



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Thursday, October 13th, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everyone. I am Russell Meyers, CEO of Midland Health and this is our Coronavirus update for Tuesday, October 13th. Across the state of Texas through yesterday, we are just short of 800,000 confirmed cases of COVID-19 with over 16,500 deaths. In Midland County, we will cross the 4,000 case threshold probably today; 3,987 with 85 deaths so far in the county.

Here at the hospital we have a census of 175 today. COVID units are very, very busy. They have been for several days now. We are at 34 total COVID patients. 11 of those are in Critical Care and of those 9 are on ventilators. That's a very acutely ill population. We are using a total of 12 ventilators, 9 of those for COVID patients. So, that's 11 in Critical Care. 23 in our Medical COVID unit for a total of 34. Of those 34, 20 are from counties outside of Midland. They are from all over West Texas, as far away as the very top of the panhandle at Dalhart and even one from New Mexico. What we are seeing right now is across the West Texas area from El Paso to Amarillo to Abilene that whole triangle that encompasses the panhandle and all the way west to El Paso, we are all experiencing very high levels of COVID volumes in the hospitals. We looked at every significant hospital, every large hospital in the region yesterday and every one of them had some level of diversion going on in its facility. Either it didn't have critical care beds or wasn't accepting any transfers at all. So, we are in and out of that condition ourselves. Every few hours we reassess if we can take another critical care patient in transfer, whether we have capacity to take a transferred COVID patient and every hospital in our region is going through the same thing. You may have heard yesterday that the governor is dispatching an additional state team to El Paso where the outbreak seems to be the worst, but everybody in the region is having those concerns. We are fortunate to have some staffing resources here from the state. We were talking to them yesterday about renewal. Is that confirmed? (asking someone off camera) So, that has been confirmed by the state that we'll be able to extend those staffing resources, very much needed and appreciated here as we struggle especially to keep our critical care units adequately staffed as they are unusually busy with COVID cases. There have been questions asked of me including even by some of our own staff about accepting transfers and it's a perfectly reasonable and logical question to ask. If we are so full and so busy, do we need to keep accepting transfers from outside of our own community? The answer to that question is yes on a number of different levels. Number 1, I think it's a moral and an ethical obligation for all of us who have the capacity to deliver care to people who need it wherever they come from, to make ourselves available to do that. In communities where their resources are stretched thin, sometimes we can be a vital backup in saving those local patients' lives. Perhaps more importantly, depending on your perspective, it's the law, federal law since the mid-80s. This is what we call EMTALA. It has required that hospitals that have the capacity and the capability to care for patients must say yes to transfer requests from hospitals with lesser capability. That's a part of our reality. When an emergent patient is in a hospital that can't provide the care they need and they call us to accept the transfer. If we can provide the care they need, then we must under federal law. And so, we will continue to see traffic into and out of our region, primarily incoming so far with a number of different counties outside of Midland represented in our patient populations. So, once again 20 out of 34 of our patients are from outside the county. Well, what does that mean to us in terms of day to day behavior and changes in perspective? Of course, we have the governor's new order opening bars and expanding



the capacity of restaurants and other facilities to serve customers when the whole region is under siege and showing signs of significant outbreak, it should be a message to all of us even though we only have 14 patients from Midland County, we are testing more patients now week after week we are seeing more tests in our testing center. The percentage of those patients that are positive is going up. We'll get to that in just a second. And so, it should reinforce for all of us the importance of wearing a mask, of social distancing, of staying out of crowds, of avoiding poorly ventilated spaces that include multiple people, all the things we've been-- just washing your hands, all the personal hygiene things that we've talked about. All of those should be reinforced by the fact that throughout our region we are now seeing a significant uptick in positive cases and our hospital resources are being stretched.

