



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Tuesday, April 21, 2020

Transcribed from a previously recorded live event.

Midland Health's portion selected out of the Unified Command Team update.

Mr. Meyers: Good morning. I am Russell Meyers, the CEO of Midland Health and this is our Unified Command Team Briefing for Tuesday, April 21st, 2020. We've had a little bit of technical difficulty this morning, so I think we're working off the hospital's Facebook live feed and we'll be manipulating that throughout the briefing. I am going to skip the Texas numbers as I know the Health Department folks will be on in a bit. Getting to the hospital's information, we have now tested over 1,200 people; 72 positives, over 1,000 negatives to date. Still waiting on quite a few results some of those as early as last Thursday, but the majority of them just in the last day or 2. In the hospital, our census is 128 today. We saw 90 patients in the ED yesterday exactly half of the number we saw on this day in 2019. In Critical Care, we have 13 patients. PUIs there are a total of 26. Eight of those among that are 13 Critical Care complement and then 18 others. 7 of those 26 are known positives. We have 8 patients on ventilators this morning.

We've got some things happening now with regard to our response to the governor's new executive order that takes effect tomorrow. As you all know we've been restricting elective surgeries for several weeks now. We are actively discussing a return to elective surgery, but as we'll talk about in just a moment, we've got some growth in our case numbers locally and so we are moving slowly toward a resumption of elective surgery. What we are going to do beginning tomorrow is start slowly back into doing elective endoscopy procedures; colonoscopies primarily. Our three local GI physicians are working with their patients to begin returning to those regular schedules as soon as tomorrow and we expect that to ramp up over several days. We also are releasing the restrictions on the majority of our imaging procedures including screening procedures and so for the most part imaging will be open for business tomorrow as well.

We have developments in the community with regard to further infections. As you all, I know, have heard the Midland Medical Lodge continues to be a location of some concern. We sent our team out there on Friday and tested all of the patients and the majority of the staff. We got results yesterday on a large number of those patients. There were 16 new positives that resulted from our testing at Midland Medical Lodge. 14 of those were residents at that senior community. We do expect more results to come in today and perhaps tomorrow. On the positive side, on the good side we had 19 negative tests returned as well. So, there's no question we have our first really significant cohort of patients in one location at the Midland Medical Lodge. Our medical and infection control teams are in contact with them regularly and they are isolating their patients as much as they can. And as they need hospitalization, they are coming to us. And as of this morning, I think we have 6 or 7 of those in house. So, that's a continuing concern that we'll be observing, and we will be conscious of that outbreak and the potential for large numbers of patients as we consider whether we return to elective surgery in the near term or not. What's being asked of us by the governor and what we will continue to do in consultation with our surgeons and anesthesia providers is to be conscious of our ability to safely do elective procedures, to do them without unduly reducing our supply of PPE, and to be sure that any



cases that we do don't hamper our ability to care for COVID-19 patients as those numbers potentially grow in the days ahead.

One more area of concern, we became aware a couple of days ago that there were a number of EZ Rider bus drivers who had tested positive. We sent a team to the central EZ Rider location last night and we tested 26 more people. We expect to get those results in the next day or two and determine if there's any further guidance we need to offer the EZ Rider team with respect to managing their infected employees.

So, those are major developments. I'd like to offer some thanks today to one more group of our hospital team. This is our schedulers and our insurance verification and financial clearance team. You can imagine that throughout this process we've gone back and forth between scheduling cases and cancelling them and rescheduling. We are now starting up scheduling for endoscopy and other areas today. It's been a tremendous challenge for those folks to keep up and communicate actively and accurately with our patients every day, sometimes multiple times. That's a difficult and thankless job. Our patients have been very understanding so far, but I would like to thank our team in financial clearance and scheduling for their hard work to keep us on top of the changing landscape we are facing these days.

So, with that that's the end of my prepared remarks and I'll be happy to take questions from the hospital's perspective.

Tasa Richardson, Midland Health Public Relations Manager: We have a question on Facebook. When will Midland receive the 15-minute test to check for COVID-19 that the president said is out there?

Mr. Meyers: I suspect that that question is about the Abbott point of care testing. There has been some information over the last couple of days that the 2 hospitals in Odessa have now received test kits for their Abbott machines. Midland Memorial does not have the Abbott point of care testing machine. So, we have no reason to believe we will be getting those rapid turn around tests anytime soon. Once we heard yesterday that some test kits had been delivered to the Odessa hospitals, we began more actively reviewing to see if those machines were potentially available to us, but as of now I have no information about that and no timetable for adding those tests.

Erin Bailey, COM Public Information Officer: And then a question from the MRT. They ask, is there a need for extensive testing at other senior living centers?

