Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Thursday, October 22, 2020

Transcribed from a previously recorded live event.

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

Mr. Meyers: Thank you. I am Russell Meyers, CEO of Midland Health. And this is a particularly critical time for our community, and we thought it was very important to have a Unified Command Team Briefing today to let our community know what's going on with each of our entities and give you a few thoughts about what we all should be doing going forward.

I'm going to begin with some hospital data. I'll leave the broader data sharing to the health department, but we are at 208 patients total in the hospital. That's a pretty high point for us census wise. Overall, a lot of activity. Of course, this is the time of year when our activity tends to begin to increase with respiratory disease season, as we get to the end of the year and people have met deductibles and want to do elective surgery, but these are particularly high numbers and they are driven to a great extent by the growth in the COVID census. COVID patients are at 53 as of this morning. We think there's one more on the way, so we'll be at 54 shortly. We have, I think, our highest number of critical care patients at 27. All 27 of those are on ventilators. We have 26 medical patients in the Medical COVID Unit so a total of 53. As we've been saying in our recent press events, great numbers of these patients are now coming to us from out of Midland County. We've been consistently at over 50%. That's dropped to 40% this morning. 21 out of county patients from 11 different counties around West Texas, the panhandle, and New Mexico. We have them as far away as Dumas which is north of Amarillo meaning there was no bed available in the 2 major hospitals in Amarillo, there was nothing available in the 2 major hospitals in Lubbock, and they had to keep coming farther south. That's an experience that our smaller rural hospitals are having every day now with difficulty placing their patients as the entire region is being filled with COVID patients from El Paso, to Abilene, to Amarillo and everybody in that triangle. So, 11 counties represented including New Mexico and the Pan Handle. 21 out of county patients as of this morning.

Ventilator use has become an issue after many months of fairly minimal use. The 44 ventilators that we have in total are not all the same. Some of them have more capability than others. All of our most capable ventilators are in use. We have a total of 35 of the 44 being used in some capacity. Not all of those are supporting patients who are intubated and fully ventilated. Some of them are being used for BiPAP which is delivery of higher-pressure ventilation to patients without intubation. But we are using the ventilator supply and in fact we've even borrowed a few from the regional advisory committee here in West Texas to make sure we have plenty on hand, so more ventilation than we've done at any point in the pandemic.

153 patients seen in the ED yesterday as their volumes continue to slowly rise.

On the testing front, this is just testing being done at the hospital's drive through site. We've now, counting this week when the numbers are—I'll give you those in just a second. We are running on an increasing positivity curve. 6 weeks in a row the percentage of the patients we've tested have been more positive week after week. Starting 6 weeks ago at just about 8%, this week so far, we are at over 23% of the patients we test who are positive. And we're also testing more people than we ever have. This week alone, through 3 days we are over 500 patients tested. Last week we did almost 800. Those

have been ramping up week after week even though we're down to 1 testing site. Today, we're testing patients who have symptoms or who have an immediate significant exposure that's recent. We've stopped testing at our site for those who are simply concerned, because we just don't have the capacity. We've got a team out there now from 9:00am to 3:00pm. We've extended our hours significantly each day Monday through Friday. But we've had to restrict the types of patients we'll test here as the volumes have increased.

So, that's the hospital data. A few things to tell you about regarding policy change. We talked about this on Tuesday, but to reinforce, our visitation limits are back in place. So, most of our patients, virtually all of our outpatients, most of our inpatients will not be allowed to have a visitor given the significant outbreak we are undergoing in the community and throughout the region. The exceptions to that are back to the original restrictions. Pediatric patients can have a parent with them, OB patients can have a support person plus a doula if they choose to use one, patients who need someone to speak for them who are incapacitated or incompetent can have someone with them to be their advocate, and patients who are dying, at the end of life we can have family visitation in limited terms for those patients. Otherwise, for the time being we will not be allowing any visitation. Our entrance policy remains the same. The ED entrance is open 24 hours a day. Generally, the ED is one of the differences from the previous policy. Most ED patients will be allowed to have 1 person come in with them for the course of their ED stay. They won't necessarily be able to stay with them if they are admitted. But while they are in the ED being evaluated, they can have a support person with them. So, that ED entrance is open. We're asking inpatients, outpatients, anybody who's not here to use the ED to use the main hospital entrance, just right down the path on the north side into the main lobby of the Scharbauer Tower as we've been doing for quite a while now. So, that entrance is open. Non-ED patients from 5:00am to 5:00pm are asked to use that entrance.

