



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Friday, April 17, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everyone. I am Russell Meyers, CEO of Midland Health and this is our Coronavirus update for Friday, April 17th, 2020. Beginning with numbers in Texas there are now over 16,000 confirmed cases of COVID-19. 384 deaths have occurred in Texas so far. Here in Midland County we have 41 confirmed cases and 2 deaths. The hospital is getting close to 1,000 tests that have been sampled so far. 49 of those positive which includes a handful of repeats, 840 negatives. We are waiting on results for 80 cases. A couple of those are as old as this past Monday, but for the most part testing turn around does continue to be 48 hours give or take. In the hospital, our census is now 123 overall. We saw 80 patients in the ED yesterday. In critical care we have 15 patients. Patients or PUIs there are a total of 15. 7 of those in Critical Care. 8 in other medical surgical environments. 6 of those 15 are confirmed positive.

In the last few days and continuing into the next few we have begun talking about what it might look like to re-open some of our economy, to reactivate some of the elective work we do in the hospital. We continue to be cautiously optimistic to work toward procedures that will allow us to do elective procedures in the hospital. Our surgeons, our doctors in gastroenterology who do endoscopy, our heart surgeons and cardiologists have all had discussions over the last several days and we do have some plans for how to potentially re-open in a very cautious manner from the governor. As you all know, Governor Abbott has a press conference scheduled for today in which we expect he will announce what he intends to do about the moratorium on elective procedures that he put in place that expires this coming Tuesday, April 21st. So, we are trying to be well prepared for that. We also received yesterday as the nation did the President's new guidelines for the re-opening of economies across the country. There are a variety of elements of that program that have to be digested. I'm sure will be considered by the governor as he determines over the next few days how the state of Texas economy is going to be revitalized. And so, we are trying to pay attention to everything that we are hearing from our government officials. Preparing for how we in Midland may react to whatever propositions are offered to us from Austin and trying to remain cautious. As we do that, one of the key components is to maintain as much of the social distancing and other precautions as we possibly can as people begin to become more active in the days ahead. So, there's a lot more to come on that. I think in the early part of the week, we will have a good bit more to say once we've heard from the governor today.

There is concern as you all know in this community about the Midland Medical Lodge population. There have been several positives both among residents and staff there. Several of their patients are here in the hospital at Midland Memorial. We have been in contact with those folks over the last several days and yesterday made a decision to send a team from the hospital to Midland Medical Lodge where they are at this moment testing the remainder of the resident population there to see what they are dealing with and to do our best to try to predict what hospital volume may be coming from that outbreak at Midland Medical Lodge. Our team should be over there today. We'll have test results back within probably early next week and then we'll have a better sense of the extent of that outbreak and how to predict how it's likely to impact the hospital in the days ahead. In addition, we know that nursing homes in general are a risky environment. They are filled with vulnerable people as we talked about yesterday.



And so, our case management team yesterday, did some polling of the nursing homes in our community and in the surrounding areas to assess how they stand with regard to PUIs if they have any, what their PPE availability is, and how they are prepared to manage any infections that they are aware of within their environments. For the most part, I think we got very good feedback. If nothing else, we opened the lines of communication with these facilities and expect that our team will be in regular contact with them. We want to be able to help the nursing homes where we can if they have needs for managing their own populations. But most importantly from the perspective of the hospital we want to know what's happening in the community and do the best we can to anticipate cases that might be ahead of us in the next few days. And so, we are going to continue to be very assertive in keeping up with the populations in the nursing homes in the region over the next days and weeks.