Mr. Meyers: I think that's a regular debate that we will continue to have. The reason that the extensive testing happened at the Midland Medical Lodge was that we became aware there were multiple patients there, some who had tested positive, and a significant cohort of PUIs. We began to see patients being admitted to the hospital from there. So, we took those as cues to get more actively engaged. I know there's been more testing done at a couple of other local senior communities. But until there's an outbreak, until there's an indication that there is an infected person, I don't think we have any plans to do broad scale testing. We are in regular contact with those nursing homes. Our case management team has done a survey of all of the homes in the region and gotten very good positive response from them, gotten pledges from all of them to communicate regularly with us. And we'll continue to do that so that if they begin to see signs of an outbreak we can try to intervene quickly as it's needed.



Tasa: We have another question on Facebook. Do you know how many people in Midland have tested positive but don't reside here, for example, oil field workers that work here 2 weeks and then go home to another county?

Mr. Meyers: It's a pretty small number that have tested positive here but live elsewhere. Can I say the exact number? Not with great certainty, but I can tell you we've got 72 positive results that have come through our own testing and the county has reported only 64 positives who actually live in Midland County. So, that's 8, the difference. It's probably in that ballpark. Relatively small numbers of people who are tested and then end up positive in our community, but don't actually live here.

Tasa: We have another question from Facebook in regard to the EZ Rider buses. Do we know of those buses are being cleaned or sterilized in any way?

Mr. Meyers: That might be a question that someone else perhaps from the city could answer. I don't know anything about the EZ Rider activity and how they are cleaning the buses, how they are managing their staff. Certainly, that's something we can find out and perhaps be prepared to provide more briefing on tomorrow if no one else knows the answer to that question, but I don't know at this point what exactly their procedures are.

Erin: This is from the MRT as well. Was the larger number of positive cases at the Lodge expected?

Mr. Meyers: Well, you know, we don't know exactly what to expect. That's why we test, but we tested about 100 people over there on Friday and we knew that there were several positives already present both among the work force there and among the residents. So, I can't say that it's surprising at all that there were a number of positives. And not all the results are in. We may see some more positives before this is finished. So, right now I would not call that a surprising result.

Erin: And this is from Mitch with Marfa Public Radio. When did Midland Memorial Hospital become aware of the initial staff members testing positive at the Midland Medical Lodge? Should there have been a testing team dispatched earlier to the nursing home since we've seen the coronavirus spread quickly among its residents?

Mr. Meyers: I don't know exactly when we became aware of the first positive there. It was several days ago. Should there have been a team dispatched more aggressively? Certainly, we can second guess ourselves. I don't know that it would have made a lot of difference in the management of those patients. It might have. So, certainly you could suggest that we could have moved more quickly once there was a known positive. And I think, you know, each event we have we learn from. I think should we see the beginnings of another outbreak in another nursing home community I think we probably would move a little faster but recognize that this is an outreach that the hospital is doing primarily because we're concerned that these become hospital patients later on. This is not fundamentally our responsibility to do community surveillance and those kinds of things. We're trying to be good team players. We are stepping in and assisting with the health department's needs for work in the community. And so, we're learning how to do that as we go, and this is totally new territory for us. So, sure I think you could second guess and suggest that we could have moved in and been more aggressive sooner and we probably will the next time evidence of such an outbreak appears.

Erin: And how many nursing home residents who are hospitalized are currently on ventilators?



Mr. Meyers: We think maybe 1. I don't think that's a piece of information we have readily available. Sorry.

Tasa: We have a question from Facebook, actually 2 with a similar question so I'm going to lump those in together regarding the positives that we've tested. Do we know how many of those were asymptomatic or on the flipside exhibited symptoms?

Mr. Meyers: Well, for the vast majority of the testing we've done has been on symptomatic patients. When we went into the Midland Medical Lodge, we did test a large number of asymptomatic patients. How many of those turned out to be positive, I don't know. Do we have that level of detail (asking someone off camera)?

Dr. Larry Wilson (Vice President, Medical Affairs): The ones that they had put in quarantine which was about 13 in quarantine and those would have been quarantined because they were symptomatic. So, those were tested originally. So, those 16 that came back yesterday were not quarantined.

Mr. Meyers: Ok, so that's a good point. So, essentially all the test results we got back yesterday were asymptomatic because the ones that had symptoms had already been tested prior to that before our team went in. So, I appreciate the clarification from Dr. Wilson off camera there. But that's a good point.

Tasa: We have another question from Facebook. What info do you have on the plasma research and how high is your confidence in this research?

Mr. Meyers: That might be a good question for Dr. Wilson to come answer directly if you'd like.

Dr. Wilson: Good morning. Thank you, Russell. So, the question is relative to the convalescent serum I'm assuming, the plasma therapy. Well, all the research related to plasma therapy remains observational in small studies. We are gaining information in the United States on a daily basis. It's being used regularly now. We've used it here now on 2 separate occasions. And I think the information that we've gained so far is favorable, but there's again longitudinal information that needs to be gained. The patient has an initial response. How do they do long-term? There's other factors that play into it. So, at this point I would say that we are pleased with the benefits that we have seen and that we have read about. But I think the information remains early and there's a lot of opportunity for other therapies to come along while we await the vaccination and herd immunity to develop overtime.

