



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, August 4<sup>th</sup>, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning. I am Russell Meyers, CEO of Midland Health. This is our Coronavirus update for Tuesday, August the 4<sup>th</sup>, 2020. I will begin with some data. In the state of Texas, we are now over 440,000 confirmed positive COVID diagnoses and over 7,000 deaths since the beginning of the pandemic. The same numbers in Midland county: 2,362 positives and 44 deaths through yesterday.

On the testing front, a good bit of good information here. We are down to only 35 outstanding results that we are awaiting as we whittle down the number of send out tests and move to a predominantly rapid testing environment at both of our drive through testing centers. That's been very successful. We are getting test results back in real time and so that long backlog we were experiencing is now being alleviated. We do have a very good supply in hand of those rapid tests that we are using at the drive through locations. The supply chain remains uncertain, but so far, we have been able to accumulate enough tests that we are confident we can keep those locations going, keep the rapid test environment alive for at least a few weeks. Today, at either the Coleman Clinic or the West Campus site, we do have some availability. Those sites are both open from 9:00am to Noon each weekday and so if you believe that you need a test, please call 68NURSE or get your doctor to order the test for you. We can make you an appointment and get you in to either of those sites today if you need a test. We are continuing to monitor the testing activity as we've gone to 2 sites. The total number of tests hasn't doubled and so day to day, week to week we are assessing whether having 2 sites open still makes sense or if we should consolidate to one. But as of now, we still have both sites open and both of them have test slots available today if you need a test.

Let's see, going on with the census information for the hospital. We are at 144 total patients this morning. We have 24 COVID patients in the house, so those numbers have come down pretty steadily over the last couple of weeks. Seven Critical Care patients, age groups from the 20s to the 70s. Six of those 7 Critical Care patients are on ventilators today. There are 17 in a medical unit and they are ranging from the 20s to the 80s. We have a total of 10 patients on ventilators. Six of those are COVID patients; 4 are not; a total of 10. Still 44 ventilators available in house so plenty of ventilator capacity. Emergency Room (ER) activity is trending up just slightly. We had 139 cases in ED (emergency department) yesterday and so that's encouraging. We do continue to worry as do many providers around the country about people staying away from the ED when they need emergency care, not necessarily for COVID but for the wide variety of other things that bring people to ERs and so we want to repeat our continuing admonition to please pay attention to emergency conditions. If you are having chest pain, if you are having anything else that you perceive to be emergent, please do come to the ER. It's a safe environment. Volumes are down a little bit. There is no reason whatsoever not to come to the ED if you need to be there.

Ok, let's see. On the staffing front, we have had some good news. We had several travelers start yesterday. I believe the number was 17. The majority of those were sourced by our Human Resource department by various resources, but I think we had 4 of them that came through the state, the state resources. So, very encouraging numbers in helping us replenish our staff that have been really hit hard by the disease and by the increase in census. On the disease front, we are down to only 17 employees



in quarantine. Remember as recently as 3 or 4 weeks ago we were in the 50s in total employees who were being quarantined. Large numbers of those were positive. As of now, 17 in quarantine; only 7 of those are positive for the COVID-19 virus. So, very encouraging on the staffing front. We are hopeful of getting some relief for our team here very quickly.

Let's see. We've had a request last week to improve the data that's readily available on our website. Our team has been working on being responsive to that. I know we had a request to add census data for COVID patients and a couple of other things that I think are being reported in various places, but we are working on consolidating all of that to the headline on the hospital or the Midland Health website so that anybody who wants to see the most current data each day on key items we'll have it there for you. Certainly, we're willing to add to that data if there's interest from the community in a particular data point that's not being reported regularly, so don't hesitate to ask if you think that there's something we should add and we'll certainly consider it.

