



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Thursday, March 27, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Russell Meyers. I am the CEO of Midland Health and this is our daily update with regard to the Coronavirus situation in Midland. Today is Friday, March 27<sup>th</sup>, 2020. I'd like to begin today with introducing you to our space. After fighting the elements all week, we have determined that moving inside was a good idea. We have not moved inside the hospital. We are in the lobby of the Abell-Hangar Pavilion which is across the street separated from the patient care space. So, we are able to allow the press and other visitors into this space without violating the hospital's visitation policies. So, that's where we are today.

I'd like to begin my remarks thanking the group of folks who assembled in a parking lot across the street from the hospital last night joined in prayer for our staff, blinking their flashers, lighting candles, very visible from our 9 story tower. That is very much appreciated. That kind of community support goes a long way towards boosting the morale of our team and we really do appreciate those of you who were involved.

So, a few numbers for the day. Texas now has 1,396 confirmed cases across the state. In Midland County we have a total of 6. There have been 18 deaths in Texas so far and of course one death in Midland. We are going to stop attempting to keep up with other people's testing and just report daily on the testing that our testing sites have requested. So, to date 245 test swabs have been collected. We have a total of 4 positives that have come back from our testing, 64 negatives, and 177 still waiting for results. Hospital census activity: 135 patients total in the hospital today. That's right at 50% occupancy. In our Critical Care Unit, we have 17. The total PUI, those patients who have shown some signs that could be associated with COVID-19, that's a total of 5 in our Critical Care environment, a separate cohort that we've established for those patients. And 4 more in a separate Medical Surgical wing for a total of 9. None of those to this date have been confirmed by laboratory testing. We are treating them as PUI, but they are not confirmed by the lab. I've given a daily report on ventilator use. We have 7 today that are in use throughout the hospital and of course our total complement is 44 regular ventilators and 37 more single use ventilators, so we have ample capacity still in place.

I'd like to talk to you just a little about treatment success. We've discussed a good bit what's happening with the hydroxychloroquine and azithromycin drug combination that our clinical pharmacist and our infectious disease physician have put together for treatment of our patients. We have had some good success. A large number of those patients who have been in house have been started on that protocol. We have actually discharged home from our COVID unit 4 patients so far. We've also removed one from the unit and put them back into the regular medical surgical population when they cleared from the possibility of disease. We've transferred, downgraded some patients from critical care to the medical unit. There's been a total of 3 of those so far. We've had 11 patients on the drug regimen that have either completed the regimen or they've been discharged home to remain on the drug regimen for a few days. So, we have sent some patients home. We've seen some treatment success throughout the hospital.



Moving on. We have some new restrictions, new plans going on with respect to screening and other imaging and the heart institute. I'll tell you a little about that. Those are going to be effective on Monday. The CDC, the Texas Medical Board, the American College of Radiology have all given us guidance about further reductions in the screening activity and unnecessary or non-urgent screening procedures, imaging procedures. And we're doing some things to curtail the volume of those in the days ahead. Beginning on Monday, we will not be doing screening mammography for a while. We have a long list of other procedures that tend not to be urgent. In some cases, they are procedures that create aerosol or have the potential to create aerosol, so they are a little riskier for both the operators and the patient involved. And as long as they're not urgent for the patients ongoing care we have made a decision to reduce those and limit them for a few days. We are also working with our radiologists and cardiac surgeons to reduce the elective procedures that are taking place in the cardiac cath lab and in the heart institute operating rooms. You all have been told throughout this week that we've been reducing elective surgeries, endoscopy procedures this is just a logical extension to the heart institute procedures. Things like diagnostic caths if they're not immediately urgent and the patient can be managed on medication the cardiologists are being asked to use their judgment to reduce the numbers of cases that they do each day to only those that are the most urgent and required the patients ongoing care. That will last for another week or 2. We'll continue to re-evaluate as the situation in the community evolves as we are doing with surgeries and endoscopy procedures as well.

We are also reducing the outpatient imaging sites that are available. After today we are closing the West Campus. There's a x-ray facility there only and that will be closing. Right here in this Abell-Hangar Pavilion access through the back door of the building is an MRI. We will be closing that facility. We have several other MRIs that will remain in operation in our Craddick Medical Office Building and out at the Legends site, but this one here at Abell-Hangar will be closing. Diagnostic mammography, diagnostic ultrasound services, all the things we do at Legends that are diagnostic in nature will continue to be available. But screening mammography, screening MRI, the screening chest studies we do for patients who have been smokers in the past, all those will be limited in the days ahead. Legends Park and DIA Main here in the Craddick building will remain open. So that's the screening and imaging issues.

