Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, October 27th, 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, October 27th. Across the state of Texas, we now have 867,000 COVID positive cases to date; 17,514 deaths. Here in Midland County, 5,211 cases and 92 deaths to date. Here in the hospital, we have 186 patients in the hospital right now. 52 of those are COVID positive remaining near our high for the entire pandemic. I think the highest we've had is 57. We are at 52 now. 17 of those are from outside of Midland County. They come from places as far away as Dalhart in the far northern panhandle and Bryan in southeast Texas, just northwest of Houston. So, a great deal of geography covered; 13 different counties represented including a couple in New Mexico. Of those 52 patients, 29 are in Critical Care, 23 are in the Medical COVID Unit. Of those in Critical Care, 26 of those are using a ventilator and 6 other patients are accessing ventilators at this time for a total of 32 of our 44 ventilators in use as of today.

In the Emergency Department (ED) yesterday, we had 149 visits. So, continuing right around that 150 mark most days lately.

Our workforce is more and more challenged as the outbreak spreads in our community. Our numbers are up to 29 COVID positive employees. 5 other employees who are quarantining for other reasons, so a total of 26 members of our staff who are home and quarantined at this point. We have 41 more employees who are self-monitoring due to exposures but have not tested positive or developed symptoms yet.

We are fortunate that we've been provided with 49 nurses and I believe it's 8 respiratory therapists. Those 49 nurses mostly come from FEMA, but they've come through the state, a combination of state resources and federal resources that are providing those extra staff for us which are particularly helpful in this unprecedented time of growth and steady very high volumes of COVID patients.

Inpatient surgery at this point is suspended. Patients who need a surgical procedure that will result in an overnight stay are not being done this week. Our surgeons and anesthesia providers will meet with leadership tomorrow and talk about next week's schedule as the census remains high. It certainly remains a possibility that surgical procedures for inpatients would be suspended for several more days, but certainly for this week and tomorrow we'll make decisions about the week ahead.

Let's see. On the good news front, the 9th floor of the Scharbauer Tower is looking really, really beautiful and almost ready to go. This Thursday, the state is expected to be here, representatives of the Health and Human Services Commission who will come and inspect the facility and hopefully if all goes as well as we expect it to, will authorize the licensure of those additional 48 beds. After that happens, we'll take a few more days to get the final equipment installed and then we're hopeful that late next week we would be moving patients onto the 9th floor. It is our intention to pull together all of the Medical COVID patients onto the 9th floor and that would become the home of the Medical COVID Unit going forward. There are 48 beds there. We'll operate 36 of those on the long hallway of the facility as our primary COVID Medical Unit. One of the great things about that facility, we've emphasized this a lot, but we'll

continue to say it is that all the rooms are capable of managing negative pressure. Negative pressure is essentially where the air in the room is maintained within the room and exhausted to the outside, so you don't get airflow out of the room into the hallways or into the above ceiling space, really the ideal environment for patients with respiratory infections and the best place to keep it from spreading outside of those individual patient rooms. So, we are excited about the opening of the 9th floor. We're hopeful that that's going to happen by late next week and then we'll be in a position to repurpose some other space for other things in the future. All of that depends on the COVID census how we use all of the beds we have available. We will not be considering this opening of the 9th floor to be a net addition of 48 more beds. It's a net addition of about 12 beds and then of course that's dependent on our ability to staff it. We'll be moving essentially our 6th floor Medical Unit to that site and then expanding into the additional 12 beds. So, very exciting. Thanks again. Can't say it often enough. Thanks to the FMH Foundation who provided the primary funding and then to the Scharbauer Foundation who supplemented that original funding with money to turn that facility into a universal care unit, taking care of all different kinds of patients and with negative pressure capability in every room. So, very, very thankful to those local foundations for their great support.

