



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Monday, April 27, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Ok, apologize for a brief moment of technical difficulty. We'll start over again. I am Russell Meyers, CEO of Midland Health and this is our Coronavirus update for Monday morning, April 27th, 2020. Starting with some numbers in the state of Texas, we are at 24,631 confirmed cases according to the Department of State Health Services website. 648 deaths in the state. 71 cases confirmed who reside in Midland County and a total of 5 deaths to date in Midland County. In the hospital, we have a census today of 101, very low coming out of a pretty uneventful weekend. Activity level of 83 visits in the ED yesterday. Our inpatient unit's census, we have 11 patients in the CCU, 15 total patients who are either PUIs or confirmed positives for COVID-19, 5 of those in critical care, 10 of them in medical surgical areas this morning. 5 of those are confirmed positive.

Other updates, we've got a variety of things to tell you about today. As you know for several weeks, we've been operating a donation receiving site at the Abell-Hangar Pavilion on Andrews Hwy. We have determined that it's time to shut down that receiving site and so as of this morning we will no longer be parking the truck and accepting large donations of PPE and other helpful donations at the Abell-Hangar site. Should you have more masks or hand sanitizer or other things that you'd like to donate to the hospital to help us to continue the COVID-19 effort you can email us at PPEDonations@MidlandHealth.org and we'll make arrangements to pick up or accept delivery of what you would like to give us. So, thank you all very much. The community's been incredibly supportive of our outreach effort. We've accumulated a good deal of additional PPE throughout this process and we are incredibly appreciative of the support that we got from our community.

We've talked over the last few days about monitoring. We had a physician as you recall who tested positive. We've identified a number of physicians, both faculty physicians and internal medicine residents as well as a large group of employees who had some level of exposure to the positive physician. We've continued to monitor all of those staff members. There were no new symptomatic cases over the weekend so we're feeling positive about their conditions and our employee health team will continue to monitor them as the days continue over the next couple of weeks.

A little update on funding. You all have heard about the CARES Act. That included \$100 billion out of a \$2 trillion allocation, \$100 billion of that went to hospitals. And of that \$100 billion, the government has distributed about half, about \$50 billion so far. We continue to wait for the rules to be clarified and the timing of the remaining \$50 billion of distributions. But the first \$50 billion has been distributed across the country. Here at Midland Health we received \$5.2 million of that first \$50 billion. That's a substantial grant for certain and much appreciated. But to put it in perspective in the month of March, we lost \$2.8 million largely due to steep revenue declines in the second half of the month due to our shut down of elective procedures here in the hospital. In the month of April, we are projecting a loss in the neighborhood of \$6 million. Of course, we've got a few days left in April and we have begun to do a little bit of elective work, so that number is subject to some change, but our initial projections of losses nearing \$9 million just in the months of March and April is not completely offset by the \$5.2 million we've received by the CARES Act. We continue to be optimistic that there may be some more money coming both out of the first \$100 billion that was allocated by Congress and out of the additional \$75



billion that came in the (CARES ACT) 3.5 bill that was passed just a few days ago. So, we'll continue to monitor that, secure whatever funding we can get from the Federal government to overcome this very difficult time when we've been hit both by the high cost of supply purchases and caring for COVID-19 patients and the severe decline in revenue that we've experienced as our elective procedures have gone to zero for a great deal of this time and are just now beginning to ramp back up. So, we are hopeful about the financial condition, but continuing to pursue additional funding in the days ahead.

We are also very actively watching for the governor's announcement today. We expect to hear some level of reopening of the state to be announced today. And of course, we'll have a local response to that as our city and our county respond to the governor's directives and decide what's appropriate for Midland and our area. And then the hospital will react to those things and we'll do what we need to do to remain in compliance with both the governor's and the local directives for reopening the economy. I think as we look forward, one of the things that will be a frequent question is are we going to change visitation policies here at the hospital. While we have begun opening up to elective procedures, we are going to continue to be fairly restrictive on visitation. We are going to continue to expect our employees to wear masks when they are gathered at work and to expect anyone coming into the hospital to put on a mask when they come in. These are common sense social distancing directives that we expect to stay in place for some time even as the rest of the economy, the rest of the local businesses reopen slowly. We'll continue to be very careful. And we would advise anybody who's listening and paying attention to these briefings that social distancing remains an important component of keeping the virus in check. So, when you are out in public wear a mask, when you are gathered in groups try to maintain social distancing, as businesses reopen staying 6 feet apart, making sure that your hands are clean, that you wear a mask when you're in large groups. All of those things are going to continue to be very important elements of our efforts to manage this disease and eventually to move beyond this pandemic condition.

