don't have symptoms, but have known exposure?

Mr. Meyers: Have we tested any residents who have symptoms?

Question: Who are not having symptoms.

Mr. Meyers: Who are not having symptoms. No, no one has been tested that has not been having symptoms. That's one of the main criteria for getting tested in the first place. You must have symptoms. You must have a likely exposure and we will rule out other things that might be causing your symptoms. We are limiting testing pretty severely right now. And certainly, if you have no symptoms you are not being tested in Midland. Now, there are places as well all know where people who have reported, public figures especially, have been reported not to have symptoms and yet have been tested. That's uncommon and it's not happening here.

Question: Are any of those negative tests that you've received, are any of those patients in the intensive care unit?

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

Mr. Bredimus: I don't believe so. Not at this time.

Question: Have those tests come back positive for anything else like flu A?

Mr. Meyers: Have the tests that our patient's have received come back positive for anything besides COVID-19? If they have a positive test for something else they are by in large not in those COVID units. Is that correct, Kit?

Mr. Bredimus: That's correct.

Mr. Meyers: Our working assumption led by our physicians has been if there is a clear indication of some other virus or some other disease process causing the symptoms then that is likely not a COVID-19 patient. So, we've not tended to cohort them with the suspected patients. So, we have a lot of respiratory disease. It's still that season, but not in the cohorted units.

Question: Going to the grocery store when necessary can droplets remain in the air for long periods?

Mr. Meyers: There is differing science about that. But I don't think there is any question that at least for some period of time droplets can remain in the air. Especially with immediate cough. The 6 foot rule is intended that it's hard to cough droplets 6 feet from yourself. They are going to fall and dissipate. And so that's been good advice. But the droplets and the active virus do linger in the air for some period of time. I don't know if we've heard an exact range of time. Have we heard Kit?

Mr. Bredimus: No it's going to depend on environmental factors so it's going to depend on ventilation. Outside is different from inside. Whether you are standing next to any kind of air source will factor into all of that. But to the base question, yes it can linger in the air for a short to a long period of time depending on environmental factors.





Question: Has there been extra cleaning or disinfecting efforts made on the floors for the PUI or is it just if they're positive?

Mr. Meyers: So, the question is is there been extra cleaning happening in the rooms where we are isolating patients who are suspicious or PUI. We are aggressively cleaning those rooms. One of the challenges is that we have tried to limit the traffic in and out of those rooms so while we are being aggressive about cleaning for the most part we are limiting housekeeping staff and asking nursing staff to handle that cleaning trying to minimize the number of exposures that happen in any given patient. So, very serious about cleaning. Certainly, throughout the hospital our housekeepers are being very aggressive, but in the isolated rooms we are taking even greater care to limit the people that are in and out and cleaning - only the staff that take care of the patient.

Question: What are the symptoms for the virus?

Mr. Meyers: I'll let Kit do that one.

Mr. Bredimus: So, the symptoms for the virus remain the same which would be a fever. It's one of the hallmark factors. Over 95% of patients would present with a fever. Also, a new onset of cough. Really any kind of respiratory lung issues. I think that's really where we need to focus. If you have a cough, you are having any shortness of breath, those are going to be the main factors to look at to consider whether you are thinking about COVID or not.

Mr. Meyers: Fever, cough, shortness of breath. People have asked me a couple of times how to distinguish between seasonal allergies and the kind of deeper respiratory disease we are talking about here. Those of you who have suffered with seasonal allergies like I have know that they begin in your head. The drainage is in your sinuses. Often a cough is a part of that, but it's not the deep respiratory cough that you get with pneumonia or with these viral diseases that settle into the lower lung. So, it is not difficult to distinguish between those. The presence of fever is a key indicator as well.

Question: If a patient does pass away are they released to the family for burial or is it protocol that they be cremated?

Mr. Meyers: We've had the one patient death and I'm not aware of any change in post demise protocol. The question was is there a requirement that those patients be cremated. I don't believe so.

Mr. Bredimus: No. There is no requirement that they be cremated.

Mr. Meyers: Of course, we'll notify the funeral home and they'll take cautions, but no requirement to change their practice in any way.

Question: Do you know what kind of precautions that would look like for the funeral home?

Mr. Meyers: The question is do I know what kind of precautions the funeral home would take. No, we don't. You'd have to ask them. We are not familiar with their procedures.

Question: Are Odessa patients being grouped with Midland patients?

Mr. Meyers: The question is are Odessa patients being grouped with Midland patients. Does that mean within our hospital do you think? We don't categorize patients according to where they live. We take care of patients based on what symptoms they have and the care that they require so they could be. I



don't know where all of our patients who are in the house live. There could easily be Odessa residents among our patients.

Question: Is it possible to be outside in your backyard where there are no people other than your family and get inside without worry about your hair, clothes, or shoes being contaminated?

Mr. Meyers: Is it safe to be in your own backyard without worry about being contaminated. Yes. This is not nuclear fall out or something else that is broadly spread and lingers in the air for extended periods of time. You are safe in your own space even if you are near someone who is suspected. If you stay away from them 6 feet or more if you are washing your hands and carefully cleaning surfaces. So certainly, in your own backyard near no one else whether they have been exposed or not you are completely safe.

Question: If you are infected and then recover are you then immune to the disease?

Mr. Meyers: I'll repeat the question. If you are infected and then fully recover are you then immune.

Mr. Bredimus: That's a term that we call convalescence-- after you have recovered from an illness. At this point, we are not entirely sure. There is a lot of evidence that suggests that you would be immune to it. Similar to a vaccination for a flu, that you do have some immunity to it. But again, viruses are unique. They mutate. They can mutate. So, at this point we don't have any firm evidence to that affirmative, but right now the anecdotal evidence shows that there is a high likelihood that you would be immune.

Mr. Meyers: It will take a while for us to really know that for certain. And we have to see around the world for some extended period (Audio cut) and then had an opportunity to live their lives and see what happens. But we certainly believe immunity is certainly enhanced as your body fights it off the first time.

Other questions? Ok Thank you all very much for being here today. I hope the sound quality was better. We'll continue to use this site. I believe we do have a backup plan to move inside if we have to, but we prefer not to. We have an offsite building that is separate from the hospital that could be our alternative location. We are going to try to keep these outside as long as weather allows it.