Another meaningful, very meaningful change we've had to make as of yesterday we made the decision that beginning this coming Monday morning, we will suspend inpatient elective surgery. If you have an emergency and come to the ER have to be urgently cared for we are going to do that and we're going to continue to do outpatient surgery and endoscopy and other kinds of procedural things that can be handled on an outpatient basis, but if you are going to have a procedure that requires you to spend the night or multiple nights after, that case is suspended beginning this coming Monday. We are going to assess that day to day. We are hopeful that can be as little as a week's time that we have to remain suspended, but we simply don't know until we see how the rest of the COVID population plays out over the next few days. So, this coming Monday, inpatient elective surgery is suspended for the immediate future.

One more bit of good news, the project we've had going on for a while to build out our 9th floor. The Scharbauer Tower has had an empty floor since it opened in 2012. We have with the support of the FMH Foundation and the Scharbauer Foundation, we've been able to build out that 9th floor. That construction is basically finished. The city provided us with a certificate of occupancy last week. We are waiting on the state to come in some time this coming week, the week of the 26th. Once the state has inspected, then we can put those beds on the license, and we can begin to use them. What's really important about that is that every one of those beds was built with the ability to affect negative pressure in the room. So, they're prime spots for the COVID patient population and we expect to consolidate as much of that patient population onto the 9th floor as we can. Critical patients will still be on 5 in our Critical Care Unit, but all the other COVID patients we hope to pool together on the 9th floor once we get it open. Probably will be November 2nd. That's still pending the state's inspection, but

that's the week after next we think we'll be able to open those new beds, have a little better environment for the COVID patients, a more consistent place to put them and that may put us in a position to rethink visitation, surgery restrictions, etc. We'll see, but that's a very positive development regardless.

A couple quick things and I'll get out of the way. Our workforce continues to have some exposure although it's not as bad as the worst time. We have 12 employees now who we know are positive for COVID-19. We have 7 other employees who are quarantining for other reasons, so we have a total of 19 who are being kept home, away from the workforce until their disease resolves. We have 41 others who have had some level of exposure. We have an ongoing daily monitoring process for them.

And we're fortunate, we are very appreciative to the state 49 staff members showed up under the state's sponsorship this past Monday. We've now integrated them into the workforce. So, we've got some relief, some ability to take on a few more patients, those are predominantly nurses both medical nurses and critical care nurses and we have a small supply of respiratory therapists who are particularly important as we manage more ventilators than we ever have. So, thanks very much to the state for providing those requested resources and doing so in a timely fashion. We are very appreciative of that.

I'll close my remarks with what I think is the most important message of the day and one that I hope will be reinforced by the other speakers as well. We are in a critical time for our community. I would say this is worse than the first peak because it is so much more widespread and so regional in scope. The first time we peaked was back in the April May timeframe and you may remember more than half of those patients during our peak came from 1 outbreak site here in Midland at a nursing home. These patients are coming from everywhere now. And so, the outbreak is much more widespread. It's continuing as we see testing numbers go up and percentage positive testing go up. So, we know that some of those patients will become symptomatic and need hospitalization over the next couple of weeks. The light is not there at the end of this tunnel just yet.

It's important to understand that there are vaccine trials in the works. They are pretty far along. There's a lot of promise in what we are hearing about the vaccines, but there is no chance that any meaningful amount of vaccine will be in our hands and will be able to impact our community's experience before the end of this year. We'll get a little bit we hope and probably be able to vaccinate some healthcare workers, but the real hope as you're now hearing from CMS and from the FDA is after the first of the year. So, we've got a good 2 ½ or 3 months here to weather this storm without really any new tools to fight the disease.