Let's see, continuing on with the hospital's activity. I told you we've got 9 COVID ventilator patients and 3 others for a total of 12. That's as many ventilator patients as I've seen in a while. Our Emergency Department (ED) continues to slowly grow back toward its normal activity levels, 155 patients yesterday. Still short of the roughly 200 a day we've run in our peak periods but heading back in that direction. Among our staff, we have a total of 20 people quarantined today. 12 of them are COVID positive, 8 of them are quarantined for other reasons and unable to work. We've had 32 people who have had some level of exposure, are showing no symptoms, are not positive for COVID, but remain in a self-monitoring situation being tracked by our employee health group, but still on the job and continuing to serve patients.

Vaccinations, that's a topic of current import. We've been talking to the state, hearing from the federal government that plans are beginning to be put together for how vaccines will be rolled out in the communities around the country. How we will prioritize the recipients of the first vaccines, how they need to be delivered. There are a total of 6 different vaccines in production or in testing now, not in production yet. They are at varying stages of the testing. I think you probably heard that there was an issue with a Johnson and Johnson testing patient in the last few days where they have slowed down their testing process, but 6 of them are in the pipeline at some point. All of them require ultra-low temperature storage for the vaccines, I believe all of them require a 2-stage vaccine with the vaccines being given roughly 4 weeks apart. So, it's a significant challenge to deliver these vaccines when they become available and it's going to fall mostly on hospitals I suspect because we have the ultra-low temperature freezer devices that are not readily available any place else in the community. We have a large work force who can be deployed to vaccinate large quantities of people over a short period of time and so in all likelihood locally Midland Memorial Hospital will be one of the leaders of the vaccination process whenever it happens. I can't reemphasize enough we don't know when that is. We've heard a good bit from the CDC I'm suspecting that it could be later this fall or perhaps even after the first of the year, but we are trying to get ourselves ready to help to deliver the vaccine that the community needs as soon as it's available to us. In terms of prioritization, there are some guidelines that have been published. The first group who will get the vaccine when it is available will be healthcare workers. That makes a lot of sense as we all try to make sure that our healthcare work force stays healthy to care for those who cannot care for themselves. And then it rolls through the high-risk populations and then on to the general population as vaccine becomes available. So, I'm sure there'll be continuing news on that front. We'll very hopeful that there will be one or more successful vaccines in the relatively near future, and we will be prepared to deliver those vaccines when they come available.



Flu shots. This is a question we've been trying to raise each time we've spoken recently. It is important to get your flu shot, to do everything you can to avoid getting the flu this season. The flu is an annual event we know. We have a vaccine that works for the vast majority of people. It either completely eliminates your risk or mitigates the risk enough and reduces your symptoms enough so that it's manageable. Please do get your flu shot. Don't hesitate. Don't wait. There are sites around the community where that can be done. A couple of them I'll name today. Right now, today 9:00am to 12:00pm today, at Casa De Amigos there's a drive through flu vaccination site and I believe Tasa has the flier up on the screen. You can go there today. Tomorrow you can go to the Southeast Senior Center from 9:00am to noon and get a flu shot if you need one. And plenty of other places to get them all over town.

I talked about testing a little bit. Just to give you a little bit more of a feel for the numbers, last week we tested about 650 people at our drive through site. 13.5% of those came back positive. The previous weeks were about 600 each and about 11.5% positive rate. Prior to that we were below 10%. So, we are seeing more people being tested. We have opened up the criteria for testing. Not only people with symptoms, but also those with a significant exposure or just anyone who has a significant concern and wants to call us, talk about it with 68NURSE, and make an appointment for testing. As those rules have been loosened, we've tested more people, but we're finding that more and more of them are coming back positive. We hope that's a short-term phenomenon, but it is the reality in our community. 650 tests last week, 13.5% of them came back positive. We will continue to test at the West Campus only. I think we announced a week or so ago that the Coleman Clinic site on Florida Avenue was going to have to close because of weather concerns, the inability to protect the staff at that site adequately. Our West Campus site continues to be open. It is a drive through site. It is by appointment only. So, if you need a test, you must call 68NURSE or get an order from your doctor, and then you may come, and we'll test you on a drive through basis. We'll turn around your result with our rapid antigen tests within an hour or so and give you real time results the same day you come in. So, if you think you need a test please do call 68NURSE.

