



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, November 3rd, 2020

Transcribed from a previously recorded live event.

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

Mr. Meyers: Thank you, Erin. Good morning. I am Russell Meyers, CEO of Midland Health. This is our Unified Command Team Briefing for Tuesday, November 3rd. Today is election day so please do go out and vote if you haven't already.

Things are extraordinarily difficult in the hospital today and I'm going to focus my remarks on where we stand. We have a census of 208 now with more patients coming in. 62 of those inpatients in that count are COVID positive. 26 of those in Critical Care. The other 36 in our Medical Unit. Age ranges are very broad. Among the Critical Care population 29 – 86. Among those in the Medical COVID unit 28 – 83. 15 of those or about 24% are from communities outside of Midland County. Those numbers are falling because we have by in large been turning away transfer requests now for over a week because we are so full. That 62 number is the highest official inpatient census we've had of COVID patients since the pandemic began, but it undercounts the number of patients in the hospital by 8 more as of a few minutes ago. We have 8 patients holding in the Emergency Department (ED) waiting for the availability of a medical bed. They are being cared for by medical surgical nurses from our team within the ER, so the ED staff are still available to handle emergencies, but we are holding 8 patients. So, 62 inpatients plus 8 holding in the ED waiting to become inpatients. That makes total of 70 COVID patients in an inpatient status here in the hospital as of this moment. By far the most that we've had at any point in the pandemic.

We are trying to determine where we can add additional bed capacity and of course staff. The most apparent opportunity for us is the 9th floor. We're pleased that it's essentially finished. We are in the process of getting it ready for move in and the scheduled time for moving patients into the 9th floor units is Monday and Tuesday of next week. We are evaluating later this morning to determine if there is anything we can do to accelerate that timetable, but that feels unlikely and so for the next few days we'll be temporizing beds anywhere we can find them in the hospital, reassigning inpatient units that might have a little bit of capacity, using spaces that are not intended for inpatients in the normal times like the cath lab recovery space, for example, or in the post anesthesia care unit. There are a number of places that can be temporized and used for a bit to relieve the ER while we await the opening of the 9th floor next week and continue to pursue more staff including an additional request from the state to assist us with additional staff so we can open more beds. So, things are at their absolute peak here in the hospital right now.

On the ventilator situation, it's actually a little bit better than it has been. Only 21 of our 26 COVID Critical Care patients are on ventilators at this moment. 8 more patients for a total of 29 ventilators in use in the hospital and we still have our 44 plus I believe it's 9 more that have been assigned to us by the state. So, ventilator capacity is in pretty good shape as of now.

ER arrivals, 148 yesterday. That's about where we've been running lately. Down from our typical 200 a day this time of year as we have been for several months now.



A little bit of good news probably related to the social distancing that people are doing in the community. The flu remains a non-issue at this point. To date, the hospital has had not a single positive flu case. Had lots of patients with flu-like symptoms, but nobody has tested positive for flu to date and we hope that we can continue that. We encourage people to get your flu shot if you haven't already. Let's try to keep the flu from becoming an additional challenge on top of the COVID crisis we are all trying to manage.

Among our workforce, we have an increasing number of people who are positive and unable to work. As of yesterday, that was 27 known positive employees who are out of work another 72 who are self-monitoring, have had some level of exposure, but no symptoms yet, no positive test. We're just watching them to make sure that they don't get sick and allowing them to continue to work with appropriate protective equipment while they are being monitored.

Testing continues to be very, very active. As of right now, we have no openings for testing today at our testing site. As I've told you the last time we met, the positive percentages are going up. So far this week in a couple of days of testing, we're at just short of 30% of the patients that we have tested have come back positive. So, that's the highest number we've had in quite a while. We are actively looking at the possibility of expanding testing, extending hours, perhaps a Saturday schedule for the next few weeks. We are talking about that today. Trying to determine if we have the resources, human resources and otherwise to accomplish that, but we should know something within a day or two about whether we can expand testing access and capacity in the near future.

There's been a good bit of discussion lately about treatment options and unfortunately, we're finding that some of the options that have been available to us and frequently used are proving not to be useful. Most recently, our clinicians have by in large dropped the use of Convalescent Plasma because we've found that it really had no impact on length of stay or on severity of illness or on mortality. Remdesivir, while it continues to have some narrowly defined usage especially in reduction of length of stay, it's use is fairly narrow and it's still being used, but not for every patient. For many folks it's just not indicated. The one promising treatment remains dexamethasone, the IV infused systemic steroid and for patients with oxygen deficits, whether they're just on supplemental oxygen or just on a ventilator we have found that there is some relief using dexamethasone, but there really isn't any other treatment that's on the horizon other than supportive care, the oxygen support, etc. that we've been providing.

I think the last remark that I have to make is that we are really, truly at a critical point in the hospital. Much more so than we've been at any point in this crisis. The most important thing that any of us can do in the community is to protect the vulnerable, the people who are most at risk for severe illness and hospitalization, the elderly, those with complicating conditions like diabetes and obesity and hypertension, congestive heart failure, the long list of chronic diseases that cause people to be debilitated makes them very vulnerable to hospitalization with COVID if they get it. That population must be protected at this point. We don't really have room for more hospital admissions. We need to prevent them as best we possibly can. For all the rest of us who are not as vulnerable, it continues to be most appropriate to do social distancing, to wear a mask, to wash your hands, to stay out of crowds and poorly ventilated spaces, all the things we've been saying all along. Those things do work, but at this point they are particularly important as the crisis rages here in our community and all over West Texas. I looked at the numbers for other communities in our region earlier, El Paso remains at about 40% of its



hospital beds occupied by COVID patients. Lubbock and Amarillo are both over the state's 7-day average at 15%, the threshold the governor set for restricting activity in the community. Laredo area was added to that list yesterday. We continue to be behind that number mostly because we have so many rural hospitals that are not caring for many COVID patients. But all over West Texas and creeping to the south and to the east the pandemic is real and it's getting worse. So, please do everything you can to prevent the disease if you possibly can.

That's all I have to say unless there are questions.

Moderator: Ok, Russell. We'll give them one second to see if anyone raises their hand, but I don't have any in the chat just yet.

Alright Russell, thank you.

Mr. Meyers: Thank you.