



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Monday, April 13, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning. I am Russell Meyers, CEO of Midland Health and this is our coronavirus update for Monday, April 13<sup>th</sup>, 2020. I'll begin today by reporting some sad news. We did have the second death here at the hospital and in Midland County. A female patient in her 70's died yesterday, here in the hospital. That's the second death in Midland County.

Larger statistics looking at the whole state we've had over 124,000 patients tested in the state of Texas. 13,500 of those have been confirmed positive. There have been 271 deaths now in the state as of this morning's update from the Department of State Health Services. In Midland County, the department reports 32 cases and now 2 deaths. The hospital census information remains very limited for this time of year. 112 inpatients as of this morning. Only 42 percent occupancy in the hospital. In our ED, we saw 84 patients yesterday continuing our now long trend of fairly low volume in the ER. In critical care we have 16 patients today. Our PUIs, there are 5 in critical care and 6 in the medical surgical environment for a total of just 11 PUIs. 2 of those are confirmed positive. Ventilator use: of our 44 available full-service ventilators we have 6 in use today; 6 out of 44 in use.

Testing- the hospital has continued to operate its offsite testing center. Now 778 tests have been gathered from individuals presenting at that location. 726 of those have been reported negative. 36 positives. That includes several that were tested multiple times and we are down to a backlog of only 16 cases outstanding as of today. So, testing turn around has gotten better and they continue to perform pretty well.

One thing that is important to note as we go into this week, there is a good bit of conversation happening at both the national and the state level about the possibilities, the opportunities for getting back to something that resembles normal life. That includes regular work, it includes the possibility of a return to doing some elective cases in the hospital. I'd like to emphasize today that today is just April 13<sup>th</sup>. We have a good bit of April left to go, in fact, almost 3 full weeks. None of the conversations you are hearing now are talking about anything but May. So, if we are talking and thinking about beginning to get back to something that resembles normal life, remember this is a particularly crucial week as some of the models that are outstanding show peaking in the nation and in the state of Texas either this week or the following week. But all of those models assume we will continue to do the social distancing that has become a part of our habit through the month of May. So, we here at the hospital are not immune from that. We've begun some very early conversations about what a return to normal work might look like. Those conversations have a long way to go yet. And we are also thinking about several weeks away before we are ready to return to anything resembling normalcy. So, remember this is a crucial week. Continue to do social distancing. Don't allow the nice weather and the beginning of discussions about a return to normal to allow us to get ahead of ourselves and rush that process too aggressively.

One last thing I would like to do is to give some particular thanks today to the people here in the room with me. As we have put together these daily briefings, we've been through multiple different formats. Different technology has been used. We've been in different locations and throughout all of that our



Public Relations and Marketing team, and our HIS team have been very flexible, very creative helping to make the technology work and assure that we can get good information to our public and our media every day and as effectively and consistently as possible. Thanks also to Dr. Larry Wilson and Dr. Kit Bredimus that have helped me with the clinical side of these briefings each day and have routinely been available to me, but also engaged 24/7 in managing this pandemic and the hospital's response to it. So, thanks to all of you and a particular shout out to our marketing and information technology teams. And I hope this is a good week. Continue social distancing. And we look forward to the continued downturn of the coronavirus infections towards something that resembles normalcy perhaps as soon as next month.

At this point, that's the end of my prepared remarks and I'll be happy to address questions. While we are waiting on questions, I will add a quick apology. We had a little bit of technical difficulty on Friday. We believe we've worked that out as Facebook has changed its platform for doing live video feeds. We think we are up to speed on that today. Thank you all for your patience.

Tasa Richardson, Public Relations Manager: Do we seem to be flattening the curve here in Midland? When are our cases projected to peak now?

Mr. Meyers: Well, the question about flattening the curve- it's hard to know. We need more days of trending to be certain of that. We certainly are at the low end of our inpatient census of PUIs as we stand right now. Too soon for us to know if that's a trend yet or not. I checked the IHME model that comes from the University of Washington just this morning before I came in and that model indicates that we peaked 2 days ago in the nation, but it now has pushed the Texas peak out to April 26<sup>th</sup>. So, as you all have become aware over recent weeks, each of these models is continually adjusted based on the reality on the ground in the places where the outbreak is the worst. And so, it's a bit of a moving target. I would say for us it's at least a week too soon to say that we have peaked, but we'll be watching it every day and we'll try to give you an update as we begin to see anything that resembles a trend.

Tasa: We have a question from Caitlin Randle from the MRT. What's the earliest you believe elective surgeries could be resumed?

