



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Thursday, April 16, 2020

Transcribed from a previously recorded live event.

*Midland Health's portion selected out of the Unified Command Team Press Conference.*

Mr. Meyers: I am Russell Meyers. I am the CEO of Midland Health. This is our Coronavirus briefing for Thursday, April the 16<sup>th</sup>, 2020. In the state of Texas as of yesterday we have over 15,000 confirmed cases, 364 deaths in the state. 36 confirmed cases in Midland and 2 deaths in Midland County. The hospital census today 129. We saw a slight uptick yesterday in ED volume at 90 patients. In our CCU, we have 14. PUIs for COVID-19 infection, there are 6 in the critical care environment and 7 in other locations. A total of 13 with 7 of those now confirmed positive for COVID-19. We have 5 patients on ventilators out of our complement of 44 total ventilators.

A little bit of news here today. I've talked a couple of times before about the advance payment coming from the Medicare program. That was received this morning. They've paid us 6 months' worth of average Medicare reimbursement in advance. That's effectively a cash flow loan that will be interest free for 4 months and then paid back very rapidly after that with recoupment from payments that we would be getting in month 5 and beyond. But it is a help to get us through this difficult period. We are—Revenues are down. Collections are down. Payrolls and supply costs still have to be paid. So, we appreciate the advance payment from the Medicare program. Also, a small advance coming to the physician practices that we manage which will be helpful to them as well.

We have begun talking yesterday in earnest with our surgeons and anesthesia providers about what happens if and when the governor lifts the moratorium on elective procedures or at least relaxes it. We think that that could be coming as soon as today. You may remember that the governor's original moratorium on elective procedures ran through April 21<sup>st</sup> which is this coming Tuesday. So, we've begun that conversation about how we can prudently go back to work. Recognizing really important concerns with regard to the continuing availability of PPE and the need to carefully manage our available beds in anticipation of the remaining possibility that we could have a spike in COVID patients. So, we are going to be very thoughtful about that. Our preliminary discussions included a small team of folks who would assess the schedule each day and determine what we can reasonably do in light of the available PPE and bed availability and adjust on the fly. So, there'll be more to come in the next day or two we hope as the governor makes a decision about what happens on the 21<sup>st</sup>. But we are actively discussing how to go back to work. Just exactly when we'll do that remains to be seen.

A couple of important reminders I'd like to share. One is with regard to the ED. I've been reporting everyday that emergency volumes are down. There is some anecdotal information coming back to us from our emergency providers that some of the patients who have other diseases: may have chest pain, may have signs and symptoms of a stroke, may have abdominal concerns, may have had an injury patients; are tending to wait longer to come to the ED than they do in normal conditions. And while we appreciate people maintaining our ability to care for the COVID-19 patients we are still here for patients with other diseases and injuries and concerns that need immediate treatment. If you have chest pain, don't wait. Call an ambulance. Come to the ED. If you have an injury, if you have signs and symptoms of a stroke, don't hesitate to come to the ED. It is safe. If you are not sick don't come. But if you have a



serious illness or injury please do come and don't wait and allow your injury or illness to get worse. On a somewhat similar note, I want to remind people and encourage them to use our 68-NURSE hotline. From the very beginning part of our protocol has been if you feel sick, if you have respiratory symptoms and fever, and other signs that could be indicative of a COVID-19 infection the first step for you is to either call your doctor if you have a relationship with a primary care provider or call 68-NURSE 24 hours a day 7 days a week. Our nursing staff are on duty and ready to answer your questions and to walk you through the protocol and if you meet criteria to refer you for testing in our testing center. So, please don't hesitate to use the 68-NURSE call line.

Finally, my last remarks are a word of thanks today to our perioperative staff. That is the folks who work in the operating room and recovery room and pre-op areas. Those folks have not had much work to do in their normal environment over the last few weeks, but they've been real troopers in redeploying to places like the surgery waiting room where we have a team of sewers making masks every day, we have people at our entrances implementing and managing the screening process everyday for potential visitors and patients as they come into the hospital, we have people helping to man the 68-NURSE call line. All of these are duties that are beyond their normal scope. They have stepped up and provided these services with good spirits and without hesitation. So, a great deal of thanks to those versatile folks who work in our perioperative areas. Thank you all very much.

Let's see. I'll stop and take a question if anyone has one for me and then I'll call on Dr. Wilson.

Erin Bailey, COM Public Information Officer: Tasa has 1 question from Facebook so go ahead Tasa.

Tasa Richardson, Midland Health Public Relations Manager: Yes, how many or has there been people suspected of contracting COVID at the hospital? And would you consider that a good idea to resume even if the governor lifted the ban?

Mr. Meyers: So, the question is I presume that means how many staff members have contracted COVID. Is that the way you take that question?