The message that we all ought to take away from that is we should be more careful than we've ever been. It's getting colder outside, it's holiday season when families are going to gather. We're going to be spending more time inside. We have to wash our hands and wear our masks and do the social distancing that we've been urging people to do from the beginning. In small groups you should keep separate, stay out of poorly ventilated spaces. It's particularly important and we think the highest risk, maybe even what's driving our current numbers today, is family gatherings. If you live in the same household with someone, you know you're exposing each other all day long and you know that's a known quantity. You don't have to be as socially distant from the people you live with, but as soon as you bring people into your home or you go into someone else's home that you don't live with, that might as well be a stranger. Whether it's your brother or sister, your mother, or your kids they are existing in a different orbit. They are exposed to other possibilities of disease and so those social distancing rules still apply even if it's family. Even if you're doing a Thanksgiving gathering and you have

to be particularly diligent now. Hospital resources are stretched almost to their limit throughout the region. There is no good way for us to take on a lot more patients. We need to mitigate; slow the spread of this disease and we need to do it right now.

So, that's the message I want to leave you with. I'm confident the mayor and others will help to reinforce that. And I think, I don't know if we want to take questions for me now or wait until the end. So, we'll take my questions now? (asking someone off camera) Alright.

Moderator: The first one we have for you Russell, is have any Midland County residents had to be transferred elsewhere due to the high census in house right now? Any worries that we may not be able to take care of our own here in Midland?

Mr. Meyers: For our own here in Midland are first priority for sure and we have closed to transfers in periodically fairly routinely now as all the hospitals throughout the region have. We take patients as we can accommodate them. When we can't, we stop. If a patient from Midland shows up in our ER, we will find a way to accommodate them. It might mean holding in the ER for a while, but we are going to accommodate Midland people. And to the best of our knowledge we have transferred no one out from Midland. Now, we do still transfer the occasional Midland patient who has a need that is beyond our capability: a burn victim, a poly-trauma case with a terrible head injury and other you know orthopedic, long bone fractures, the occasional pediatric some specialty case. Those transfers always happen. They continue to happen. But we're not transferring anybody because of COVID. We are turning some away. In fact, Steve Bowerman was telling me yesterday, he was the administrator on call and just over night he turned down 15 transfer requests from hospitals around our region. We are in a tough spot and every small hospital around us needs our support. They need the support of hospitals like us throughout the region and we have very limited resources to supply that support.

Moderator: And the next questions is we know that north Walmart was closed yesterday. Do you know how many cases have come out of there?

Mr. Meyers: I'm not aware of a Walmart specific case. I'm sorry. I don't know that.

Moderator: The next question is from Mitch is a there a particular county or city that is transferring the most COVID-19 patients to MMH?

Mr. Meyers: We are more likely to get patients from nearby, but there's 11 different counties represented among those 20 patients that we have now. So, no one place is sending large numbers. We certainly get them from the adjacent counties, including Ector. I mean we've had a couple of Ector County patients even.

Moderator: Stephanie with CBS 7 asks how many patients does MMH have from out of town and what places?

Mr. Meyers: Well, I'll go back to that. Let me check my notes and I can tell you. I can remember a few of them just off the top of my head, but oh here I have a list. I believe it's 20 patients now. 21, I'm sorry it's 21. The list includes Waco, Spearman, Hobbs, Portales—those are both New Mexico—Dumas which is north of Amarillo, Pecos, Big Spring, Odessa, Stanton, Snyder, Crane, and then one coming from Alpine this morning. So, as you can see—all over the region.

Moderator: And now Dana Morris with NewsWest9 has some questions. Dana, whenever you're ready.

Dana Morris (NewsWest9): Thank you Erin (comments very quiet, not able to be heard)

Mr. Meyers: Hey, Dana. Hold on just a second, I can't hear you. Ok, let's try again.