Mr. Meyers: Caitlin, that's a very good question and I don't honestly know. In my own mind, I have been thinking in terms of a slow and steady and ramp up. Most hopefully back to something that resembles full speed by sometime in May. In the meantime, we'll be talking to our surgeons and our anesthesia providers about loosening the rules a little bit at a time. Trying to get those most urgent, but not quite emergent cases done sooner. Working our way through specialty by specialty and one area of the hospital at a time to try to be sure that we don't overwhelm our current social distancing expectations. That we are careful about continuing to preserve PPE. We are trying to be very, very thoughtful about this and not just open the doors and go full speed from day 1. So, realistically I think we're still 2 or 3 weeks away from loosening those restrictions and a good month or more away from anything that resembles normalcy. And of course, that depends on the continued decline of infections in our community.

Tasa: We have a question from Facebook. Can you please tell us in what ways are we more prepared for an inevitable second wave when it hits and does the testing indicate very limited community spread before the lockdown?

Mr. Meyers: So, the first question is in what ways are we better prepared for an inevitable second wave? I don't know if a second wave is inevitable. I would say most people that I've heard from would say it's likely, but not all. And in what ways are we better prepared is certainly an easier question for me to answer. We've done a variety of things here at the hospital that have made us better prepared in the near term and certainly in the longer term. Number 1, we are learning a lot from this process. We learned that our stockpiles of PPE need to be bigger in the future and we'll continue to work to accumulate more PPE so that when the next pandemic event hits no matter if it's this virus or another, we'll be better prepared with the most difficult to source items of PPE like N95 masks. We have also had great creative work between our clinical and our engineering teams to ready the facility to do more with the space that we have than we've done in the past. One of the great gifts of the Scharbauer Tower construction funded by donors and taxpayers in our community was that we built a large building that's got expansion capability and by in large is universally constructed. So, we can go from one unit to another enhancing the critical care capability in the hospital. We built 48 beds of critical care when we first opened, but we already have a plan in place to add 12 more beds on another floor. The rooms being designed essentially all alike really gives us a lot of flexibility and we've learned how to use that flexibility here in the immediate term and we'll apply that in the future. One more thing we are doing that's got significant impact is building out the last of the empty space in the Scharbauer Tower. The 9<sup>th</sup> floor has been shelled. That's 48 additional beds of capacity. We've begun the process of building that out. We won't have it finished in time for the current experience we've having. But somewhere between September and December, we are still negotiating with the contractor on possible acceleration, but before the end of this year we'll have a whole additional floor of beds available so that our capacity is higher and if we have another spike we'll be much better prepared. So, we are learning, our staff is becoming accustomed to dealing with the realities of an infectious disease that we don't completely understand, and the need to carefully manage exposure within the hospital, and we are expanding capacity pretty significantly in anticipation that this could happen again.

Tasa: We have another question from Facebook. Do you know how the group from MCS is doing and has there been any reported cases in the nursing or retirement homes?

Mr. Meyers: Could you ask them to clarify what they mean by MCS?

Tasa: I believe it's Midland Christian, the students that traveled to Spain.

Mr. Meyers: Oh, alright. Yes, thank you. Midland Christian School I guess you mean. I don't know anything about that. I'm sorry. I haven't had an update about the Midland Christian School team that came back after Spring Break. That seems like a long time ago honestly. That's sort of been off the front of my mind. Tasa, could you repeat the other part of the question please?

Tasa: Yes, sir. Has there been any reported cases in the nursing or retirement homes?

Mr. Meyers: Let's see. Have there been any reported cases in nursing homes? I'm not aware of any. That might be a better question for the health department, just to be certain. Because they would not likely have come through our testing center. But I don't remember hearing of a specifically reported case in a nursing center that was confirmed.

Tasa: We have a question from the media from Mitch Borden. Did the woman who passed away on the 12<sup>th</sup> have any underlying conditions?



Mr. Meyers: That you for that question, Mitch. I've given you all the information that I have as happened with our initial death in the community the family has asked that we not share further data. So, all I can tell you is it was a female in her 70's and she did die in the hospital.

Tasa: We have another question from Mitch. Has Midland Memorial begun to see more patients exhibiting symptoms of COVID-19 coming in from other outlying communities in the Permian Basin, for example Pecos, Andrews, Crane, or Mentone?

Mr. Meyers: A question about people from other communities- We certainly, throughout the process have tested people from all over the region. We don't turn anyone away from our testing center. I think you know that we have published our 68-NURSE phone number and encouraged people to use it for screening purposes. If you meet the screening criteria you get referred to our testing center regardless of where you live. So, while I wouldn't say that we've necessarily seen a spike from those communities, we have had people from all over this region come to our testing center throughout this period of the pandemic.

Ok. That seems to be all the questions. I'll repeat myself. This is a crucial week. The weather's nice, we are passed Easter, it feels like we should have the fetters off and return to normal life. And I'll encourage you to recognize that it's too soon. This month of April is crucial. This week is crucial. Please maintain social distancing, wear your mask in public, wash your hands, stay home if at all possible. If you get sick stay home. If you get sick enough that you're concerned about your symptoms, call 68-NURSE and we'll walk you through the protocol and refer you for testing if you need it. Please maintain our social distancing restrictions and I'll see you again tomorrow from the Unified Command Team. Thank you very much.