Tasa: That would be my assumption.

Mr. Meyers: As of now I don't think we've had a positive staff member. I think you'll remember early on our very first patient as we were getting our procedures well-oiled there were several days when that patient was not recognized as a PUI. So, we had 30 staff who were exposed to that patient. Those staff members were carefully monitored by our employee health group and at this point I believe all of them have moved through the 14-day process and have been cleared with no positive test results. The second part of the question was about the relative wisdom of returning to work, I think. I mean that's the way I took it. That is a challenging issue for us without question. I expect that the governor's pronouncement whenever he makes it will at least be some loosening of standards and allowing hospitals to consider going back to work on some level. We have to be very careful about that. Recognizing that PPE remains dicey, some elements are easier to get than others. We have a substantial supply of just about everything we need. But we have to continue to be very careful about how we use it. So, that's a legitimate concern. We also need to preserve available beds in the hospital especially in those units we've set aside for COVID patients. We have a plan for how we think we can do that. But as we go back to work, we will carefully manage. Every day, every other day we'll have a team that looks at that schedule and judges whether the cases that the surgeons want to do or need to do can fit within



our available PPE and our available bed supply. As always, the majority of the cases we do will be outpatient. That's the way our system works. Most hospitals see that. For us, it's 65%-70% of all work that's done on an outpatient basis so that doesn't really stress the inpatient environment. But we do have to be thoughtful about PPE. And we will be. Not only as we start back to work, but on an ongoing basis every day, every week. One more point to make about that and this was raised by our surgeons and we've heard it all along. Elective surgery doesn't mean cosmetic procedures, things that are not necessary. What it means is care that can wait. The patient's still need the care. We talked about a variety of examples last night. One that's very familiar to me, I've had both of my hips replaced. If I lined up to have a total hip replacement I could wait. But while I would have been waiting, I would have been in pain, I would have been limited in my mobility, my ability to exercise and take care of myself would have been limited. So, these are not cases that are unnecessary. They are cases that are elective. That means they can be deferred, and we will defer them if we need to, but this is care that needs to be delivered. And so, we are doing our best to balance the needs of the whole community against the severe concerns that we have over the COVID-19 pandemic.

Other questions?

Tasa: Yes, sir. We have some more from Facebook. Do you expect to start doing randomized testing to find out the amount of penetration the disease has had in our community?

Mr. Meyers: The question is of randomized testing which I presume means antibody testing in light of what's been discussed most often in the media lately. That's not available to us today. It may come, there may come a day hopefully soon when we can do that. But we just simply don't have the testing capacity or capability today in this community. So, no I don't expect to do that any time soon. I think we would all love to know the extent of the disease in the community. Especially those folks who have had it, have recovered, and are relatively immune. But we are not in a position to know that here in the near term. One day we hope we will be.

Tasa: And a follow up question to that is will we ever have access to this test, or do you have any kind of forethought or information of it coming to our community?

Mr. Meyers: The availability of testing is one of many elements of the supply chain challenge that we are all facing. Testing is going primarily to the areas that are the hardest it. The manufacturers of testing and reagents don't have the capacity to meet all of the demand for a nation of 330 million people. And so, our limited production capacity tends to be going to the places that need it most. We are really blessed in Midland. We have not had a huge outbreak. We haven't had a big spike. Our hospital's ability hasn't been overrun with patients. And that tends to put us lower down the list of priorities for those manufactures and distributors that provide us with PPE, with testing, even with other goods that are unrelated to the COVID-19 pandemic management. So, it's a mixed blessing. We don't really know—we talk every day about the supply chain. And it changes every day. We have no way of knowing when the antibody testing, when our PCR testing for our in-house lab equipment will become available so we can test patients in real time in large numbers. We just don't have good information and it changes every day.

Ok if there are no more questions for me, I'm going to call on Dr. Larry Wilson to come make a few remarks.



Dr. Larry Wilson: Sure. Thank you, Russell. I am Dr. Larry Wilson Chief Medical Officer of Midland Health. I want to echo something that Russell commented about with the 68-NURSE line for calling in. It is the access for anybody in the community that has concern about the virus to call and schedule an appointment to go through the drive through testing center. It's also as Russell alluded to you can call there for questions about any other health issues as well. But that's the line for patients to call to get access to get an appointment to go through the drive through. The drive through does not accept people just driving up. It's really appointed visits only. And any symptoms now. The circumstances have been liberalized. So, we had been asking the patients about fever and constitutional symptoms that are consistent with a respiratory tract illness and that no longer is required. It's really any symptoms whatsoever. So, if you have symptoms and you are concerned about the COVID infection you are welcome to call 68-NURSE and schedule an appointment. There are over 50 appointments available on a daily basis and as of yesterday he's had empty slots available every day. So, to the comment, the question that was asked earlier about testing, Russell appropriately answered about the antibody testing which would show immunity. But there is as we have spoken about here before penetration of the infection in the community in asymptomatic people both pre-symptomatic, they are going to get sick but they haven't and those that never get sick and carry the virus and can shed it. So, the more testing we do, the more information we have, and the better we can do to manage the disease.