So, with those remarks made that's the extent of what I have to offer this morning. I'll be happy to take questions.

Tasa (PR with Midland Health): We have a question on Facebook regarding the number of cases. They are asking about you mentioning 101 patients in the hospital and 83 ER visits. Are these all COVID-19 patients?

Mr. Meyers: No, no, no. That's the whole hospital. 101 patients in the entire hospital. The reason for reporting those numbers every day is to give the community a sense of what our capacity is. The hospital operates over 240 beds. 101 patients in the hospital means there's about 140 empty beds here and available should we need to ramp up quickly with any kind of sudden outbreak. The same thing is true of the ED visits. That 83 number is the total number of patients who came to our ED yesterday for a 24-hour period. We count those every day. 83 patients on a Sunday is a really low number. This time of year, we would expect typically to be about double that. So, again that reinforces the point that people are staying away from the hospital. They are staying home. Minor illnesses are being managed outside of our ED. People who might have come to the ED with something relatively minor last year at this time are staying home and caring for themselves. Hopefully, they are using our 68-NURSE hotline. They are taking advantage of our telehealth offerings through Basin MD. But the whole point of reporting those numbers is to give some reassurance to the community that we are nowhere near to running out of resources. The hospital has capacity both in our inpatient environment and in the ED and that it's important that you understand that we can respond should this outbreak grow. One more thing, this gives me an opportunity to reinforce, you know we've talked about this a little bit in the past, but I can't



over emphasize if you are having chest pain, if you are having symptoms of a stroke, if you've had an accident, perceive that you've had an injury, if you have an intractable fever, or any number of things that feel to you like emergency conditions it's a great idea to call 68-NURSE and get some guidance, but if you believe that you need to come to our ED for emergent care, please come. We can take care of you. We have the capacity. The ED is not locked down. There are no restrictions on taking care of patients with any kinds of illnesses or injuries and if you have a need, please do come in. We will take care of it.

Tasa: We have a question from Sammi Steele. How many cases of COVID-19 have been related to Midland Medical Lodge?

Mr. Meyers: Let's see, I presume she's asking for the total number of positives that we've gotten from the Lodge. We're scrambling a little bit to come up with that number. Hang on a second. Let's move on to the next question and we'll come back to that. We don't have it. Sorry, Sammi. We can get that offline for you, but I don't have that count right at the moment.

Tasa: We have a question from Mitch. Do you believe enough Midlander's are wearing masks when out in public?

Mr. Meyers: Do I believe enough Midlander's are wearing masks when out in public? No, I don't. As has been reported to me by my wife primarily and by others in my family it is not at all uncommon to be in stores or in other places in town and see the majority of people not wearing masks. It's not a requirement to wear a mask. There's no law that says you have to, but as we've said from the beginning the wearing of a mask is a social distancing element. It helps to limit the droplets that come from your mouth or your nose if you cough or sneeze or even talk. And that limitation helps to protect those people around you. Especially in those environments where it's hard to stay 6 feet or more apart. So, we've been advising wearing a mask in public for some time now. We've asked all of our employees to wear masks unless they are working alone in their own offices or own workspace. And we would repeat that advice to the people in the community. If you are out and about, if you're not by yourself but you're going to be in some kind of crowd, some group setting, in a store especially, we strongly recommend that you wear a mask.

Tasa: We have another question from Mitch. Were the 4 Midland Medical Lodge staff members who tested positive in Ector County previously announced by Midland Memorial or the city of Midland?

Mr. Meyers: You know Mitch, I saw that report this morning and I honestly don't know how to reconcile those 4 to the ones we already knew about. We are going to have to research that a little bit today and determine if that's a net new group or if they are people we already knew about. I'm sorry I can't answer that as of now. (Speaker from off camera, not able to be heard) Oh, ok alright we do know that I'm sorry. Dr. Wilson's just corrected me. Those 4 are net new that we did not know about or perhaps one of them had tested negative and is now testing positive, but that is 4 net new cases that were announced by Ector County Health Department this morning. (Speaker from off camera, not able to be heard) We'll still come back to that. We've got some of the numbers on the Midland Medical Lodge positives, but I don't think we're completely certain about them. I want to get them right. We'll get that to you Sammi when we have certain numbers.

Tasa: We have a question from Caitlin. How much revenue do you expect to make in the month of May with some return to elective procedures?