Finally, I'd like to offer some thanks today. I want to talk about our physician practices. As you all know, the hospital is actively involved in the management of Premier Physicians, of Permian Cardiology, and West Texas Orthopedics. In all of those cases, the providers, the physicians, the PAs, the Nurse Practitioners, the nurses, and the rest of the teams in those practices have been very creative. They've moved rapidly to make telemedicine visits available to their patient populations and have ramped up that capacity rapidly. We are seeing a lot of patients via telemedicine in all of those practices now. We are also beginning to talk to them about being a little bit more liberal with allowing patients to come in for visits. As we get more and more weeks into this thing, we all recognize that patients need to see their physicians, they need to see their providers. And so, we are working on plans for how to do that safely and those practices have been very creative, very flexible in dealing with this new reality. And in the days ahead will be really vital to our community's recovery. And it's not just the practices that the hospital's involved with and manages, really every community practice here in Midland has responsible providers who care about their patients and have done everything that they can to make themselves available and to help the community respond to the virus. So, a big shout out and thanks to all of our physicians, all the Nurse Practitioners, and Physician Assistants working in our community trying to keep us safe, to keep themselves available to their patients in whatever way they possibly can to assure that we all can stay as healthy as possible through this pandemic. That is the extent of my prepared remarks for today and I'm happy to take questions.

Tasa Richardson, Midland Health Public Relations Manager: We have a question on Facebook. Can you comment on the testing accuracy in light of media reports regarding it?

Mr. Meyers: I think Dr. Wilson may want to comment on that. We have had some conversation about that in the past, Larry.

Dr. Larry Wilson, Chief Medical Officer: Good morning. So, the question is about testing accuracy and I'm going to make the assumption that we are speaking specifically about testing for COVID and a positive COVID test or a negative COVID test. And we've addressed this a few times here. And it can vary a little bit depending on who you ask. But by in large I think the recognition is that the PCR test which is Polymerase Chain Reaction test is very accurate. If there is RNA from the virus which is what the virus is made of in the area that you are testing it will come up positive. The problem revolves around where the virus is located in one's body at any given time and how well the swab is taken from that area that you are trying to achieve the viral testing from. So, if you take a swab from inside the nostril and the patient has a deep respiratory tract infection you may not pick up any virus. There's pretty good evidence that if you take a nasal swab there's a pretty low sensitive or accuracy of the test.



If you go deeper with a nasopharyngeal swab it's much more likely to pick up virus. And if it's an unfortunate circumstance where there's a tube in the lungs and you are ventilating a patient and you can go down and do a bronchial lavage there's a very high accuracy. So, it can vary depending on where the virus is shedding at any given time, how well the sample is taken. But the test itself if you have even a small amount of the virus on it is generally very accurate.

Mr. Meyers: Thank you, Dr. Wilson. Are there further questions?

Tasa: We do have several coming in. We have a question from Caitlin at the MRT. Do you know how many residents are being isolated at Midland Medical Lodge? And how many PUIs are there across the nursing homes you've been in contact with?

Mr. Meyers: There are 14 we understand, of course it's a fluid situation but there are 14 in isolation at Midland Medical Lodge now. As I recall, the survey that our case management team did across nursing homes in the area found only the one PUI which we were already aware of at Manor Park. So, that's obviously subject to change, but as of now that's what we understand.

Tasa: We have another question on Facebook probably for Dr. Wilson. Is Remdesivir being used to help patients in our area?

Mr. Meyers: We had that question yesterday, Larry.

Dr. Wilson: Yes, thank you. We addressed that question yesterday. The Remdesivir is a viral inhibitor that has been in scarce supply. We have requested it on one occasion, or 2 occasions I believe now and not been able to get access to it. It's a supply chain issue. There are congener drugs or drugs that are similar to it that we have been able to utilize on a few occasions.

Tasa: We have another question on Facebook. How many days does it take now to find out if you have COVID-19 when you are tested?

Mr. Meyers: That varies depending on a lot of factors. We know that the labs that we've used are seeing high volumes of testing still. Their turn around time varies depending on the volume that's in the lab. So, we have had tests come back as rapidly as about 24 hours, but this week we still have tests outstanding from Monday. So, it has varied lately anywhere from 1 to about 5 days. More commonly about 2 days. But you never know for sure how fast a test is going to come back.

Tasa: Another question from Facebook. What changes are in place for labor and delivery? How many people can be there with patient?

