



Russell Meyers, CEO of Midland Health

COVID-19 Weekly Briefing: Monday, June 1, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everyone. I am Russell Meyers, CEO of Midland Health. This is our Coronavirus Update for Monday, June 1st, 2020. I have a lot to talk about today, so we'll get right into it with statistics. Across the state of Texas, we now have over 64,000 positive cases. There have been 1,672 deaths in the state of Texas. In Midland County, we've reported 129 cases per the state's website and there have been 12 deaths in Midland County. Here at Midland Memorial, we continue to test at our drive through testing site and via other venues. We've sent away 2,805 tests total. We're still awaiting results on 164 of those, a large number from last week as labs around the state have gotten much busier. The oldest outstanding results we have now are from the 26th, so almost a week old now. There were 2 positive cases over the weekend that will get reported later today and added to that number.

The census here at Midland Memorial Hospital is 143 total patients. Ten of those are in critical care. Only 3 of that patient population are COVID positive patients now. None of those are critical. Three of them are on a medical unit. All of them are positive with confirmed positive tests. Only one remaining patient from Midland Medical Lodge. The Emergency Room traffic yesterday, 118 patients and throughout the hospital we have 4 patients on ventilators this morning. Throughout our hospital since the beginning of the COVID crisis, we have been working on properly assigning beds and units to allow for the proper isolation and cohorting of the positive population. As the COVID population has gotten so small, it becomes very difficult to do that. Efficient staffing requires more patients than 1 or 2 on a unit and so we are beginning to repurpose our beds around the hospital also recognizing that elective admissions, elective surgeries, and other procedures are continuing to ramp up. We need those beds to be able to do the work that our community needs us to do and be able to accept transfers from other communities. And so, we are actively repurposing beds now. One more complicating factor in all of that is that we have construction going on on the 9th floor. We are building out the originally shelled unit on the top of the Scharbauer Tower. And that's got some impact on the floors below, especially on 8 as penetrations are made in the floor and we have to take a few rooms down at a time. So, a lot of room and assignment shuffling going on throughout the hospital, but the declining COVID census makes it easier to manage that. And we are pleased with that impact so far.

We've talked a lot in the last few days about the governor's mandate that all nursing home residents and staff be tested. We have said and have continued to cooperate with the Midland Fire, and EMS service, with the Midland Health Department, with the nursing homes themselves, and our staff have provided training in the use of PPE, in the sampling technique. We've been to nursing homes and helped them assess their facilities for the proper isolation locations. And that cooperative effort has gone very well so far. The challenge we ran into last week, which remains unsolved at this point is that the state labs have become really overwhelmed by the volume of nursing home testing that's going on all over the state. Our initial inclination to send all of the local tests to the Lubbock state lab has not worked out. And so, we are continuing to work with our contacts at the state and with our friends in the Midland Health Department and the Midland Fire Department to determine what the best course of action to complete the nursing home testing is going to be. At this point, we don't have a clear plan



going forward. But, with a lot of cooperation that's been exhibited here locally, as soon as we get some guidance from the state, we'll be able to wrap up this project. I think it's very likely that it will require more state involvement going forward due to the challenges with getting labs that have access to the capacity to actually run the test. But that will play out in the next few days and we'll let you know when there's more to be shared along those lines.

I told you that ramping up elective procedures has been going on now for several weeks. We are essentially wide open now for the scheduling of elective procedures in all facets of the operation, in endoscopy, in the cardiac cath lab, and the heart surgery environment, in our regular operating rooms. We are still relieving backlogs. Many of our surgeons have had a number of patients they've put off and are working through those backlogs. And as we'll continue to monitor that we absolutely have a continuing obligation to be ready to take care of COVID patients as they arise. And so, we want to be thoughtful day to day as we provide surgical procedures, as we hospitalize some of those patients who require inpatient stays. We want to be sure we have adequate capacity available for whatever else may arise. So, that's largely good news.