The last thing I wanted to add was not really about the COVID situation, but it's a piece of good news. We have been working for several months now on improving the 3<sup>rd</sup> floor of the West Campus to become the new home of a very large pediatric clinic. Midland Community Healthcare Services pediatric operation has been in the Delano Street location. That's an old fire station that they've long since outgrown. They've been there for many years and we've been working with the help of a grant from the FMH Foundation to renovate the 3<sup>rd</sup> floor of the West Campus to become a very large new pediatric clinic. The MCHS folks have moved to that clinic site now and in the course of about the next month, the pediatric clinic that's operated by Premier Physicians will join them in consolidating that operation under the MCHS banner, all on the 3<sup>rd</sup> floor of the West Campus. So, a really nice first class, very large pediatric clinic will be fully occupied by the end of this month, but the initial occupancy has to happen. MCHS has moved their current operation over there and we're very excited about that and very appreciative to the FHM Foundation for helping us get that done.

So, with that said I think that is all of my prepared remarks and I'll be happy to take questions if you have them.

Tasa Richardson, Midland Health Public Relations Manager: We have a question from Stewart Doreen from the MRT. In regard to the positivity rate, is the 21% positivity rate still accurate?

Mr. Meyers: You know, I didn't look at the positivity rate. Obviously, it's varied overtime. (comments off camera not able to be heard) Ok, yeah. I know over several weeks it was in the high 20s. We know we've had at least one day that it was down in the teens, so 21 sounds right. I'm sorry, I didn't look at that number before I came in, but that's got to be in the ballpark, Stewart.

Tasa: Stewart has another question. Was it a surprise that MISD put 4 weeks of at home learning in place?

Mr. Meyers: I don't know that it was a big surprise. I think that most of us have probably assumed that there would be some sort of ramping up of the back to school process. We are not a part of the decision making at MISD, but I am not personally surprised that there wasn't some at home time or some hybrid period where they sort of slowly move back. Remember, they haven't been in school since March. So, there's a lot to do, a lot of safe guards to put in place and that doesn't strike me as unreasonable, but I don't think that we knew exactly what their plans were until they were announced to the public.



Tasa: We have one more question from Stewart. What was your reaction to the 180-something positive cases yesterday?

Mr. Meyers: Yeah, my reaction was concern. Dr. Wilson and I were talking about that on the way in. That's the biggest number we've reported on a Monday, perhaps since the beginning of this. We've been seeing 80 to 100 pretty typically as the weekend and the Monday numbers are all combined on Monday afternoon. So, 180+ new positives is a little bit stunning. There is always the factor of test report lag that we are now eliminating. So, there's probably a little bit of a mitigating factor there since we don't have a lag anymore, it's all current. In past weeks, we may have tested people on Friday or a little bit over the weekend, but not gotten their results until the end of the week or the following. So, now that we are getting it in real time, we may see some adjustment for a bit. But certainly, that's a concern. We want to reinforce, as we try to do every time with people that wearing face coverings, social distancing especially indoors, trying to avoid crowds and especially extended exposure to crowds that are tightly bunched, all those things still work. And we would strongly encourage people to continue to follow and if you haven't been following to get on board with those guidelines to try to stem the spread.

Tasa: It appears that's all the questions, but I'm going to look at my phone and make sure the Facebook questions are not just coming through because I don't have any. So, I'm just making sure.

Mr. Meyers: Ok. Ok, we'll pause here for a second and see if there's any more of interest.

Tasa: We have a question from Rachel Ripp with the news media. Rachel go ahead.

Rachel Ripp (NewsWest9): Hi there. So, my question is just in regard to the numbers from the CDC being delayed in reports. Is that happening at a local level or a state level and if so, why is that happening?

Mr. Meyers: A question about numbers being delayed at the CDC reporting level. I'm not sure that I'm—I mean I've heard some discussion of whether the results from the rapid test environments are all being consistently added to the state level reporting, but I'm not sure I know what you are referring to on the CDC side. Can you tell us any more about that Rachel?

Rachel Ripp: Yes, so in regards to those numbers it seems that they've kind of been behind and there's been a delay in reports. So, I was wondering to see if you knew why that was happening. The numbers specifically to the CDC on the national level more so. And then to see if that's happening at all with the local level.