News around the state is troubling at best, around the region especially. It's hard to miss the news from El Paso. I looked at their numbers this morning. In the hospitals in El Paso, which is the "I" Regional Advisory Committee, the trauma service area "I" for the state of Texas. They have 847 patients in the hospital as of yesterday. Less than 2,000 beds in the community so, a total of 43% of the available beds in the El Paso region are occupied right now by COVID patients. The 7-day average, which is what the state tracks on the DSHS website, is 39.6% of their beds full. So, El Paso is in a full-blown crisis, you've seen that the state has dispatched a large amount of resources to El Paso to help them through this difficult time, has even announced that they are setting up a temporary hospital facility to supplement the beds that are available in the hospitals there in that community. So, El Paso is the worst of the regional challenges, but up the road in Amarillo they are at 19% in their 7-day moving average. That's COVID hospitalizations to total available beds. In Lubbock, they are at 21.4%. 21.4% in Lubbock. Here in our region, we've said this before and it continues to be true, we are in region "J" which is Midland and Odessa and points to the south, southwest of us, we tend to run much lower percentages than those largely because we have a good number of small rural hospitals scattered around our very large region. For the most part, those facilities are not managing COVID patients, so all their beds go in the denominator, but they don't have any patients in the numerator. We are full here. The Odessa hospitals have been consistently full or near capacity of COVID patients and so even though we are only showing in the 7.5% range region wide, here in the cities, the 2 big cities where we have the capability to take care of COVID patients our percentages are much higher than that. And so, the crisis is just about as real here as it is in El Paso and Lubbock and Amarillo and all over the region.

With that said, we can't emphasize enough how important it is to wear your mask at every opportunity, any place you are unless you are alone. Wear your mask. Wash your hands, socially distance, avoid crowds, if you have to be in a crowd for any period of time make sure you're in a ventilated area or outside. This, more than anytime through the course of this pandemic, these are the most important things for all of us to do. This thing is growing pretty rapidly. When we look at the testing that we've done here in Midland, we tested over 900 people last week alone. That's the biggest, by far the biggest number of people who have presented for testing in our drive through site. We, of course we are down to 1 drive through site, but we've extended its hours from 9:00am to 2:30pm in the afternoon. They do

take a lunch break. But if you need testing, if you have symptoms that you believe are related to COVID-19 or you have a recent exposure, please call 68NURSE. They will make you an appointment. We are not necessarily being able to get people in the same day or even the next day now. Sometimes it might take 2 days to get a testing appointment, but do call and we will get you in. Those 900 patients were over 20% positive. We have now been on a run of 7 straight weeks where the percentage of the patients we've tested has increased. The positive percentages have increased starting at about 7.5% 7 weeks ago and now 22% - 23% last week. And this week's numbers don't show any sign of abating. It's rampant in our community. The disease is spreading across the whole region. We have as many hospitalized patients as we've ever had, not only here but everywhere else. We are doing our best to be open to transfers when we can, but that's pretty rare because we are so full internally. So, this is a very difficult time and absolutely the right time to practice the best prevention that you possibly can. Do your best to not get the disease, to stay out of the hospital, care for yourself at home. If you have symptoms, do call 68NURSE or call your doctor if you are concerned a need a test or you believe you might need some level of treatment. But these are difficult times.

We'll continue to keep you updated next week and beyond. This week, as I said earlier, no inpatient surgery. Next, week will be determined tomorrow. I think that's about all that I have to offer at the moment. So, I'm happy to take questions if you have any.

Tasa Richardson, Midland Health Public Relations Manager: We have question from Stewart Doreen. Do you know how many employees acquired COVID either by providing care or other means?

Mr. Meyers: We don't believe that people are getting it from providing care. When you go into the COVID environment—I think it's still a mystery to people because we're not allowing much visitation and you really don't see the staff at work. But COVID patients are housed in negative pressure rooms as I've mentioned before. So, the disease is encased in the room and then the air in the room is exhausted to the outside. So, we're not pushing virus out into the public spaces. When you're working with a patient, those staff members are gowned and gloved and they wear an N95 respirator which protects the employee, not necessarily—I mean it protects both the employee and the patient, but unlike the cloth masks that I wear that are really intended to prevent me from infecting someone else. An N95 respirator protects the wearer. So, the people that are going in those rooms and caring for patients are very, very well protected. They are very well trained in managing their own personal hygiene and assuring that they don't contract the disease from the patients they are caring for. So, we have little or no evidence of anybody contracting COVID from a patient during the course of their work. But all of these people have lives. They go back out into the community where they encounter their fellow citizens who may or may not be practicing good social distancing, they may not be wearing a mask, there's lots of places to potentially be infected in our community. Because our workforce lives in our community and their families move throughout the community as all of us do, we remain at risk.