I wanted to touch on one other subject as this has been something I've been seeing a lot in the news nationally, statewide, and certainly in our own community as well is the importance of liberalizing how we are behaving and getting back the economy on track. I think we all recognize the importance of doing that. But I think it's very, very important that we remember this is not some kind of a validation that we have the virus under control. We still have a viral pandemic going on and it remains a serious threat to all of our citizens particularly the aged and the vulnerable. But we have to acknowledge also we have an economic pandemic taking place also as well. And this is a pretty dangerous circumstance in and of itself. And people of my paygrade and in different lines are work are trying to solve that problem. And I am just here to remind us that as that problem is solved, we still have a very significant virus. We have a virus that's very transmissible from one individual to another, a virus that can be in one person and not produce any symptoms but be transmitted to somebody else that does get sick, and then many of those people that get sick they'll get sick enough that they require oxygen or hospitalization, and a small subset of that population dies. And this is really our responsibility as we do get back to business and get back to work that we do it in a way that we remember those things and do everything in our power to protect the vulnerable and the aged, get things going in other ways in every way we can, but be cautious, careful, protective of all our citizens. As we get more testing, we'll have more information and get to the point where we have immunity from either herd immunity because enough people have been infected or we develop the vaccine, things can get back to some level or normalcy. But I don't think we'll ever have a completely normal life at least in our lifetime. We'll remember this, I think. And as long as it's still going on as it is today, social distancing, hand hygiene, cleaning surfaces repetitively when you are working in an environment if you do get back to work, all of those things are very, very important. So, congregating in groups is going to remain a very, very risky behavior until we get this under control. So, I appreciate everybody paying attention to that as we get things going. As the governor, the mayor, and others make the decisions to move forward. So, thank you. I'll entertain any questions.

Erin (Moderator): Alright, Dr. Wilson. The first one we have is from News West 9. Sammi said I'm told MMH is working on plasma donations from recovered COVID-19 patients. Can you explain why this is important?

Dr. Wilson: Certainly. So, our pathology department lead by Dr. Klingensmith has been very active in this area. And the importance is, if we recognize that somebody has had the SARS-CoV-2 infection and they recover the reason they recover is because their body has developed an immunity to the infection. For over a hundred years we've recognized that within our blood stream there is plasma. It's the fluid that carries the red blood cells, the white blood cells, etc. And in that plasma, there is antibodies. There is blood clotting factors and other products as well. But in the end of the day what we are looking for is the antibodies to the virus. And in those that have recovered and there's specific guidelines on how you look at this. They have to be 2 weeks out from the infection, they had a positive COVID test on the front side, a negative COVID test on the backside. They can donate plasma. And I'm sure you seen or heard of plasma donation centers and this is just for the volume of fluid that is used for coagulation factors, it's used for volume expansion, it's used for a variety of different things. But in this particular role we are asking it to be used as a therapy because of the antibodies. So, you are basically using it as an antibody donation. And those antibodies then can be given to another individual and provide passive immunity. Meaning they didn't develop the immunity themselves, but it will wipe out the virus because they have the antibodies to do so. And it's been used around the world in a very limited way. We did a literature search on it and there's probably been, with this particular virus, less than 50 applications that we were able to find in the literature. I'm sure that's expanding now particularly in the United States, but that's a pretty small number to know the safety profile. I mentioned that plasma in general is very, very safe to be given. We give it for a variety of other reasons, but whether having passive immunity may shut down your immune system's response and you may not develop active immunity for yourself going forward for instance. There could be other risks as well. And unfortunately, also there's not a whole lot of people that are aware of this. There's not a whole lot of people that have recovered from the COVID infection. Remember this has only been going on in the country for a few months so, getting the plasma or the serum for everybody that would like it will be a challenge like every other thing that Russell and others have mentioned about the supply chain. It's going to be a limited product, but when it's available it will be used in circumstances that are appropriate and the FDA has those delineated.

Erin (Moderator): And the next question is from Stewart at the MRT. He asks how much of a worry is the confirmed test from a second nursing home?