More good news, also somewhat related to the increase in surgery and procedure volume, we are adjusting our visitation limits now. You know, for several weeks we've been working on severely limited visitation. Most patients have not been able to have a visitor at all. Pediatric patients and adult patients who need someone to speak for them and patients at the end of life have been allowed a visitor, but hardly anyone else. We are opening that much wider effective today. Every patient, inpatient or outpatient, may have 1 support person come with them and accompany them to their room, to their testing site, to whatever location they need to be going in the hospital. In pediatrics, we are allowing both parents to be with an inpatient pediatric patient. In Labor and Delivery (L&D), we have been allowing 1 support person throughout the L&D process. We are upping that to 2. There have been some concerns expressed by a few patients with regard to the presence of their doula which is a labor helper and advisor along with a supportive person from the family, the father of the child or someone else. So, going forward we will allow 2 support persons in L&D which can include the doula. We are still not allowing visitors under the age of 18. We think that's going to continue to be important for a while yet. So, children are not allowed to visit in the hospital environment at this point. And every visitor, every patient, every visitor, every staff member who comes into our doors is expected to wear a face covering when they are around other people. That can be a mask like the one that I wear every day. It can be any other type of covering of the nose and mouth, but while among other people throughout the hospital, throughout the time that they're here, we expect any one who's in our facilities to wear a face covering. A patient alone in his or her room, a staff member working alone in an office-- those are about the only folks who are not wearing face coverings at this point. We think that continues to be important to avoid further spread of the virus.

We are excited about the return of some volunteers. We were working on that last week. I think you probably know that our volunteer work force tends to be among the more senior people in the hospital, but there are some who are under the age of 65 and we've talked to many of them about their interest in returning to some duty within the hospital. We also have a junior volunteer population that typically ramps up during the summer and we'll be allowing some of the junior volunteers to be here as well. All that will be developing over the next few days, but we are very excited about the return of at least a portion of our volunteer auxiliary workforce.



Good news on PPE, between the decreasing volume of COVID patients and the slight improvements we've seen in the supply chain we are going back to more traditional use of PPE. The N95 respirator mask we have been reusing for up to 4 shifts. We even for a while were reprocessing those and decontaminating and cleaning them. At this point, we've now down to a single shift use. So, our employees will be asked to keep their N95 mask just for the shift they are working, discard it at the end of the shift, and get a new one when they come back. Isolation gowns, which we had also been reusing. That was one of the hardest things for us to get for a while there. We have returned now to single use for isolation gowns. And that's another positive development as the supply chain improves.

Throughout the facility, we are also returning to more routine operations. Our COVID patients have had all of their services done by nursing staff for an extended period of time. We are now returning dietary staff and housekeepers and others who need to be in those patients' rooms to their regular duties as long as they wear appropriate PPE. That is also starting today. That will help relieve the challenges that our nursing staff had faced with having adequate staff throughout the house as we get busier. We have continuing concerns really just about 1 item of PPE and that is gloves. We are looking for multiple different source possibilities for gloves especially in smaller sizes which tend to be worn by many of our nursing staff and so we are actively looking to source gloves in other areas. We have enough gloves to do our work day to day, we are just worried about the supply being adequate in the long term.

Finally, there's a lot of talk about Remdesivir, the new drug that has been shown to at least decrease the duration of severe illness for some COVID patients. We have been fortunate to be assigned 160 vials of Remdesivir. That has all been received here at Midland Memorial. That's the capacity to treat somewhere between 14-26 patients. The treatment regimen varies from 5 – 10 vials per patient or thereabouts. We have treated 1 patient so far on a 5-day course of treatment. The patient did pretty well. Got off the ventilator, is still in the hospital, but has been transferred to a medical unit. So, some good news there. Too soon to know really if the results can be assigned to the Remdesivir treatment or other possibilities during the course of that patient's stay, but a good sign regardless. We are also cooperating with the hospitals in Odessa. We understood early on that Medical Center might be getting a shipment. We don't know if that ever happened. Odessa Regional did not and so we've been in constant communication among our pharmacy leads with those facilities. We have shared 18 vials with Odessa Regional over this past weekend. We understand they had a patient that needed it. And as things go along, we expect to continue to do that, to cooperate with our associates here locally. They would do the same for us. Because of the relatively random distribution of the drug and the limited supply that's available across the country we think it's very important to coordinate with hospitals near us who have patients for whom the drug is indicated. If we have a supply and they don't, we certainly intend to cooperate and share and would hope they would do the same and trust that they would do the same for us if we were in need. That is the working relationship we have among the hospitals locally, that's not new. But I think it's very important for the health of the larger community and region that we continue to cooperate with each other wherever we can. So, we expect to do that, have done so so far, still have a good bit of Remdesivir available should patients who meet indications come up in the any of the hospitals around us either here or elsewhere we'll be happy to share.

So, that was a good bit of updates for one morning, but all the prepared remarks I have for now. So, I'll be happy to take questions.



Tasa Richardson, Midland Health Public Relations Manager: We have a question from Facebook. Do we have or can we get numbers of those antibody tested and how many turned out positive and how many were negative?