Mr. Meyers: We haven't made any changes in labor and delivery since-- Well we made one change. We'll get to that, but nothing major. Since we've put our visiting restrictions in place, labor and delivery was from the very beginning one of the exception areas that allowed a laboring mother to have 1 person with her; a husband, the mother, whomever the patient chose, but only 1 through the laboring process. The one change that we made as this evolved was initially we said that that visitor or that support person was welcome in the labor and delivery suite, but if a case converted to a cesarean section and required a move to the OR that the person was not allowed to go into the operating room. After getting some feedback from the community we did modify that so that that support person can go into the operating room now even for a c-section or another kind of operative delivery with the staff, the

physicians obviously having the right to ask them to leave if there's a reason to escalate things in the operating room. But that's the one change we made. Otherwise there hasn't been any. And honestly as we think about the opening of the community, the addition of some elective procedures in the days ahead, we think that our visiting restrictions are going to be among the last things that we change. So, I don't anticipate opening the hospital to visitation beyond the current restrictions anytime soon. Even if we begin to do elective procedures and other work.

Tasa: We have a question from Caitlin at the MRT. Can you speak about the need for plasma donations and what the qualifications are to donate?

Mr. Meyers: I'll struggle with the qualifications, so I'm going to ask Dr. Wilson to come back and talk about that a little bit. There is an interest in that. There certainly is an interest in getting plasma donations from patients that have recovered from COVID. Obviously, that's a fairly small population in our community.

Dr. Wilson: So, currently for plasma donation really what we are look at is convalescent serum donation. Plasma we all have and can be donated, but the patients that have recovered from a COVID infection presumably are carrying antibodies to protect against the infection. And we passively can give those to another person to protect them against the viral load that they might experience. So, the idea is that we first of all have to identify a person who's positive for COVID, so they have to have a positive COVID test. Then they have to go through the illness, recover, with a negative COVID test, and then a 14-day window from recovery to the time that they harvest the serum. The purpose of that is to make sure that they are clear of the infection. We accomplish that. We capture these people that are in that circumstance then we can use their plasma. And they can donate the plasma weekly and we can collect plasma for a period of time for a variety of different other patients that again test positive for COVID and are showing signs they are deteriorating with the infection and we can provide them the antibodies to help protect against it.

Mr. Meyers: Don't go far Larry. I think we may need you again. Tasa?

Tasa: Ok, we have another question from Facebook. If you all decide to open the hospital to more people and elective surgeries what safeguards will you take to safeguard the community spread?

Mr. Meyers: That's a very good question. And the one of many that we have talked incessantly about since we began to talk about the possibility of reopening. So, there are several elements of this plan. And we expect it to be evolving and actually going up and down potentially as the hospital's activity continues. We have as you know deferred essentially all elective procedures for several weeks now. We, and our surgeons, and GI docs, cardiologists recognize that patients need these services. They are as we've talked about a couple of times the definition of elective is not unnecessary. It really refers to how urgent the need for the surgery is. We don't, we like to think we don't do unnecessary procedures. But those that don't involve the potential loss of life or limb or chronic pain that has to be managed can be deferred. We can wait a while for a surgery to happen. And so that's what we've been doing. But as we get weeks and weeks into this, it's harder and harder for those patients to wait. So, as we think about returning to doing that kind of work we've talked about and committed to having a team: a surgery department leader, an anesthesia leader, administrative, and nursing staff folks all together assessing the scheduled surgeries a couple of times a week. And comparing that schedule against the likelihood of needing an inpatient bed, our availability of PPE that's adequate not only to care for the