Mr. Meyers: Well, that's a really good question. I wish we could answer it with some certainty. We saw in the month of March with half a month of essentially shut down elective procedures that we lost close to 20% of our net revenue. That translated to a net loss, a net bottom line loss of about \$2.8 million. In April, we are expecting that number to be higher, closer to 40% of net revenue lost in the month of April with a loss that's in the neighborhood of around double what we lost in March, around \$6 million in losses. The month of May is clearly more promising as we began the middle of last week to do more elective cases. I don't expect for probably several weeks that we'll be back to a normal elective case schedule. We continue to have concerns expressed by patients who are still anxious and want to stay home and stay out of the healthcare environment. We know that our doctors' offices have been shut down or they've been seeing minimal numbers of patients for a number of weeks now. And so, in order to prepare say for an elective surgery you have to go see your doctor, you have to have imaging studies, and other things, you have to have time to prepare for that surgery. So, the ramp up time takes a while. I would guess and I think as we project May would look more like March. Returning to something on the order of a 20% decline from our normal net revenue. And another loss of \$2 million or \$3 million. And then we certainly are hopeful that if we stay on the course, we're on now that by the month of June we should be pretty close to a normal regular schedule. But it really is early for us to determine. We can't know until we know of course. But we can't really project accurately. This is all still new to us, but we are hopeful that May will be better than April more in line with March.

Tasa: We have a question from Facebook. Are you testing all of your staff?

Mr. Meyers: We are not testing all of our staff. Throughout the management of the pandemic, the testing has essentially been reserved for patients who are symptomatic. There have been some exceptions when we know we've had an exposure and that exposure has been close, someone who's actively worked especially in an unprotected environment with someone who turned out positive. We've tested those folks. But we haven't extended testing beyond those populations simply because we don't have that kind of testing capacity. So, we have not tested all of our staff and we do not have a plan to test all of our staff.

Tasa: We have another question from Facebook. What various treatments are you using for positive COVID-19 patients?

Mr. Meyers: Well the treatments that have been used from the beginning have gone back and forth a little bit. I think the most promising one now is the convalescent plasma therapy that's been used 2 or 3 times now with mostly good results. Of course, that requires donations of plasma from patients who have been positive, who have recovered, who have waited the extended period of time before donating. That's the therapy that's proven to be the most effective as far as we can see, but it's very limited in its use. The hydroxychloroquine and Z-pack combination has been used a good bit. It's falling out of favor somewhat now as we begin to question its effectiveness and other studies around the world have shown that its effectiveness is somewhat in question and it might be even there are certainly some hazards that have to be carefully managed as you use that therapy. So, those are the things that we've done the most often. There are a couple of other things we are hearing about, but that's essentially what we've used to date.

Tasa: We have a question from Mitch. Have all the results from the coronavirus tests that have been collected at the nursing home been returned? And then as a follow up, is Midland Medical Lodge seeing any new cases develop?



Mr. Meyers: We still have a very small number that are outstanding and so we can't say if there's any new cases because we don't have all the results from the ones we've tested so far, but I'm not aware of any. We've not tested any beyond that initial cohort so we wouldn't see those anyway, but I'm not aware of any new cases and a small number of formerly tested cases still awaiting results. We have results outstanding I think as old as last Tuesday still, 1 or 2. We've gone down to only 55 outstanding test results, but some of those are several days old now.

Tasa: We have a question from NewsWest 9. Are you most concerned about community spread?

Mr. Meyers: At this point, I think community spread is the concern. Travel is the other possibility and that's been curtailed pretty severely. So, community spread is the concern that's ongoing. I think our biggest concern was realized with the Midland Medical Lodge outbreak where there's a congregate community where people live closely together in one large environment and the virus gets into that environment and spreads. That continues to be our biggest worry. That's how the largest outbreaks are possible. We're hopeful and believe our nursing home colleagues in the community are conscious of that and being very careful with the way that they manage the safety and the control of infections in their environments. But as we reopen the community now, the community spread possibilities become greater. And we will continue to urge people to take precautions to clean their hands, to wear mask, to practice social distancing in all of its elements so that we can continue to minimize that community spread. I think we've been very blessed here. We've been very compliant by in large with social distancing requirements, staying home. But as we reopen, as people go back to work, as the stores open and have larger contingents of customers in them the risks go up. And so, it's going to be that much more important that we remain vigilant as these next few days unfold.