Finally, on testing we have seen such high demand and now that we're at one site we have a little bit more control with the schedule, so if we need to test people beyond our 9:00am to 12:00pm typical schedule if we have more demand than we can accommodate we are willing to extend hours and have done so several times including yesterday. So, do call 68NURSE. They'll work you in if they can. You might have to wait until tomorrow, but the testing will be done timely and the results will be turned around almost immediately.

The last thing I'll comment on. Today was the first day of early voting. I went and voted this morning at the Centennial Library. It's a very well-organized, efficient process. There were a lot of people there this morning. It took me a little while to vote because there were so many people ahead of me in line, but it was very efficient, very safe. There was a lot of conscientious behavior going on by the election workers to keep things clean, to encourage social distancing and mask wearing so I would encourage you when you're ready, go vote. It starts today.

And I think that's all I have so I'll be happy to take questions if anybody has one.

Tasa Richardson, Midland Health Public Relations Manager: We do have a question from Dana Morris from the media. Let me unmute. Go ahead, Dana.



Mr. Meyers: Good morning, Dana.

Tasa: I think he's having difficulties getting unmuted. I'll move on to a Facebook question and we'll come right back to you Dana. Oh, there he unmuted. Dana. Can you hear us?

Dana Morris: Yeah. I unmuted me and then you—anyways. Russell thank you for taking the time as always and for hosting this meeting. I have a stream of questions from our newsroom.

Mr. Meyers: Hold on just a second Dana. We've got to get your volume up a little bit.

Dana Morris: Can you hear me a little better?

Dana Morris: Can you hear me a little better now?

Mr. Meyers: No, that's not doing it yet, either. Hold on just a second. A little bit of technical difficulty. I can-- I know you're there.

Dana Morris: Yes, sir. Can you hear me? Mic check, mic check, mic check, mic check, mic check, microphone check.

Mr. Meyers: No, not quite yet.

Tasa: Hey Dana, I'm going to ask a Facebook question and we'll come back to you while we are working on the speaker real quick.

Dana Morris: Ok.

Tasa: The question from Facebook is regarding the positivity rate and that positivity rate, is it all COVID-19 patients that we've tested or just Midland residents?

Mr. Meyers: Oh, it's all. It's everybody who's been tested at our site regardless of where they live.

Tasa: Perfect, thank you. We have a question from Stewart Doreen. What is the percentage of COVID patients as it is related to the governor's order?

Mr. Meyers: Yeah, I know what you're talking about. That's the governor's rule for the expanded reopening of the communities is that communities and regions and I'll talk about what a region is in a second, but regions where the COVID population in hospitals is less than 15% of the hospital's capacity. The state is measuring that on a regional basis. For us, we are in the J region. That's a trauma service area and it includes Midland and Ector County and all of the smaller communities around us. So, they'll add up all of the hospital capacity in the Midland and Odessa and small communities around us and they'll take the COVID census total across all those hospitals and divide it by the total capacity. For us, just looking at Midland Memorial; 15% for the region would be the number; for us only that's 38 patients represents 15% of our total capacity. We haven't quite made it to 38 patients yet and because the measures are done on a regional basis and most of the hospitals, the smaller ones in the region have no COVID patients then we are well within that 15% standard as a region. We'll continue to watch that, but that's how it's put together.

Do you want to try Dana again?

Tasa: Yes. Dana let's see if we got you fixed if you could ask your question, please.



Dana Morris: Sure, I can. Can you hear me?

Mr. Meyers: Yes. That's perfect, thank you.

Dana Morris: Russell, thank you for taking the time as always. I do have a stream of questions here from our newsroom. Are testing results taking longer to process? If so, is there a reason?

Mr. Meyers: No, they're not. Not in our environment. I'm not sure if there's been a concern expressed about that, but we're using the same rapid tests that we have. We have higher volumes, so it's taking a little longer to get through, but the test turn around is not expanding. Same test.