Mr. Meyers: (Comments off camera that couldn't be heard) We've done in the neighborhood of 300 tests so far and only 10 of them have been positive for the antibodies. Now, that's tests that have been done through the hospital's lab on either the West Campus or Main Campus draw stations. We don't have access to information about what tests the others might have done around the community. But from our perspective around 300, only about 10 with positive antibodies.

Tasa: We have a question from Sammi. Sammi, go ahead.

Sammi Steele, NewsWest 9: Hey you guys, good morning. Glad to hear that you don't have as many COVID-19 patients right now. Ok, but I am curious. We are seeing a lot of demonstrations and protests around the country and then you know here last night. How does it make you feel seeing large groups of crowds that aren't practicing social distancing, some of them don't have masks? Does this worry you that we might see a spike in COVID-19 cases? Just what are your thoughts on that just as medical professionals?

Mr. Meyers: Yeah, I think you've seen—you probably have seen some things written about that. I would think that there is some anxiety among our team as we see people gather in large groups that are not masked and not practicing social distancing. I think there's some advantage to the fact that they are happening outside which mitigates that somewhat. But yeah, it's not ideal certainly. We understand that anxiety and the concerns that are being expressed in these protests and we certainly wouldn't question anyone's right to protest and to gather, but it does make us a little anxious to see people gathering in large groups close together without masks, no question.

Sammi Steele: Thank you.

Tasa: We have a question from Caitlin from the MRT. Will visitors still be screened before they are allowed in the hospital?

Mr. Meyers: Yes. We remain closed down to only 1 entrance point for visitors. That's the Emergency Department entrance on the east end of the north side of the Scharbauer Tower. That's the west end, sorry. The west end of the north side of the Scharbauer Tower. We have stopped screening patients in our other buildings. The Craddick Medical Office Building, the West Campus, the Legends Park Office Building. The screening processes at the front doors of those facilities have been discontinued because those are not hospitals. Each of the offices or outpatient facilities in those buildings has its own screening mechanism for the patients that come to that facility. But here in the hospital, a visitor must come through the Emergency Department entrance, must be screened, is expected to wear a face covering when they come in. If they have a fever or they report any exposure to a COVID-19 patient, we will not allow them to come in. That will continue and we expect it to continue for a while now.

Tasa: We have a question from Jacob. Jacob go ahead.

Jacob: Hi, yes just to go off of what Sammi had said, what recommendations would you give for people who do want to protest in terms of keeping themselves and others safe while they are protesting in large groups with not a lot of social distancing?



Mr. Meyers: Well, that's the recommendation. Achieve more social distancing and wear a mask, wear a face covering. That's an important part of minimizing the spread of the virus. Clearly as long as they are outside it helps somewhat. There's a great deal more air to diffuse the particles, but still if you can social distance then do so. If it's difficult to do that, then by all means please wear a face covering. That's the best advice we can offer.

Jacob: Ok, thank you.

Tasa: We have a question from Facebook. For L&D, does it mean that 1 grandparent could come in to see the baby after the birth in addition to having daddy already there?

Mr. Meyers: It does not mean that. L&D is a procedural environment. So, when the patient is in labor or when the delivery process is ongoing, then they may have 2 people supporting them. The father and a doula, or the father and a grandmother, or 2 people who are there for support. Once the delivery has occurred and we now have 2 inpatients, an inpatient baby and a mom, then we revert to our 1 visitor per patient limitations. So, the 2 persons is only during the L&D process. That's important to recognize. Now, who the people are who are attending with the mother during the labor and delivery is up to the mother. She can decide who she wants to have with her. We won't be involved in that decision making, but there will only be 2.

Tasa: We have another question from Facebook. Why are we not informed where a positive result patient has been when it is known to be community related?

Mr. Meyers: Well, I think that's a question for the health department. The hospital's role in this process is caring for patients as they come to us with positive or suspected disease. We are not involved in the process of contact tracing or investigation of the source of the disease. That's the work of the health department. We have supported them in every way that we can and will continue to do so. We have a very good, cooperative relationship with the health department. But that question really should be directed to them.

Tasa: We have another question on Facebook regarding the visitation policy. And I believe it's for clarification on can people come visit patients outside of being that support person?

Mr. Meyers: That support person is the only visitor that the patient can have. So, if your mother is in the hospital, 1 member of the family can come and visit that patient, period—not 1 at a time. Under extraordinary circumstances we will talk about doing something else, swapping out the support person or perhaps having a little bit more access for a person who's at the point of dying. We've been doing that from the beginning, and we'll continue to do that. For a typical inpatient, it is 1 support person period.