Tasa: We have a question from Facebook. Where do you believe we are on the curve?

Mr. Meyers: You know, it depends on which curve you're talking about. We've been watching the IHME curve from the University of Washington's statistical folks on a regular basis. And that would say we are passed the peak as a state at least. Can we know that for sure? No. The larger the sample-- If you look at a whole state you can say with some confidence that we are passed the peak. But if you look at an individual community which is still at risk for a large outbreak in a nursing home or other congregate living environment, we could easily see another spike. And it wouldn't be shocking to see that. So, while we probably are on the beginning of the downside of the curve, there's still a lot of risk and a good bit of time left before we can say with confidence that we've put this to rest and can go on back to normal life.

Tasa: We have another question from Facebook. Have any hospital staff members gone to work in other parts of the country?

Mr. Meyers: I think the question is probably about have they responded to the call from New York or places like that that are overwhelmed and need an influx of healthcare personnel. We've had 3 people from the hospital staff who have done that that we are aware of at least. And we certainly appreciate their efforts. Of course, when they come back, we'll have to be thoughtful about allowing them to come back to work after having been in a hot zone for that long of a period of time. Most likely they'll be quarantined I would think once they return. But we certainly applaud those who have been willing to make that very high-risk commitment to going and helping in those hotter zones in the busier parts of the country.

Tasa: Is Midland testing the homeless?



Mr. Meyers: Is Midland testing the homeless? Well, we've been working on an outreach to screen homeless folks. There are a variety of entities coming together to try to make that happen. I believe that's going to be starting this week. Testing of that population will happen if we identify people who need to be tested. If they meet 1 or more criteria for testing, then we will make arrangements to get them tested. Of course, quarantining, isolating people who don't have a home is a challenge and that's part of what's being worked on. I hope that we'll have more to say about that later in the week as those plans unfold, but we are working with several other entities to try to outreach to the homeless and do what we can to help keep them safe as well.

Tasa: We have a question from Mitch at Marfa Public Radio. Do you think the city of Midland should temporarily mandate a face covering when in public especially since Midland is looking to reopen this week?

Mr. Meyers: I don't want to be in a position of telling the city what to do. I think the mayor has been very open, very transparent. He's accepted input from a wide variety of folks around the community with different perspectives on this issue. And leaning on his perspective which I support is that it's been mostly about individual responsibility. We've told people what works. We've encouraged them to do it. I expect that that's what we'll probably continue to do. There are communities, I know Harris County where I grew up has mandated mask wearing for the next month. And one of the challenges with that kind of mandate is somebody has to enforce it. And whether we want our law enforcement folks enforcing the wearing of masks and writing tickets for failure to do so I think is a very significant question. I don't think that I would advocate for mandatory mask wearing, but we'll still encourage that people do so and take personal responsibility for their own health and for the health of those around them.

Tasa: We have a question from Melissa Beach at NewsWest 9. Why can't Midland Medical Lodge be prioritized with more rapid testing?

Mr. Meyers: Well, I don't know where that rapid testing would come from. If we had any test kits available to run on our machines, we certainly could have run them already. We are sending tests away to an outside lab that for the most part has turned results around in about 48 hours. But we can't control in what order they do our tests and the pace at which other tests arrive at the lab and how fast they can turn them around. So, if we had rapid testing that we could trust, we certainly would deploy it for any of those folks who we believe to be positive, who are actively symptomatic. We are hopeful that we'll get that capacity soon, but we are not in control of that. And the allocation of test kits and reagents, all the things necessary to run tests locally is being done on the basis of what areas need it the most. And because we've had a relatively minimal outbreak here then we are getting relatively minimal allocations of PPE and lab testing supplies and that's just part of the reality we are having to face. So, we don't really have access to any more rapid testing than we are already doing. And as we get it, we will certainly deploy it in those areas where it's needed the most.

Tasa: We have a question from Facebook. Have there been any more cases at Manor Park?

Mr. Meyers: I'm not aware of any more cases at Manor Park. We don't believe there are any.

Tasa: We have another question from Facebook. Do you think the virus was in Midland earlier than reported?



Mr. Meyers: Oh, I think we've thought that from the beginning. We've not only thought that it was in Midland before the first positive case was reported, but it's probably in Midland still in much greater numbers than we are aware of because so many of the patients who have been shown to be carriers of the virus in other environments have been completely asymptomatic or have had such minor symptoms that they pass them off as a cold or some other minor illness and went on with their lives. But there are a number of studies that are showing that the incidence in the population is clearly much greater than the numbers of folks that are testing positive.