Dana Morris: Can you hear me Russell?

Mr. Meyers: Yeah, that's good.

Dana Morris: Thank you, sir. As always, thank you for taking the time. You mentioned earlier that you had 27 critical care patients all on ventilators. What is the Critical Care capacity? I know those 27 critical care patients are COVID related. What is the capacity for critical care for COVID patients at the hospital?

Mr. Meyers: Critical Care capacity is a little fluid. This is sort of old news, but when we built the Scharbauer Tower, the entire 5th floor was built to Critical Care standards. So, we technically have 48 beds that can be used for Critical Care patients. Typically, we have half of those assigned to Critical Care and half of them to Progressive Care, intermediate care, kind of a step down from Critical Care where they are less acutely ill, the nursing ratios are a little bigger. So, we typically have 24 and 24, but we have the ability to make that whole floor Critical Care if we need to. In addition to that, we have set up a wing, a 12-bed wing of the 8th floor and when the 9th floor opens, we'll have that same capacity on the 9th floor that can also be Critical Care overflow. So, the big picture answer is we can physically accommodate about 60 Critical Care beds. The challenge with that is, we don't have 60 Critical Care beds' worth of nurses. And so, you know we are probably getting pretty close to the peak of what we can accommodate with our own team. The state resources help to expand our capacity, but we're very close to what our maximum is without getting some more staff support.

Dana Morris: Thank you Russell, and you kind of tied into my second question. When that 9th floor is ideally state approved and everything, what will the capacity be of that, I know you mentioned you would have another 12-bed wing of Critical Care, what is the you know COVID regular or Progressive Care capacity?

Mr. Meyers: The whole floor will be 48 beds, just like our typical standard floor in the tower. Every one of those rooms is built to what we call universal care standards. So, technically speaking you could accommodate the Critical Care patient in any of those rooms. Our near-term assumption is we would only use the 12 floors [rooms] on the north facing wing, the shorter wing of the tower as Critical Care and only do that when there's overflow requirements. But all of those rooms have negative pressure capability and monitoring which is an upgrade from the rest of our building. So, in any one of those rooms we can manage the pressure in the room such that it's negative meaning if there's an infected patient in there, that the air from the room doesn't blow out into the hallways. It's all forced out into the atmosphere and exchanged continuously, and we maintain negative pressure in the room with a monitoring system on the outside wall, so we always know that it's in the right condition. That makes it the ideal spot for handling respiratory infection cases like COVID. So, that's how we'll be using that floor.

Dana Morris: Thank you, Russell. I just have 2 more questions. I'm trying to wrap this up for you so we can get to the other speakers. I apologize. You mentioned that you had 49 staff members from the state that was provided. Are those staff members trained to really handle all situations within the hospital or are they confined to just one certain type of care?

Mr. Meyers: No, they're experienced nurses and respiratory therapists. We've been able to incorporate them into our team and put them where they are needed.

Dana Morris: And you've mentioned that you know you guys aren't quite—I mean as far as COVID beds, you have the openings, but it's the staff that your kind of worried that you're starting to press to the limits. Is there a number of, you know, Critical Care patients or COVID patients that you would take in that would push you to that limit, hitting that breaking point?

Mr. Meyers: Well, yeah sure. There is. You know we've been hesitant to put a firm number on it because we do have the ability to expand and track resources to some extent. But what our team has done, really done this since the beginning. It's been updated several times. I have an update in hand that will go into effect when the 9th floor opens. We've got a multistage surge plan as the COVID census goes up and down, we've already laid out where the next patient will go. How the unit will be staffed where those patients go and at some point, around stage 4 as we get close to the worst-case scenario, we begin to go back to the original severe restrictions on other activities that we saw the first time around. So, you know, next week we are going to suspend inpatient elective surgeries. If it continues to get worse, other kinds of elective procedures including those for outpatients will have to be reconsidered because we may need to reassign some of those staff to functions that are more focused on caring for the COVID patients. We have a lot of resources and a lot of changes that we can do within our physical plant and within our team to continue to accommodate more patients. But, yes. There absolutely is an upper limit. It changes a little bit from one day to the next. But we are prepared to take on some more. There's no question we don't want to. We would prefer we prevent the disease and those patients all get well and home.