Dana Morris: Thank you, sir. Also, since we've seen a little bit of an outbreak at the Midland County Jail is there any extra resources extra help being committed in that area?

Mr. Meyers: Well, I think we talked about this maybe on the last one. We did provide a rapid testing machine and a supply of tests to the jail so that they could test inmates on a regular basis and we are in continuing contact with them to make sure that if they have other needs that we try to meet them. But it's a challenging environment there. They are not really well set up to cohort their infected patients and separate them from the inmates who are not infected. So, they are doing the best they can, and we've given them some advice about how to do that. It's been relatively little jail traffic into the hospital. I think we've had one or two early on, but so they haven't developed into serious illness at this point, but we are continuing to stay in touch.

Dana Morris: Thank you, sir. Have we seen some stability-- Have nursing homes been able to handle the situation considering that some visitors are being allowed? That hasn't led to any spikes, has it?

Mr. Meyers: We have not seen a meaningful uptick from the nursing homes, and we are very thankful to that. We continue to be in touch with them on a regular basis, but so far, no indication that expanded visitor access has had an impact. That's a good thing and would implore anybody who's going to visit in a nursing home, please be extra careful. Wear your mask all the time, wash your hands frequently. That's a very vulnerable population.

Dana Morris: Yes.

Mr. Meyers: And we can all work hard to make sure we keep them safe.

Dana Morris: And thank you. This is the last question I have from our newsroom. You spoke in depth about the vaccine and I thank you for that, but I don't know is there some sort of an application process for hospitals to have to get this vaccine? And if so, has MMH already applied or plans on applying for maybe the first round of vaccines that may become available?

Mr. Meyers: Yeah, the application process actually opened up yesterday and we are in the process of applying if we haven't already submitted our application. We'll be doing that, and we do expect to be a primary source of vaccine for the community. One of the huge challenges, as I said earlier, is the ultra-low temperature freezers. And most of the vaccines require to be able to be stored at 20° below centigrade. One of the most promising vaccines has to be stored at 70° below centigrade. And we have 2 freezers that can do that. That's an unusually cold freezer so most places won't have access to that kind of storage. So, we're expecting and gearing up to be one of the prime locations where someone can get a vaccine when they are available.



Dana Morris: Ok, thanks for your time Russell. Appreciate it.

Mr. Meyers: You bet.

Tasa: Thank you, Dana. We have another media question from Stephanie Douglas. MCH is overflowing with Lubbock patients. Is MMH also receiving a high volume of patients from the Lubbock area?

Mr. Meyers: Well, we are receiving- I don't know that our list included anybody from Lubbock County specifically, but they are coming from all around in fact, from beyond Lubbock. I know we've had patients from Dalhart and Dumas and from Southeastern New Mexico. All of which would go either to Amarillo or to Lubbock in normal circumstances. Driving past multiple hospitals to get here, most people wouldn't do that unless they had to. So, we do know that there is a challenge in Lubbock and Amarillo and El Paso and Abilene and San Angelo, all over the region and we are taking some overflow where we can.

Tasa: We have another question from Stephanie. She wanted to confirm if it's true that there were no deaths reported last week, the first time since July. Why do you think that happened?

Mr. Meyers: I don't have a reason for that. It's good fortune, frankly. I mean the course of the disease runs differently with every patient. We've had a death this week. We are thankful when deaths don't happen. Our doctors and our nurses are working very hard to keep patients alive, give them the best available treatment, and do everything that we can to get them out of here healthy and safe. But each patient's disease runs its own course.

Tasa: Thank you. We have a question from Facebook. We have a viewer that recently had a family member that spent 23 days in the hospital. She also stayed in the hospital with her. With the uptick in current employees testing positive, should we be concerned about any contact we may have had with these nurses or employees?