We have a new order from the governor that came through yesterday. And in this case, he is mandating a 14 quarantine for anyone who's traveling from several high propensity areas in the country into Texas airports. Those include New York, New Jersey, Connecticut, and the city of New Orleans. So, from those 4 areas, the governor has mandated anyone arriving in Texas from those areas be quarantined at home for 14 days or quarantined somewhere for 14 days before they get out into society in Texas. Those are much busier much more active infection sites. So that new restriction has been put in place that and we are going to be adding that restriction to our visiting screening guidelines. If someone has come from those areas we will treat those areas we will treat them as if they have come from a level 3 risk country.

Speaking of visitation, one ask we have of our community our visiting policy as you know has been restricted. It continues to be heavily restricted. Most of our patients cannot receive visitors at all. One thing that's very important is we do not allow any visitors under the age of 18. We have had an increasing number of families bringing their kids with them and we ask you please not to do that. Children are not to be visiting in the hospital at this time. We'll remove those restrictions when we can, but as of now we respectfully ask that only children come to the hospital if they are the patient not as visitor under any circumstances.

We are doing well with our PPE. We've begun to see some suppliers come through with masks. We've been tremendously well supported by donations from the community. Masks and gloves and hand sanitizer. We have people who are sewing for us and we are using many hand sewn masks for a wide variety of purposes. They don't fit the criteria for isolation masks. They are certainly not N95 respirators but they're very useful to use to put on patients as they arrive. For our staff to use if they feel uncomfortable being exposed. We are very appreciative of those who are sewing for us and providing literally hundreds of masks every day.

Our phone system continues to improve. We had no conditions of overage yesterday where calls were dropped or unnecessary busy signals were received when patients were calling in to 68-NURSE. That's a real positive. Our IT team continues to work to put permanent upgrades in place for the phone system so we can better manage high volume periods throughout the year and that will be done within about a week. All of the new hardware and services will be available and completed. So that's very good news.

I told you about masking there's one more update there. Beginning yesterday, we started putting a mask on every patient who arrives at the ED. Recognizing that there is some evidence of community spread. Patients are arriving without us knowing if they could be positive or not or really knowing what their symptoms are. And so out of an abundance of caution at our screening site right at the front door of our ED we are asking every arriving patient to wear a mask. Once we establish what's going on with them that can change. But when they first arrive and through their experience in the ED we are asking them to wear a mask. And we are using those homemade hand sewn masks for that purpose and we'll go through a hundred or more a day and so it's important we are careful with our traditional PPE and we use the hand sewn masks for this purpose.

I believe that is all that I have today. And I'll be happy to take questions.

Question: How are you deciding which patients you will be treating with the azithromycin and the other medication?

Mr. Meyers: Well as I've said – The question was how do we decide which patients we are treating with the drug regimen that's hydroxychloroquine and azithromycin that you've heard so much about. That protocol was developed by our clinical pharmacy team in conjunction with our infectious disease physician. Infectious disease is consulted on all the patients and so they are determining who gets the drug regimen. But the majority of our patients are getting it.

Question: When does MMH expect to receive the equipment to process COVID-19 testing locally?

Mr. Meyers: The question is when do we expect to receive the lab testing assays so that we can process our own tests for COVID-19. I've been cautioned to stop predicting that and so I'm going to stop predicting it. We hope it's soon. What we've experienced with many of our suppliers is that they are making their best efforts to get things here, but there are a number of barriers to timely delivery of supplies and lab assays and all kinds of other things. And so, it's just not easy to predict when those things will arrive. We are hopeful that they could be any day, but we just don't have a date. As soon as they have arrived, we will tell you, but they haven't arrived as of yesterday and we'll let you know early next week what we are hearing. Thank you.

Question: At what point are the samples that you are still waiting on no longer good, do they expire?