Dana Morris: Thank you, Russell. And finally, the city's message over the last few weeks has been one of reopening business and that the City of Midland is open for business and putting really responsibility on personal social responsibility. Has that been a strict enough message for this community?

Mr. Meyers: Well, I hate to pass judgment on people's behaviors. But I think we can see that regardless of the reasons, people are loosening their compliance with social distancing expectations. And I think the big message that we all want to deliver today is even as we open the business locally, even as we try to revitalize our economy, perhaps especially in those times we must be diligent about washing our hands, wearing our masks, and keeping distance when we can. I've asked that a couple of meetings we had scheduled to be canceled as in person meetings this week as we began to think about doing more and more of that. As businesses reopen, they have to think about ok, you know reopening with everybody in their office or at their cubicle is one thing. Reopening and having, you know 25-person lunch meetings in a single conference room that lasted 3 hours, that's not a good idea. And we can mitigate the risks while still working to reopen the economy. That's what we're here to say today. As we do things that help to bring our community back to life, let's not forget what it takes to restrict the transmission of this disease and let's be particularly diligent about doing it as we reopen.

Moderator: OK, we have 2 more questions and then we will move on to Whitney. The first one is from Mitch. He asks what is MMH's plan if more than 44 patients need to be ventilated? At what point will 1-time use ventilators be deployed?

Mr. Meyers: I don't know if those are of any value, but we've had a handful, I think it was 4 ventilators loaned to us by the state and so our capacity is up to 48. Many of the ventilators we are using now are not being used for their full purpose of managing the airways of an intubated patient and so we can

shuffle and do some other things, but it certainly limits the options available to our clinicians if we run out of ventilators. So, we're continuing to look for other sources. One of the things that was a component of the 9th floor buildout was a fair amount of equipment funding. We are very, as I said earlier, we are very blessed that FMH Foundation and the Scharbauer Foundation gave us money to do this work and included among those things that were funded was a ventilator purchase. We put the purchase order in several months ago. We were told at the time to assume delivery by around the end of the year. Just this week we were told by the manufacturer that we shouldn't expect those new ventilators before March, perhaps even April. The supply chain remains broken in a number of ways. The ventilator manufacturer tells us they can't get the parts they need to assemble these new products. So, you know they are not abundantly available. We'll continue to pull out all the stops and use whatever resources we can get, but it's not an unlimited supply of ventilators without question we have to be careful.

Moderator: And last question for you Russell. This is from Stephanie with CBS 7. Other than gatherings, what could other factors be that are causing the rise? Can you elaborate on that, please?

Mr. Meyers: Well, I think you've heard-- there are a lot of people who have speculated in various media sources on the reasons. And this rise is not unique to Midland or to West Texas. There's worry happening all over the country. The CDC expressed some concern yesterday, but fatigue. You know, we've been at this for now 7 months or so. And so, I think people get tired of it. Get tired of wearing masks, need to get back to their regular lives. Let down their guard and get complacent. That's one of the reasons we are here today to remind people the importance. Nothing has changed. There's nothing new in this environment that is any different than it's been from the beginning other than the fact that we are more out and about and more open as a society. There's no new effective new treatment on the front end, there's no vaccine. We're still in the prevention business people need to be reminded of that. I think you know there are a number of things that have happened that I think have added to that complacency and made it harder frankly. As businesses reopen, as all these kids and teachers and support staff go back to school, as frankly we see the president have a relatively minor experience with his own disease, and then downplay the significance of it. That probably didn't help. He was very fortunate to get treatment that isn't available to anybody else, but the president and we can't assume that it's no big deal because it was no big deal for Mr. Trump. All those things I think contribute.

Mr. Meyers: Thank you, Russell.