Tasa: We have another question from Stewart. What is the percentage of MMH beds being used on COVID?

Mr. Meyers: Well, we are at 52 patients now and we have 245 total beds. So, that's a little over 20%. A ballpark.

Tasa: Ok, thank you. We have a question from Facebook. Is it true that the smaller rural hospitals are sending COVID patients to larger hospitals because they don't have the equipment or ability to care for them?

Mr. Meyers: Yes. That's not unique to COVID. When you look at the small hospitals around the region, it's not unusual for them to have, you know, 20-25 beds total. Often times, a hospital in a small town could have only 1 physician available to it. That's typically going to be a primary care provider. They have some capability to deal with emergent cases and to deal with minor care, but any patient who needs specialist care, who needs any kind of intensive work up requiring some of the equipment that we have here that they wouldn't have in those communities, those patients are routinely transferred to large hospitals in bigger cities that have more capability. That's the way our whole system works. COVID is just another example of the kind of cases that are difficult for those small communities to manage. If the symptoms are minimal, they can hang onto them for a while, but if they require critical care often times those small hospitals don't have critical care capacity. If they were to require, you know, long term ventilator support they're often not able to do that. So, that's part of our mission. We're here, as are hospitals in many other large communities around the state to, not only to care for our communities, but to accept transfers from the region. That's part of what we do and expect to do. But when we run out of capacity ourselves, we have to say no to those transfers more often than we would like unfortunately. We are in that mode now. We will accept as many as we can take whenever they come up but there are times when we have to say no and those hospitals have to search farther away for a place that can take their patient safely. That is just part of the way our system works.

Tasa: Thank you. We have a question from the media for Stephanie Douglas. Will MMH have to divert patients if the 9th floor isn't enough? Our numbers are rising pretty fast.

Mr. Meyers: Divert patients. We are diverting patients off and on and have been for several weeks now. We assess every few hours what our capacity is, and our transfer center is given instructions as to what they can tell the next caller. Sometimes we have to divert patients for critical care purposes, because we are full in critical care. Sometimes it's more specific to whatever it is that patient needs. But we try not to do that any more often than we have to, but certainly we will divert patients occasionally. We try very hard not ever to do that for the local EMS service. If a patient has been picked up and needs care within Midland, if they show up in our ED, we are going to do everything we can to make sure that patient is cared for here. When a hospital in another community calls us and we don't believe we have the capacity we'll tell them to look somewhere else. What was the other part of that?

Tasa: She has—

Mr. Meyers: Oh, the 9th floor. You know, the 9th floor expansion is really only 12 beds as we envision it. So, it's going to give us a little bit more capacity as long as we can staff it. But it's not going to add massive additional capability, just a few beds in the Medical COVID environment. So, it will help, but it won't be a huge increase in the near term.

Tasa: Thank you, she has a follow up question on that response. When you talk about diverting patients, as far as where would we divert patients to?

Mr. Meyers: It's not up to us. When another facility calls us and asks us to accept a transfer. It really is a yes or no answer for us. And then if it's no, then that burden falls back on the facility that has the

patient to find somebody else who can say yes. We don't really tell them where they should go. I think a part of that other question was whether we are accepting El Paso patients. There's a media report this morning that there's been some communication among the El Paso officials, the state, and healthcare officials in Houston, and parts of the state that are farther east and are not quite hit as hard as West Texas. So, to the extent that those patients are moved it sounds like that's where they are headed. We are not in a position to accept transfers from El Paso at this point. We just don't have the capacity.

Tasa: Ok. We have a question on Facebook. Do you believe it would be misleading to include smaller rural hospital bed counts in our region as they can't take care of those patients?

