



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Wednesday, April 15, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everyone. I am Russell Meyers the CEO of Midland Health. This is our Coronavirus update for Wednesday, April 15th, 2020. Beginning with the numbers in the state of Texas, over 14,600 confirmed cases now. In Midland county 33. 318 deaths in Texas and 2 in Midland County. We have been continuing to test in significant numbers at the hospital's testing site. Now, just short of 900 samples have been gathered since the beginning of the pandemic. 36 of those have been positive including a couple of repeat tests. 741 negatives. We are waiting for results on 116 cases. The majority of those just in the past 2 days, but a handful going back to last Friday. Hospital census in our overall capacity we are at 120 patients. In the CCU we have 14 patients today. PUIs there are 3 in the CCU, critical care unit and 6 in other locations for a total of 9. 4 of those 9 are confirmed positive for COVID-19. In the ED yesterday we had I think the lowest number I've seen since we've been reporting which was 75 visits. And we have a total of 7 patients on ventilators throughout the hospital of our 44 full-service ventilator capacity.

News from yesterday that was significant, you may have seen the press release from the Midland Health Department regarding multiple cases of positive COVID-19 tests at the Midland Medical Lodge. We began learning about that yesterday afternoon. There are both employees and residents of the Medical Lodge who have tested positive. There has been a significant effort on the part of the clinical team at Midland Medical Lodge to gain control of that and we have been in contact with them. Yesterday, Dr. Wilson and the medical director of the Medical Lodge spoke. And we expect to be in contact with them at least daily so that we can anticipate the course of treatment of those residents. And if that should become a source of a significant additional population that is headed for the hospital then we are well prepared for that. As you may have suspected around the country there have been- perhaps the biggest areas of outbreak have been in nursing communities. It's one of our biggest concerns that that's a population of older and more vulnerable patients who could become ill in large numbers and then eventually need hospital care. So, we want to stay close to that, remain prepared, and help the Midland Medical Lodge folks as much as we can. We also know the health department will be actively involved in monitoring those cases and keeping us apprised of the situation there.

So, today I'd like to offer some thanks and recognition to our ED team. While the volumes in the ED have been down, we have also asked them to be the very first point of contact for sick patients who may or may not have the COVID-19 virus. They've had to learn new procedures. They've implemented masking of patients as they come in, limitation on visitors, things that increase the level of tension, and recognize the level of risk that our front line providers deal with everyday when they don't know exactly what's going on with the folks who come to them for care. The ED has stepped up for that challenge without any question, with good spirits and positive attitudes, and we are very proud of the effort that they've made every day and continue to make to provide that front-line care that people- not only for those suffering from respiratory disease, but everything else that continues to happen in our community: injuries, accidents, heart attacks, strokes. Those things are not on hold just because we are dealing with a pandemic. And the ED team stands ready to care for anyone who shows up in need



everyday as they always do. So, thank you very much to our ED team: physicians, nurses, EMTs, nursing assistants, the whole group. Thank you very much.

That is the extent of my prepared remarks for today. I'll be happy to take questions. I know there were at least a couple that were already cued up from Facebook.

Tasa Richardson, Midland Health Public Relations Manager: We have a question. Is Midland Health furloughing any more employees? If so, how many approximate in total and how long will these workers be furloughed?

Mr. Meyers: The question about furloughing employees I suspect relates to the hospitals in Odessa, not to Midland Memorial. We have not furloughed any employees nor have we stated that we intend to. I suspect that may be a misunderstanding of who's involved. I can tell you that we do have serious financial concerns. We've talked about those on these briefings a couple of times. We had a pretty rough month in March. April looks to be probably a little worse as we experience what's likely to be a full month of no elective procedures of any kind and minimal volumes throughout the hospital. So, we are actively involved in watching our financial condition and projecting what it's likely to be as things unfold here in the next few weeks. But one of the most important priorities we've set from the beginning is to take care of our employees as much as we possibly can, to keep people working, to give people different assignments if their area of work has been shut down or severely limited like we've seen in endoscopy and the operating rooms. Those folks have been repurposed to other jobs that need to be done as we manage our way through the pandemic. Clearly, we do have areas of our system where there just isn't enough work to do. And day in and day out we've asked people to take paid time off when there's not enough work, to stay home without pay if they prefer not to use their paid time, and we have evaluated a wide variety of scenarios to reduce our expenses as our revenue stream continues to be challenged. As of now though, we have not furloughed any employees and we do not have a plan to furlough any employees.

Other questions?

Tasa: We have a question on Facebook regarding success or usage of the drug regimen.

Mr. Meyers: I think I'll ask Dr. Wilson to come and address that if he would. So, the question is about a particular drug regimen or just any drug regimen?

Dr. Larry Wilson, Midland Health Chief Medical Officer: Good morning. So, I'm understanding that the question is about drug regimens for COVID-19 treatment.

Tasa: The hydroxychloroquine-

Dr. Wilson: Hydroxychloroquine, sure. Ok, so Plaquenil or hydroxychloroquine is one of the medications that's been shown to have some promising influence on the COVID-19 infection. It's been shown in some studies to decrease the viral load and to improve outcome of patients that are placed on it. Our infectious disease doctors here in collaboration with the internal medicine physicians and critical care doctors that are managing our COVID-19 confirmed patients as well as our PUI patients have been



utilizing that regimen on patients that have been admitted that have been confirmed positive as well as those that are PUIs that appear to be at high risk of being positive while we are waiting for their lab results. It's a 5-day regimen of therapy. And they're observational feelings are that it's been positively influenced the outcome on some cases. We have had other cases that patients have not done as well and they've been on the therapy as well. So, it's a mixed bag I think at this point in time but it has favorable outcomes in some circumstances and it's been utilized around the nation. And we're utilizing it in the high-risk patients and those confirmed of being COVID-19 positive currently.

Mr. Meyers: Thank you, Dr. Wilson. Other questions?

Tasa: Yes, we have a question from Mitch. Do you know if any of the residents or staff members at Midland Medical Lodge aside from those who have already tested positive have begun to display symptoms of COVID-19?

Mr. Meyers: As I understand it, they have isolated a small number of patients or residents on a specific unit. Much like what we've done with Medical Surgical patients here in the hospital. And that includes both patients who have tested positive and patients who are just suspected. Is that correct? And we will continue to stay on top of that situation daily to be sure we understand exactly what they are seeing and what we might be able to expect in the days to come.

Dr. Wilson: (Something stated quietly off camera)

Mr. Meyers: Just tested.

Tasa: We have another question from Facebook. Are we doing the plasma therapy here?

Mr. Meyers: I believe there has been one case where the plasma therapy has been used. A reminder that this is not widely available for a couple of reasons. Number 1, it's still investigational. Also, the plasma must be harvested from people who are known to have recovered from the disease and there are relatively few of those in Midland. But we are actively talking about that every day. The FDA has a process that hospitals can participate in to understand where there are available resources and to use those on an emergent basis when we apply to them for that permission. And that has happened once so far. It certainly could happen again, but it's not going to be widely used in the near term.

Ok that appears to be all the questions for today. Thank you all very much. We'll be back tomorrow at 9:00am with the briefing from the Unified Command Team. Thank you.