Tasa: When coming to the hospital as a patient, is it required to wear a mask?

Mr. Meyers: Yes. When you arrive as a patient and of course most commonly that's at the ED. You'll meet screeners right inside the front door. They will talk to you about your conditions, where you've been, they'll take your temperature. And if you're coming inside to be a patient, they will give you a mask. If you didn't show up with one on; which we hope you will come in with a mask on; but if you show up at our door and intend to come in as a patient or a visitor we are going to give you a mask and ask you to wear it while you are in our environment.

Tasa: If you feel you've had COVID do you recommend getting checked for antibodies?

Mr. Meyers: There's not any antibody test available that we are aware of and there's some question about the reliability of those antibody tests. The one caveat I would say is that if you believe you've had the virus and have recovered from it and you're interested in become a plasma donor you can contact our friends at Vitalant and they will do the screening that's appropriate for your condition and determine if you're an appropriate plasma donor. As I said earlier, that has proven to be a promising therapy for patients who are actively suffering from the disease to get plasma from patients who have recovered. But the only way you can do that is if there are donors. So, if you think you've recovered from COVID and you think you'd be willing to be a plasma donor that's what I would recommend. Contact Vitalant and see if you can qualify.

Tasa: What percent of current cases are staying home vs in the hospital?

Mr. Meyers: If what they mean is what percent of positive cases are staying home versus coming to the hospital. It's a significant majority I don't know that I've done the math, but if you look at the hospital census it's typically been in the 10 – 20 range throughout the pandemic. We've reported 71 cases in Midland. There are a handful of others that are reported in other counties but are here for one reason or another, so the majority of people who are either positive or suspicious for COVID have had an exposure or traveled in a hot area and developed symptoms but haven't been tested yet, which is what we've been advising from the beginning. You know, if you get symptoms that seem to be indicative of the disease the first thing you do is stay home. And the vast majority of people are in that category. They don't ever even get tested. So, we are pretty confident that a strong majority of people who even have become symptomatic have stayed home and not come to the hospital.

Tasa: We have a question from Sammi Steele from NewsWest 9. Why do you think Manor Park and Midland Medical Lodge had such a big difference in how the virus spread?

Mr. Meyers: I don't know the answer to that. I would have to have been in those environments. I know that the Manor Park situation did not even occur in their nursing home. The 1 patient they had was no doubt community acquired. He lived independently and so that was a completely different scenario.



Midland Medical Lodge is a large nursing home and it was contained within the nursing home. So, very different scenarios, but exactly why 1 went one direction and the other was different I couldn't say.

Tasa: A follow up question to that. Would you do things differently looking back at the situation at Midland Medical Lodge?

Mr. Meyers: Would we, the hospital do things differently? I think we do things differently in a lot of ways with hindsight. Things we know after the fact if we knew them sooner, we would do differently. I would say the one difference at Midland Medical Lodge, I think we've said this before is if we'd identified the potential for an outbreak there sooner than we would have gone in and tested sooner. Whether it would have made a lot of difference in the outcome of those patients or not, it's hard to say. But I don't have a lot of concern or a lot of anxiety about the way we've handled the situation. I think we've done the best we can in a timely fashion with the information we had at the time. In hindsight, sure there's a number of things we certainly could have done better throughout this pandemic. This is all new to us. We're learning as we go and improving our processes as we go along, and I expect we'll continue to do that.

Tasa: We have a clarification from Melissa Beach at NewsWest 9. To make sure I understand, you have no rapid tests or rapid tests take just as long to process?

Mr. Meyers: As of now, we have no rapid tests. We have the capability to do tests that have a 45-minute turn around. We've done 50 or so of those. But that's all we could get. The manufacturer has not been able to deliver the test kits to do any more. We have them on order and as soon as they arrive, we'll be able to do them in our own lab on a very short turn around. But until we have those kits that run on our machine, we can't do rapid tests. And so, what we do with every test we are doing today is we send it off to either the state lab or a commercial lab and we wait for turn around of those results.

Tasa: I believe that's all the questions we have.

Mr. Meyers: Ok, well thank you all for tuning in. Thank you for your good questions. We'll be back here tomorrow morning at 9:00am for the Unified Command Team Briefing. I expect that one will be very interesting as we've processed the governor's announcements today. I expect the city will have something to say about their reaction to what the governor says. And all of us will be moving into the next phase of the management of the COVID-19 pandemic. Thank you.