Dr. Wilson: Well, we've spoken about that a number of times over the last couple of weeks here that our primary concern isn't those asymptomatic carriers and those that have minor illness and stay home and quarantine, but it's the aged and the vulnerable. And long-term care facilities have aged and vulnerable people by definition. So, anytime it gets into that kind of environment it's of concern. We speak to them on a daily basis. The health department, Midland Health, and the long-term care facilities are working together to try to minimize and mitigate the exposure of others in those circumstances. They are using all the appropriate PPE and they're keeping isolated patients that are infected. Fortunately, the one that was mentioned by Stewart that patient has been asymptomatic. He was screened going in because of the concern that everyone has. And the screen came back positive. It was a surprise, but he has been isolated. He's been quarantined and we hope that that will contain the disease in that particular environment.



Erin (Moderator): And now Tasa has a Facebook question.

Tasa (PR with Midland Health): I have a few questions. I'll start with someone asking about symptomatic versus asymptomatic and the testing of around 900 people. Does that mean that all that have been tested had fever or presented symptoms?

Dr. Wilson: Early in the program, remember this has been a rapidly evolving circumstance over the last few months. And there has been specific guidelines provided by the CDC and others on how to go about managing as we got started and early on the guidelines were symptomatic patients with respiratory tract illness symptoms and fever were the ones that were at risk and concern and those were the ones that were being tested most regularly. As this has evolved in the United States and there's been many, many cases and a lot of information, observational data coming out of New York, King County in the Seattle, Washington area, California and other places showing the information that we've talked about here now that the people that are asymptomatic can be carrying the virus and can be shedding the virus and exposing others to it. So, in the last week or so or maybe a little bit more than that now the criteria for tested have been greatly liberalized. We remain with the supply chain issue. We don't have all of the testing we'd like to have for everybody we'd like to have it for. If we did, I'd be in favor of screening everyone so we could find out just how much asymptomatic disease there is and how many people are developing antibodies and getting better. But we don't have the capacity for doing that so we're limiting the testing to those that feel of concern and need to be quarantined and then obviously those that are being hospitalized and are developing symptoms in environments where others would be put at risk.

Tasa (PR and Midland Health): We have another question. Have you seen an increase in Mental Health cases in Midland?

Dr. Wilson: Ok, I'm looking at our Chief Nursing Officer. I had not heard of anything along those lines. Kit, do you want to address that question?

Dr. Kit Bredimus (Vice President of Nursing and Chief Nursing Office for Midland Health): Sure. Alright, so as of today the number of mental health cases that we get out of the ED is remaining relatively flat. We actually had a fairly decent amount prior to COVID and so we are still seeing around that same pace of folks that are getting consultations. We are doing more resources in the community as far as mental health resources with online different consults that we can do and also the different groups like Texas Tech Psychiatry. They're offering some to our employees and they've done outreach as well in the telehealth realm. So, that answers that questions.

Erin (Moderator): That's all the ones from Facebook.

Tasa (PR with Midland Health): Sorry, Erin I have one more and I think it's for Dr. Wilson.

Erin (Moderator): Ok.

Tasa (PR with Midland Health): And I apologize I will probably not pronounce this correctly, but does Midland Memorial have Remdesiver as an option for treatment?

Dr. Wilson: Ok, so we have a meeting on a daily basis with multidisciplinary team that Dr. Bredimus, myself, and pharmacy, and many, many other people attend to look at what resources we have, what

treatments we have, what testing capabilities we have, and review just this kind of a topic. So, the Remdesiver is one of the antivirals that has been looked at with mixed results. I think it's probably very similar to what we've said with hydroxychloroquine and other therapies. Unfortunately, on the 1 or 2 occasions where we have requested it, it has not been available to us. Again, it's a supply chain issue that's been going on. There are 1 or 2 other drugs that are in similar classes that we have tried in circumstances. And so, we are looking at every avenue and every pharmaceutical and other therapeutic opportunities. Unfortunately, there's limited information on pretty much all of those and the information we have is generally mixed in terms of the effectiveness.

Erin (Moderator): Dr. Wilson, we have one more for you. Mitch from Marfa Public Radio asks, since the 90-year-old man at Manor Park acquired the Coronavirus through community spread should we expect more residents testing positive for COVID-19 at Manor Park in the coming days?

Dr. Wilson: That's a good question. I'm happy to say that this individual had been living independently, had an injury that required him to go into the care facility, and because of that was screened, tested, and placed into the facility. And over the last several weeks Manor Park and all of the long-term care facilities have done a remarkably good job in making sure that all of their patients are kept away from one another. So, they are all dining in their rooms, they are all separated from one another, anybody who accesses any of the rooms washes in, washes out. They've been very, very careful about exposure of one to another. So, I think there's a pretty high likelihood or opportunity that this was not spread amongst any of the other inpatients there or the residents there or among other works there. There's always risk, but I think they've done a pretty good job of protecting everybody.

Erin (Moderator): Thank you Dr. Wilson.

Dr. Wilson: You're welcome.