surgery patients but for the COVID patients and others who are isolated in the hospital. And we anticipate that we'll be telling our surgeons and our patients that they should expect that there could be adjustments in the schedule from day to day as we make those assessments and determine you know how busy the hospital is how much we can handle in terms of volume. We will be particularly careful about patients that we know to need inpatient care, patients that we know will need critical care post operatively, patients who will need blood. Blood supply is challenged right now as blood donation has been curtailed a bit during the stay at home orders. So, we've got a wide variety of things we will be doing. As you think about visitation and those kinds of things, we don't expect to be opening visitation rules anymore than they are now. But if you've ever had an outpatient surgery you know that we always ask you to bring someone with you. You are going to go home having been sedated having some medications still on board, so every patient has to have someone with them to go home after surgery. We are still working out the details of how to manage that, but it's probably going to involve staying in your car and being available by cell phone and calling the family member to come and get the patient when their care is finished. But those are the kinds of things that we are going to have to navigate. It makes life a little bit difficult for sure. But we do expect to be able to get patients especially those with the most urgent needs into the operating room, into the GI lab, into the cath lab in the days to come to make sure we provide the care that our folks need.

Tasa: Ok, we have a question from Mitch. Can you give us more details about how the outbreak began at Midland Medical Lodge? Exposure to a known case has been the main cause listed. Was the original source of the virus a staff member or a visitor?

Mr. Meyers: Yeah this is sort of a health department inquiry really. We know a little bit about that, but I don't think any of us pretend to step into the health department's shoes. And we are not doing contact tracing and the kind of investigation that is their responsibility. And so, I think we'll refrain from trying to answer that question, Mitch. And I would encourage you to address that to the health department.

Tasa: Mitch, could you clarify on your next question if that's a timeline of the outbreak at Midland Medical Lodge or a time of the outbreak for COVID in our community and I'll wait for your response. I'll move on to the next question while we get that clarification. From Caitlin at the MRT, have you treated any patients with plasma so far?

Mr. Meyers: I believe there's been 1. We've treated just 1 so far.

Tasa: Ok we have clarification from Mitch. It's the timeline for the Midland Medical Lodge. Which he believes you've already addressed. So, thank you. We have a question from Facebook. I've heard pharmacists now have tests. Are they in Midland pharmacies now? And then a second follow up question I'll ask after.

Mr. Meyers: I think you're—there's been publicity about one of the national pharmacies. Do you remember which one it is? (turn to someone off camera) I won't say which—

Dr. Wilson (off camera): CVS

Mr. Meyers: Ok, Dr. Wilson says it's CVS. CVS has had some publicity about opening testing centers in certain locations. As far as we know there is no plan to do that in Midland. I read a lot of news feeds and I know that in the Houston area there were 2 of them that were planning to be opened within the



next few days. But there were a relatively limited number of them spread around the country and Midland is not one of the locations that's planned as of now.

Tasa: Ok we have another question from Facebook. Does our hospital comply with the capacity requirements issued yesterday?

Mr. Meyers: I would ask you to clarify the question. I'm not sure what that refers to.

Tasa: Ok. We'll watch for that clarification.

Mr. Meyers: Ok.

Tasa: And then we have another question on Facebook regarding the patient that plasma was used on. And did we have a positive result with that?

Mr. Meyers: I'll ask Dr. Wilson to address that one.

Dr. Wilson: I want to start off with a cautionary comment that there's a N of 1. You know we've had 1 patient that's been treated with this and if that patient may have very well-- We've had many patients come through that have looked very, very sick and then rebounded and recovered very, very effectively without using the serum the convalescent serum. But in this particular case the patient received the convalescent serum and within about 36 hours was improving quite dramatically and was able to be taken off the ventilator within the last 24 hours or so and is currently being moved or soon will be moved off of the CCU to the Medical floor in anticipation of a good recovery. So, we are very fortunate and happy for the patient and for the outcome.

Mr. Meyers: That's the challenge with all of the therapies that get a lot of public discussion. None of them have really a comprehensive, scientific basis to them. And it's tempting to credit recoveries to the serum plasma use or even to the other drug regimens when we really don't know for sure that that's what caused the recovery. We've had many patients who have fully recovered without any drug regimen to speak of. So, that explains some of the caution you will hear from Dr. Wilson and others that while we are hopeful that these things work, we can't be certain that's what's operating in the patient's recovery.

Tasa: It looks like that's all the questions we have this morning.

Mr. Meyers: Ok, thank you all for your time and attention. We will see you again Monday morning.