Mr. Meyers: Well, that's the way it is. Whether it's misleading or not, I think it's an open truth. I mean nobody's hiding anything. It's just part of our reality. You know, the region because we're relatively sparsely populated in region "J," it takes in a great deal of geography and includes, you know, a number of beds that are not really available for COVID patients. A more typical region like El Paso is centered right there just around El Paso county and so it's a little truer measure of the use of the hospital beds that are capable of caring for COVID patients. That's just the way the state is arranged. I don't know that it's misleading, but it's a little different for us because of all the rural areas.

Tasa: We have a question from Stewart Doreen. Was it surprising to see 200+ new cases for the first time and is more likely that the impact on MMH will be felt in a few weeks?

Mr. Meyers: Well, number 1 it's not surprising. We've been tracking the positive test results for as I said earlier for 7 weeks. So, we expect that as more and more people are positive we expect that most of those people will recover at home and never need us, but a larger and larger number will need us and that's just a part of the reality. So, is it just unexpected? The 200+ cases doesn't shock me. That, I think, is a 2-day number though if I remember right. So, it's a little over 100 per day and we've been getting at or above 100 a day now for several days. So, no it's not surprising. It's concerning for sure. But it's not surprising and we would expect that it would continue to impact our hospital census. I don't think there's any question about that. It does not feel like this is going down in the immediate future as we continue to see more cases.

Tasa: Sammi Steele has a question in regards to the 200+ number. Was that the highest number of COVID cases we have seen since March?

Mr. Meyers: I don't know the answer to that. (Comments off camera not able to be heard) Yeah, there's been a number of days that have been at or around 100 and this is a 2 day number, so it may be the highest, but if it is it's not by much. 100 a day has become our norm unfortunately.

Tasa: Ok, Sammi has a question she would like to ask you. Ok Sammi, go ahead.

Sammi Steele: Hi, yeah so talking about the capacity I mean that seems to be the biggest topic of conversation there. And you guys were saying you know we are close to reaching capacity. Can you just dive into more details on just why that is an issue for our community for the hospitals to be close to capacity when it comes to COVID, not just here in Midland, but also in Odessa?

Mr. Meyers: Well it's an issue because if you are sick and you need care, we are going to struggle to provide it to you, honestly. We are not at capacity, we have a multistep surge plan that allows us to open additional beds if we can staff them, there are thresholds that we can reach, points at which we

can still expand within our physical space. I think the biggest challenge we have always is staff as I reported earlier 2 things. 1, more and more of our staff are sick and unable to work. We're not at our maximum, we are not at the peak that we realized the first time around just yet, but the numbers are growing. On the plus side we do have some State and Federal resources here that help to supplement our staff. So, we are doing more work, especially in critical care. The numbers today; we've seen a pretty dramatic jump; is 29 in critical care today. We've been over 30 multiple times. As a percentage of the total COVID population we are much more critical than we've been in the past. Much more likely to have a higher share of those patients in a critical care bed than early on. We were running at 15% - 20% critical care before, now today it's well over 50%. So, that's a serious concern. Our resources in critical care are taxed without question. They are the hardest to duplicate because they require an intensive level of nurse staffing, most of those patients are on a ventilator so they have to have respiratory therapy staffing to run those ventilators. Those are the hardest beds to duplicate because they take so many people to manage. So, we are at or near our threshold. We have some ability around the edges to expand given a little bit of notice, but the point of all of that is if you are living in our community, if you are living in Odessa, if you live anywhere in West Texas you should be doing everything you possibly can to prevent this disease because you cannot be sure that the healthcare you need if you get really sick will be readily available. We are all taxed at or near our limits right now.

Sammi: Wow, yeah. I have just a quick follow up on that. How many ventilator-- You have 32 out of the 44 ventilators in use, is that one of the highest numbers you've seen in regard to—

Mr. Meyers: Yes, yes, it is. It certainly is. I don't know if it's the highest. We've been using 30+ ventilators now for several days, up and down a little bit. But yeah it goes right along with the increasing percentage of critical care patients. You go to critical care because you need more attention, more oxygen support often times and that frequently means you are on a ventilator. So, those things go hand in hand. The people we are caring for are sicker than they were the first time around.