Tasa: We have a question from Sammi. Sammi, go ahead.

Sammi: Thanks. I just wanted to go over what's the construction that's being done at the hospital?

Mr. Meyers: Ok, that's a good question I'm happy to answer. If you all will recall when we built the Scharbauer tower which has now been quite a while ago, we opened the Scharbauer Tower in 2012, it included 2 areas that were shelled, that were not finished out at the time. The first of those, was on the 4th floor where we had space prepared for a Neonatal ICU. That's beautiful new space. It's open and



working as of the last few months. Now, the last of the shelled spaces is the 9th floor. The very top floor of the building was never built out. It was left shelled. We were blessed earlier this year to receive grants first from the FMH Foundation to build out that floor, to use it for our day surgery population and those patients receiving outpatient medical treatment. Both of those patient populations are now cared for in our oldest buildings in environments that are just not up to the standard of the Scharbauer Tower. And so, we are really fortunate to be able to build that space out to give a better treatment environment for those outpatients here for surgery or medical treatment. Along the way, as the COVID pandemic developed, we began talking to other foundations locally and the Scharbauer Foundation stepped up and provided additional funding for the build out of that unit to accelerate the time frame to build it out, to change the design a little bit so that it can be used as needed for critical care or other inpatient environments if we find ourselves overrun in this pandemic or another one and need more beds. We can repurpose day surgery space into long term inpatient medical or even critical care space with some design modifications and some additional equipment. So, grants from FMH and the Scharbauer Foundation are allowing us to build out the 9th floor of the Scharbauer Tower. We are hopeful that that project—We are confident it will be done by the end of the year. We are hopeful that it will be done by September or October time frame, this fall so that, number 1 we are ready to provide better accommodations for our outpatients, but should we have a return spike in the pandemic or some other increase in inpatient needs we'll be ready to respond to those even better than we did this first time around.

Sammi: Ok, you talked about the NICU unit that, I mean, opened right before all this COVID stuff picked up. How is that going, the new NICU unit and the new technology there and just having a bigger space?

Mr. Meyers: It's going very well. You know, it's an adjustment. We had this patient population and staff shoved into some very tiny space that was very equipment intensive. And the ability to spread out, have modern, new accommodations, have more space for the parents is a big positive. And we are very excited about having that facility available. And I'll remind you given the opportunity that that was 100% funded by donations from the very generous folks in our community. So, we are really pleased with it so far and looking forward. I hope within, I don't think it will be by the end of the year, but within a few months to get recertified by the state and move that unit to level 3 status. We moved into with our existing level 2 special care nursery status intact, but we are slowly increasing the acuity of the patient population and within a few months we'll apply for certification as a level 3 nursery.

Sammi: Has COVID-19 slowed down that certification to become level 3 because I know you guys were eager to get that?

Mr. Meyers: I don't know that it's really slowed it down some. It kind of slows down everything we are doing because we're focused so much on the crisis, but you know it might have cost us a month or two, but I don't know that it's had a material impact. It's kind of a segregated population and not too much impacted by what's going on around us. So, I don't think we've cost ourselves very much time, if any, due to the pandemic.

Sammi: Alright, awesome. Thanks, you guys.

Mr. Meyers: Thanks, Sammi.

Tasa: We have a question from Facebook regarding the visitation policy.



Mr. Meyers: Ok.

Tasa: The one person, the one support person that you can have can they spend the night in the same room with the patient?

Mr. Meyers: We have said at the beginning of this that the pediatric patient's parent, 1 parent, can spend the night. That's a blanket rule we will allow. With regard to other patients, we are going to do those case by case. The patient, and the family member, and the nursing staff on the unit will confer and determine whether it's appropriate for a family member to spend the night or not. As a general rule, we are closing visiting hours at 8:00pm every night. And that means all the visitors will be asked to leave except pediatric patients, 1 parent, and anybody who's been given permission to stay overnight after consultation with the nursing staff. We'll continue to look at that and see how it works in these next few weeks, but starting out we are not going to give a blanket authorization to people to spend the night, but we will handle those case by case.

Tasa: It looks like that's all the questions we have for today.

Mr. Meyers: Ok. Very good. I appreciate your time and attention. At this point, I do not intend to schedule another Coronavirus update like this one. As things develop and the need arises, we will certainly notify the press and come back and speak to you again, but as of now there'll be no further scheduled ones. We'll just do them as needed. So, thank you all for your attention throughout this process. I appreciate your support and that's all for today. Thanks.