Mr. Meyers: That's an interesting question. Do the test results we are still waiting on do the samples used to run those tests expire? They would expire, but the tests have all been run. We understand from the lab provider that their difficulty is in delivering results not in actually running the tests. They've told us all the tests have been run. They've had computer glitches that have prevented them from resulting back to us. We've got some assurance from them that if we had positives within those missing results, they would be calling us with those positives. I am working with them to try to pin that down tighter today because that's not a very comforting report, but at the very least we know that the samples were run timely. The test results are in hand. They're just not in our hands. They are in the hands of the central lab folks.

Question: I have a c-section scheduled at MMH approximately next week. My OB informed me that my spouse will not be allowed in the OR room when our child is born due to the hospital wanting to conserve supplies. Based on what I've heard in these conferences it doesn't sound like there's a shortage or worry about supplies at this time. This is one of the most important moments in my family's lives. Can you please explain the reasoning for this decision and why there can't be an exception for L&D patients?

Mr. Meyers: There is an exception for L&D patients and I'm not sure I understand that guidance. I would encourage that individual to contact us here at the hospital. Who should we have her talk to? (turning to another staff member) Ok contact our Chief Nursing Officer, Kit Bredimus, here at the hospital you can call the main number and ask for his office. That's 221-1111. Kit can work with you on that specific circumstance, but one of our known of exceptions is a single companion or caregiver with a laboring mother. So, I'm not sure that that advice was accurate and we'll work with you to figure out what we can do.

Question: For the outstanding tests we are awaiting on results do we have any idea when those will be coming back?

Mr. Meyers: The question is do we have any idea when the outstanding test results will come back. No. They should have been here already. We don't have an idea of that. I can tell you that I'm increasing the pressure that I'm personally putting on the lab provider to try to get them to get those results to us immediately. I'm told that they are working diligently to get them out, but that they have thousands of results that are tied up in this same computer problem from around the country, so they are not promising any specific delivery date. We are pursuing them daily.

Question: If there are L&D visitor policy changes will we make those public or should we all call or email to find out?

Mr. Meyers: There have been no policy changes related to L&D visiting. Should we find ourselves in a position where we have to make that change, we certainly would make it public as soon as possible so people would know about it. You are always welcome to call if you have any questions. And we are happy to update you but no change in policy has been made. One thing that really is important to point out- We had at least one of these incidents last week- we are going to screen the person who comes

with the L&D patient. So if that person has a recent onset of cough, if they have fever, if they have traveled to one of the restricted areas we won't let the person be the companion in L&D even if that happens to be the husband or the father of the child. And we are very sorry about that. That's painful and difficult for everyone concerned, but the safety of the baby, the mother, and all the rest of the people in the hospital has to come first.

Question: We have heard about people having other symptoms like losing taste and smell and runny nose that have tested positive for COVID-19. Can we confirm these as new symptoms?

Mr. Meyers: I cannot. No. The question is can we confirm loss of taste, loss of smell, or just a runny nose as being COVID-19 related symptoms. We cannot. Those have not been added to the list of standard symptoms. That doesn't mean they wouldn't accompany the disease. Possibly. But that's not among the symptoms that have been added to our screening tests and we are not aware of any science that supports that.

Question: Just to be clear, you're expanding the testing guidelines to people who have traveled within the United State?

Mr. Meyers: Not testing guidelines. The visitation restrictions. We screen people at the front doors where everyone is arriving at the ED and the Craddick Medical Office Building. They have screening criteria and one of the things they do is they ask people where they've been. They have a list of the level 3 risk countries that the CDC has published. We are now adding to that the states of New York, New Jersey, Connecticut, and the city of New Orleans. So that if they have been to one of those places, they would be screened out.

Question Response: Is there any plan to maybe expand testing guidelines as well for those if you are screening visitors?

Mr. Meyers: We don't have any testing guideline changes in the works as of now. Once testing becomes more widely available we certainly will continue to consider whether we can test more broadly than we are doing, but the same criteria we've been using from the beginning that are published by the CDC are continuing to be in place for now. As testing becomes more readily available, we will reconsider.

Question: So, speaking of travel. Why isn't the information about the patient's who are tested positive their travel information being released as to where they have been?

Mr. Meyers: That's a question for the health department. Why we're not releasing, why the community's not releasing information about where positive tested patients have traveled. We are not in control and often are not in possession of that information. As the health department does its investigations and tracks the patient's contacts, they would be the ones that have that information and they'd have to tell you if they are willing to release or not and if not why.