Mr. Meyers: No, you should not. It's not a significant uptick in staff testing positive. I think we've had 6 – 8 most of the time. We are at 12 now. These are community acquired infections. The infection's out there in the community. All of our staff have lives. They leave here and they go and live their lives in one way or another. They have families who can expose them. We still do not believe that exposures are leading to disease in the hospital. We think these are all community-based exposures. Our staff who are caring for COVID patients are fully outfitted in protective gear. They are being separated; they're not caring for non-COVID patients. So, there really isn't any reason to have concern about hospital staff being a source of infection. The much bigger concerns are out in the community where people are often not wearing masks or not taking care or social distancing appropriately. That's where you should remain concerned and frankly, you know we've been worried for a while. The ER's ticking back up, but we continue to be worried as are people all over the country that people with chronic disease, people with acute illnesses, with injuries are staying away from the hospital for fear of catching COVID in the hospital. The hospital, I can tell you, is the safest place for you to be and especially if you have an illness or an injury that needs care. Do not hesitate to come to our ER, to seek out your physician, to seek care in whatever fashion you need it when it arises. That's very important. We don't need other diseases to be adding to the COVID burden and to be burdening peoples' lives for fear of catching COVID. It's just not the reality. Come and get the care you need when you need it.



Tasa: We have another question from Facebook asking if you could please repeat the breakdown of Midland County patients with COVID versus out of county patients with COVID.

Mr. Meyers: Sure, I'd be glad to do that. In the Critical Care COVID unit we have 11 total patients. 6 of those are from outside Midland County. In the Medical unit, we have 23 patients. 14 of those are from outside the county. So, a total of 20 from outside of the county and 14 from inside the county for a total census of 34.

Tasa: Thank you. We have another question from Facebook. Are you concerned with our hospital capacity if the positivity rate remains high or continues to trend upward?

Mr. Meyers: I am more concerned about staffing than physical capacity. To address physical capacity first, we are really blessed. The FMH Foundation and Scharbauer Foundation work together to fund the buildout of our 9th floor patient care unit. Some of you may remember when we built the Scharbauer Tower we left the 9th floor empty. We have been building it out and this week, construction is completed. We still need state inspections and some equipment delivery, so around the 1st of November we expect to have 48 new beds that are put into service. Now, we are going to do some shuffling around, so it won't be a net gain of 48 beds. Probably a net gain of more like 12 beds in the near term, but what's great about that unit is that it is well situated and designed to provide negative pressure in every individual patient room. So, it becomes the ideal environment for the COVID patient population, and we expect to be relocating the patients to that 48-bed unit when it gets open here toward the end of this month. The challenge we face today, we'll continue to face as this grows is staffing. Having enough staff in Critical Care, in all of our units including the COVID units to adequately and safely care for patients, to give adequate breaks to our staff. This is very stressful work. Putting PPE on and taking it off over and over again slows you down, makes it harder to meet your patients' needs day in and day out. So, it's difficult and stressful work and we're going to need more people if we are going to run more beds for longer period of time. We're continuing to use all of our resources to enhance our staffing. We're optimistic that we can do that over a longer period of time, but to be able to do it immediately is very difficult. We're appreciative of the resources we have from the state. How many nurses do we have from the state now? (asking someone off camera) We have 7 nursing staff. All in critical care? We have 7 nursing staff all in the Critical Care unit provided by the state. That's extremely helpful and the state told us yesterday they are willing to extend those nurses. So, we'll rely on that and continue to try to build our staff in anticipation of not only COVID growth, but wintertime is respiratory disease season. We know that a growing census will be the case over the course of the next 3 or 4 months. So, lots of challenges ahead. Physical capacity is good, staffing is challenged, but we expect to be able to meet the community's needs.

Tasa: Thank you and I think that concludes the questions we have this morning.

Mr. Meyers: Alright. Thank you all for your engagement. We are in a difficult time right now and I would encourage you to redouble your efforts to keep yourself safe, get your flu shot, stay home, wear your mask, wash your hands, stay out of crowds. Thanks.