Mr. Meyers: (Comments off camera not heard) I suspect that that's just a multi lag, too. You know we experience lags here, both with extended periods before test results come back after samples are drawn to the reporting internally and to the local health department and to the state and the CDC. There's a few days built into that process. Some of it is a little more manual than it probably should be. But we, frankly, day to day don't pay a whole lot of attention to national numbers. We are much more focused on our own local numbers. We are interested in what's happening in the state because the state's progress drives policy making that affects us locally, so I can't tell you that I've drilled into the CDC process a whole lot given that those numbers really don't directly impact us on a day to day basis.

Tasa: Ok, we do have some Facebook questions. They are just not coming in on my desktop platform.



Mr. Meyers: Ok.

Tasa: So, we have some questions regarding elective surgeries and inpatient procedures. Are we opening up to doing more of those?

Mr. Meyers: We are trying to slowly increase our volume of inpatient procedures. Remember, the governor's rule for elective procedures is that we shouldn't be doing anything that jeopardizes our ability to care for COVID patients that takes beds away from what would otherwise be devoted to those COVID positive patients. So, beginning this week, we've started slowly ramping back up with our surgeons. Talking about it multiple times a week to be sure that we are not getting ahead of ourselves scheduling cases that we can't be certain we have beds for. But yes, we are starting total joints, spines, bariatric cases, anything that is elective that we know is likely to have a one or more day inpatient stay. The gates are not wide open. We can't do just as many as anybody wants to schedule, but with careful management of our bed supply, we are beginning to do those patients again. That reminds me of something else with regards to visiting. Yesterday, we opened the main entrance in the Scharbauer Tower to try to reduce the ED traffic load to just those patients who are coming to the ED at that entrance. And then all of our outpatients, elective cases, and the few visitors that we see would all be asked to move over just a few steps down the sidewalk to the main entrance on the Scharbauer Tower into the Scharbauer Tower lobby. So, we now have 2 entrances where patients and visitors can be screened, can be encouraged and required to wear a face covering, and 2 entrance points now open.

Tasa: We have another question from Rachel. How is hospital capacity looking?

Mr. Meyers: Hospital capacity is better today than it's been in a while. We were down to a total census this morning of 144. 24 COVID patients. Just two and a half, three weeks ago we were in the 50s in terms of COVID patients and we've routinely been up in the 160 to 180 range in total census. So, that combined with the fact that we've added some staff from both our own people getting well and some traveling nursing staff we are in a pretty good position now to begin ramping back up those elective cases as well as having a little bit of breathing room for our staff in caring for the COVID patients. So, as of today, and I hate to say it out loud because with 180+ new positives just announced last night, we can't be sure how long that will last frankly. But as of now, hospital capacity's in pretty good shape.

Tasa: Scott Pickey has a question. Scott, go ahead.

Scott Pickey: Russell, good morning and thanks as always for taking the time to do these. Dr. Saravanan mentioned on the Ector County call last week that while more people were getting sick, fewer people were having to go to the hospital and be on vents and stuff like that. But are you seeing the same thing there in Midland?

Mr. Meyers: I would say so, yes we've continued to see very large numbers of new positives and yet after a pretty healthy peak, the highest number of inpatients we've had since the beginning of the pandemic just about 2 and a half weeks ago, it's come down pretty steadily since then. So, yes. Of course, you know some of that is people getting well and being discharged, we've also had a few deaths. We are up to 44 deaths in the county. So, it's a combination of things, but it does appear that the high numbers of new positives aren't translating directly into similar numbers of new hospitalizations. We are hopeful about that.

Scott Pickey: What do you think if the number is as big as it was last night in the next 48 hours, well what does that mean?

Mr. Meyers: Well, I don't know. That's a reasonable question probably over the next week really, not just the next couple of days. But we'll just have to wait and see. Certainly, I don't have the age breakdown on those new positives. I don't know anything else about their underlying conditions, so we're going to remain hopeful that those are mostly healthy folks who will not end up in the hospital.

Scott Pickey: Cool, that's all I have. Have a good day.

Mr. Meyers: Thank you.

Tasa: We have another question from Facebook. Could you explain how the positivity rate is calculated?