Question: In those patients that did test positive are they going to be tested again in 2 weeks? How are they eventually cleared?

Mr. Meyers: There's no plan to do follow up tests. They are cleared as their symptoms resolve over the course of a period of time and they remain symptom free for several days. That's the standard of practice. And in fact, we've even cleared people according to CDC guidelines who have not been tested and their symptoms have abated, and they've become well. Those people have been cleared and, in several cases, sent home from the hospital.

Question: Were any of the 64 negative tests MMH employees?

Mr. Meyers: Were any of the 64 negatives MMH employees? I don't know the answer to that. We can try to get an answer for that to you on Monday. Certainly, we have tested employees who we know have been exposed, but I don't know if any of those negative confirmations are our employees. We can find out.

Question: Do you know how many employees you tested?

Mr. Meyers: Do I know how many employees we've tested? I do not know a total. I know there were 30 in the original group that needed to be tested. There certainly could have been a few more, but if there are a few more it's not many.

Question: Right now, are you all treating PUI with the drug regimen that you were speaking about earlier or only those who have tested positive?

Mr. Meyers: We don't have a single patient in the hospital who's tested positive. So those are the only patients we are treating with the drug regimen. They are suspicious enough that the physicians are proceeding to use the drug regimen even though we don't have test results back on them. But of the 9 patient's we have in house today none of them have received test results back. So, nobody has been a confirmed positive yet.

Question Response: And it doesn't harm them at all if it turns out they are negative for COVID?

Mr. Meyers: As it's been described to me this drug regimen does have the potential for some side effects, specifically cardiac related side effects. And so they have to be carefully monitored. We are concerned about any people who have preexisting cardiac conditions. So, it's not a harmless drug regimen by any means. Our doctors are trying to be careful and our staff are monitoring their conditions looking for those side effects.

Question: Has this drug regimen been most effective in treating PUIs so far?

Mr. Meyers: The question is has the drug regimen been the most effective thing we've done in treating PUIs. I don't know that we have certainty about that yet. There is a fair amount of anecdotal evidence as you've heard Dr. (unintelligible) say several times and others. Nobody has done the kind of testing on this drug regimen that would confirm its efficacy. We are getting anecdotes that it works and so we are working on those likelihoods, but not scientific certainties. I think the same thing is true here. We think it's probably working for some people. We don't know that for sure.

Question: You said earlier you've seen successes with the regimen. What does that look like? How do you determine that?

Mr. Meyers: We've seen successes with patient's being discharged. I don't think anyone can say for sure whether it's the drug regimen that has made them better or their bodies have fought off the infection or the management of their symptoms has made them better. We have had several patients who have gotten better, and a few have been discharged from the hospital so far. So, something is working for those folks. Not everybody has gotten better. Certainly, we had a death which was tragic. It did not help him. But other folks have improved, and some have gone home.

Question: Was the person who passed away was he being treated with that regimen?

Mr. Meyers: Yes.

Question follow up: Do you know for how many days?

Mr. Meyers: I don't. Other questions?

Mr. Bredimus: I can clarify on visitor- So, they are not allowed into the OR suite. You are allowed 1 visitor that will come with you. They will stay in the L&D area, but they are not allowed in the actual OR suite. We are using telemedicine options for the actual delivery in the c-section OR room.

Mr. Meyers: And that's not a change in policy, that's just a nuance. OK. So, what Kit's describing is back to the question on L&D visitation. In a normal labor room, the father or the designated person can be present in the labor room. Once it becomes an operating room procedure which is what a c-section is where everybody has to gown up and put on PPE we are not allowing that person in to the operating room. They are in the suite. They are available as soon as the mother and the baby come out, but in the operating room itself which is a more controlled environment we are not allowing them to come in. Thanks for clarifying that. We can do camera, skype, you know that sort of viewing right adjacent to the operating rooms, but not inside. Thank you for clarifying that Kit. That's a nuance specific to c-sections.

Question: A little over a week ago we had no official cases of COVID-19 and now we are at 6. I guess my question is what should residents expect in the coming weeks?