Sammi: Interesting. Alright, well thank you so much.

Mr. Meyers: Thank you, Sammi.

Tasa: We have a question from Stephanie Douglas. Is there a COVID forecast prediction chart?

Mr. Meyers: There are predictions. You can still find predictions. The University of Washington still has its model. The University of Texas has a model. There are any number of predictions and they all depend on the assumptions you make. And the biggest variable in all those models is the behavior of the community. Will people socially distance, will they wear their masks, or will they not. And each one of the models plugs in its own assumptions about to what extent we will comply with social distancing expectations. Are there case numbers predicted for Thanksgiving? I would imagine there are. I haven't looked ahead. Have y'all looked at it, Thanksgiving? (asking someone off camera, response off camera not heard) Yeah, I think that's right. Larry, why don't you come up and say that because that's a pretty good rule of thumb that people can count on. This is Dr. Wilson.

Dr. Larry Wilson (Vice President, Medical Affairs): Good morning everybody. We've been dealing with this for a little over a couple of weeks now watching this gradual trend upward and I'm hearing from all of my colleagues in infectious disease and others about why doesn't everyone understand this. And it's simple math. We have a little over 100 patients getting sick a day. 15 or so of those are going to end up

in the hospital or needing hospital care at some level and 5 will end up in critical care. So, we can hope—and if they do end up in critical care the likelihood is, they are going to be there for 2 or 3 weeks. They don't get better quick. So, our region, all around the state, all around the country, all over Europe it's pretty rough right now. And we have the capacity for doing something about it. Please wear your mask, socially distance, do what you can to protect. Thank you.

Mr. Meyers: Thank you, Dr. Wilson.

Tasa: We have another question Facebook. How long are we expected to have the FEMA nurses?

Mr. Meyers: That's a good question. (Comments off camera not heard). They are committed to us for 2 weeks at a time and we ask for their renewal when those 2 weeks expire assuming we still need them and we expect that we will still need them so we'll keep asking. The state and FEMA have been pretty good about providing us with resources. Of course, these are human beings. They are people who are working and have lives and so we can't always be certain that the same people will stay with us for extended periods of time, but we can ask for them in 2 week increments and expect we will continue to do so.

Tasa: We have another question from Facebook. Could you provide a status of supplies of PPE and medications for treating COVID-19?

Mr. Meyers: We have been—this is 1 part of the story that's actually been pretty good. PPE, for quite a while now has been in pretty good supply. We have the periodic shortages of things like that bouffant caps that are worn in isolation or different sized gloves, but for now we are in very good shape with regard to all categories of PPE. We have Remdesivir on hand and are prepared to use that treatment. We are using still the convalescent plasma. So, I think we—there have been some periodic steroid shortages, if I've understood but there are substitutes that can be used. So, we are in pretty good shape with regard to supplies and drugs at this point.

Tasa: We have another question from Facebook. Are you aware of a resource in the community that we can see the entire the community's positivity rate, not just those that are tested through the hospital or drive through?

Mr. Meyers: Well, there is a good bit of data on the health department's website. I would encourage you to go look there. The other testing locations that are not the hospital are reporting to the health department. I think that happens in a little less of a real time fashion so a little bit of a lag from some of those, but that's the best source to go check is the Midland Health Department's website. They have a pretty good-sized chart there with the data that they have available.

Tasa: We have a question from the media from Stephanie Douglas. Are the FEMA nurses being split between ORMC, or does ORMC have their own FEMA nurses?

Mr. Meyers: (Comments off camera not heard) The ones that are here are assigned to us. I can't speak for ORMC. But the ones that are here have been assigned specifically to Midland Memorial.

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

Mr. Meyers: Well, thanks everybody for your attention. This is really a critical time. We've emphasized it over and over again. I know you're getting tired of hearing it. There's a good bit of COVID fatigue in

our community without question. I think we all feel that. But there is no more important time than right now to be careful. Please do wear your mask, wash your hands, stay out of crowds, stay out of poorly ventilated spaces, do everything you can so that you don't need our increasingly taxed hospital resources. Thanks very much.