Mr. Meyers: It's simple, the total—at least as far as our tests go, it's the total number of tests that we do—it's the number of positives we get back divided by the number of tests that we do. So, those are the numbers, the tests that are done at our various sites which have gotten up in the 30% range just a couple weeks ago, now down in the 20s we believe. But that's all it is. We are not pretending that we know everybody who's testing everywhere. We are talking about the tests that we control and how many of those come back positive.

Tasa: Is there a new policy on when you can call to get an update on patients or new visitor hours?

Mr. Meyers: No, there's no change there. There's no new visitor hours. There's no change to the visitor rules. The only change we've made is the access point. So, if you are a visitor and you meet one of those minimal criteria, you're visiting a pediatric patient you're one of that patient's parents, you're coming in to labor and delivery and there's one family member allowed there, if you are visiting a patient who is dying, or you're here to speak on behalf of a patient who cannot speak for himself or herself. Those are essentially all the possible visiting options and those haven't changed. The times that you can call for updates, I don't know (comments off camera not heard). Try to do it once a day, is that right? We're trying—our nursing staff have been asked and are trying to call designated family members on inpatients once a day. Certainly, if you call in for an update, we'll talk to you. It may be easier to do that at sometimes of the day than others, but we have asked our staff to at least call out to the family once a day for every inpatient given that you can't be here in the hospital to get updates directly.

Tasa: We have another question on Facebook. Am I correct in my understanding that the importance of the positivity rate is that it shows if you are testing enough people and the number should be around 5% if we are testing adequately?

Mr. Meyers: Well, I think there's plenty of room for debate on what constitutes adequacy of testing. There certainly have been people from the beginning who have thought we should be testing a very large percentage of the population whether they have symptoms or exposures or not. That has never been the case here in Midland. We have not had the testing capacity to do that. So, we are not pretending that our rate of positives can translate to the number of positive people in the whole community. We are simply testing people with symptoms or with extreme exposures, so we're not in a position to say what the right community wide infection rate should be. We are simply not testing in that broad sampling methodology. We don't have the capacity to do that.



Tasa: Can you tell us what the guidelines are for elective procedures and surgeries being allowed?

Mr. Meyers: Well, on the outpatient side, we are allowing essentially any elective procedure: endoscopy surgery, interventional radiology procedures, the things we do in the cardiac cath lab. With regard to inpatients, pretty much any type of inpatient surgical procedure is allowable, but what we are doing is asking our surgeons to talk to our anesthesia providers, to schedule carefully, and be in dialog with our nursing leadership to be sure that we have the capacity to care for those patients after their case is done when they have to spend the night or two or more as an inpatient. So, I can't tell you that there's any hard and fast guidelines other than we are scheduling carefully and working directly with our surgeons and anesthesia providers to be sure we don't take on anything that we can't be confident we can handle all the way through the expected length of stay of that patient.

Tasa: If an adult with special needs is hospitalized with COVID-19, will a parent be able to be with them?

Mr. Meyers: Yeah, that would fit in the category, of course every case is different, but that would fit in the category of a patient who requires someone to speak on their behalf. So, much like a pediatric patient, children don't get to make their own medical decisions. Their parents or guardians do that. Patients who have competency concerns, whether it's consciousness or their mental capacity is impaired in a way that someone else needs to speak for them, all of those patients from the very beginning have been allowed that visitor who can speak for them while they are in the hospital, that hasn't changed.

Tasa: When we reference positivity rates, is that referencing daily, weekly, monthly?

Mr. Meyers: We calculate them on a weekly basis internally. I don't know what anybody else does, but we track them week to week in terms of when the sample was taken. We take all the results and track what percentage of those turned up positive.

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

Mr. Meyers: Ok. Thank you all for your participation. I don't think we'll be doing another of these this week. We most likely will schedule another one for next Tuesday. I think this seems to be working pretty well. Remember as has been requested by a couple of community members, we'll be adding a little bit of daily data update to the Midland Health website. So, you can check there to see what's going on with the COVID census and other key data. And we'll be back here again next Tuesday morning. Thank you.