Mr. Meyers: The question is we've had an increase from 0 to 6 patients in about a week, a little over a week. What should we expect in the coming weeks? I don't think we know. We certainly suspect that out of the 177 tests that are outstanding there are probably some number of positives. I think we'd all probably be surprised if there were not. Those numbers have not accumulated rapidly. One of the things that I've been a little bit concerned about and we're working on now is understanding what true pattern of disease has been. Because all the results are delayed it can look like we have a spike in positives when all we had was a sudden spike in reports. So, we are trying to be sensitive of when those tests were done and graphing those across time and we'll be able to talk about that next week. But I would be very surprised if there are not some more positives. We are hopeful that the rate at which people are being infected, the rate at which they are presenting even to the hospital is slowing a bit. We don't want anybody to be complacent about that and believe that this problem is over, but it

certainly doesn't seem to be accelerating at this time. We'll know more I think in a couple of days as we get a big batch of test results in. We'll be in a better position to predict.

Question response: I guess how would you determine if it is accelerating at this point?

Mr. Meyers: If we get more positives that are tested and resulted per day that's sort of – when the graph turns up, we'll know if that's happening. Beyond that we're waiting on results.

Other questions?

Question: I have someone asking again about the number of people in the hospital that are infected.

Mr. Meyers: The question is how many people in the hospital are infected. We have 9 persons in the hospital that we are classifying as PUIs. That means they've got symptoms for sure and they've got perhaps some other indicators that they could be positive for COVID-19. Of those 9, none have a confirmed positive test. That is mostly because we can't get the tests back. We haven't gotten the tests back. There could be a positive person among that group. We are treating as if they are positive. But we don't have any confirmation that any person in the hospital is positive for COVID-19 as of this point.

Question: Could people who have been cleared from having COVID-19 symptoms still be carriers and transmitters of the virus?

Mr. Meyers: The question is could someone who's been cleared- I presume that means has been positive and gone through treatment and gone out the other side and is now well – could that person still be a carrier and a transmitter of the virus. I believe the answer to that is no. But we don't have a lot of confidence at this point about people who were actually positive. So I would be very careful about that answer. But people are being released from home isolation, from home quarantine, from hospitalization and allowed to go about their normal business once they have been cleared by CDC guidelines. So, the working assumption is those people are not infectious. Once they've gone through treatment, fully recovered, met CDC guidelines for release from self-isolation.

Question: How many of the 9 PUIs are on ventilators?

Mr. Meyers: The answer is 1. Only one at this point. We've had as many as 3 or 4, but today it's just one.

Question: Were there 2 more PUIs admitted yesterday? Because I believe there were 7 last night is what we were told.

Mr. Meyers: The number changes constantly and so I don't know if there were 2. The question is were there 2 more PUIs admitted yesterday. I don't know if they were admitted if they graduated from other parts of the hospital, we determined they might be PUIs. I can't say that for sure. The number is 9 today. It's been as high as 15 in the last few days, so generally the number has been coming down, but overnight I'm not certain.



Question: Forgive me, I'm not going to remember the drug regimen's name but of the PUIs that have been sent home on the drug regimen that you guys are using- how many people have been sent home on that drug regimen?

Mr. Meyers: How many have been sent home I don't know. The number's I hve were we have 11 who were on the drug regimen and have either fully recovered and ended the regimen or they have been sent home with the drugs. They've recovered enough that they don't need to be in the hospital anymore and were sent home. Somewhere in that 11 would be your answer. I just don't know how to divide those.

Question response: I guess is there side effects such as cardiac side effects for this how are they being monitored?

Mr. Meyers: My assumption is that they are low at risk that there's not a concern other than continuing verbal contact with the patient. If they were high risk, we wouldn't send them home.

Question: Those who have been sent home on the drug regimen what does it look like? What form is it in and how many days are they getting them for?

Mr. Meyers: I don't have the detail about how the drug regimen works. We can get that described and included in Monday's briefing if you'd like. And we can get more specific. It's complex and carefully designed by our doctorally prepared clinical pharmacists in conjunction with the infectious disease doc so it's not a simple prescription that you can get over the counter or from the pharmacy. We'll make it a point to get that regimen described and I'll bring it with me on Monday.

Anything else? Ok thanks for coming inside with us today. I think that in order to control our environment better we will probably continue here. This is a separate building from the hospital. It's a safe environment. It's out of the weather. We'll be back here Monday morning at 9:00. And we'll be all hoping and praying for a good weekend. Thank you.