Tasa: We have another question from Facebook. Do you know when elective surgeries will begin to start?

Mr. Meyers: No, the short answer is no. We don't know yet. We had hoped that we might start some this week. We have postponed that in light of the significant outbreak at the Medical Lodge and our need to be certain that we can respond appropriately to that before we begin a large-scale surgery re-implementation. We'll be talking to our surgeons again tomorrow and we'll set parameters for what the return might look like and when it might happen. But as of now, it would be speculating to say when. I think with some confidence it won't be before next week. Today we do have plans in the works to start endoscopy tomorrow and to open up the majority of our imaging procedures. But surgery is still to be determined. And by the time we meet on Thursday, I should be able to offer a plan in this next session of the Unified Command Team Briefing.



Erin: That's all we have.

Mr. Meyers: Very good. So, we are going to re-arrange our set up here while the next speaker comes to the podium. Let's see, hold on. Before we move, Dr. Wilson has a- I'm sorry. I'm getting ahead of myself. Let's keep this in place. Dr. Wilson is going to make some comments and then we'll re-arrange. Thanks.

Dr. Wilson: Thank you Russell. So, I wanted to provide just a little more information with regard to what we've seen with this hotspot that's developed in the Long-Term Care facility here locally and the concerns that I think a lot of people have including ourselves about what's going on there. But if you look overall at what's been going on in Midland what we were speaking about before the Midland Lodge was that we were in a slow burn and largely through the community we remain in that slow burn. We've kept the, I think the dampener on the growth curve with the disease in our community and I think the social distancing, and the work that everybody has done, city, county, the Unified Command it's been effective and we've done a good job. But we've always reminded everyone that there's a vulnerable population out there. And that the elderly and those with underlying medical conditions are at risk. And unfortunately, it got into one of those sites and that's what we are seeing. So, we went from 42 confirmed cases last week and then from Thursday to Monday, we got the results back on Monday, and all those results come back with a 20+ more positive tests. And it looks like there's been this accelerated growth. That's really related to a hot spot in our community. And the work that I think the Health Department has done, Midland Health has participated with, and the city has kept our fingers on the pulse of that and trying to get it under control and work with the Midland Medical Lodge to do as well as they can. Favorable note to that is with the population that we've seen through the hospital the vast majority of the patients remain at the Midland Medical Lodge either in quarantine there or even asymptomatic and that's very good news. So, we go back to the statistical information that we have going way back that 85% or so of the population are going to have minimal symptoms, asymptomatic, etc., 15% are going to get sick, and a small percentage of those get really sick. And we're unfortunately in a population that's going to sway those statistics a little bit, but overall it remains optimistic that opening up the city a bit more and becoming a little bit more active with our business activity seems very reasonable. You see that happening within our own hospital system with endoscopies and the colonoscopies increasing. But we remain vigilant about that. Patients won't wait in the waiting rooms. We'll keep our waiting rooms empty. They'll be paged or texted to come in from their cars. They'll come in individually. They won't have anybody with them unless they have a care provider need with them. We'll be cleaning surfaces frequently. We'll be keeping people socially distanced both in the work environment as well as the patients that are coming through. This is the way that we are going to be working for a while until we get our hands wrapped around how to treat this better or get a vaccination or have enough herd immunity. We are not there yet. So, the new normal as businesses open up remains socially distance, wearing your masks, cleaning surfaces frequently. This is the mantra that we've been saying repeatedly here, and we hope that everybody will stay vigilant too so we can avoid other hot spots. I think a lot of people are getting a bit tired of this. I understand that very much. I feel that way sometimes myself. But we must remind ourselves that this is not so much for ourselves if you feel like you're a healthy individual and you could weather this reasonably well but it's for those around you that are at risk. So, please stay vigilant, please stay on top of what we are asking you to do, stay focused, and we can get things going more towards the new normal quickly. Thank you. I'll take any questions.



Erin: Alright Dr. Wilson, I've got a question for you. Do you think if the Midland/Odessa area re-opens its economy too quickly more hotspots like the Midland Medical Lodge will appear?

Dr. Wilson: I think it's got less to do with how quickly things open up than it does with how we open up and go back to what I've been saying. If we are socially distancing, wearing the mask, cleaning surfaces frequently it's going to slow things down in the sense of the level of efficiency that businesses will be able to obtain. You're not going to be able to congregate, stand in line close together, etc. So, it's going to change patterns. So, I guess in that context yes, I think it will slow things down a bit if we try to go back to absolute normal from several months ago that would have a negative impact. But if we do things wisely and I think that's the way the city is aligned to do that, I think we can avoid the hotspots. Particularly if we are careful around that vulnerable population that we are focusing on now.

Tasa: We have a question from Facebook. Are you taking out of state patients such as southeast New Mexico?

Dr. Wilson: We have historically been a facility that does receive patients from surrounding areas when there's need. Southeast New Mexico would not generally be a place that transfers to us. There's other intervening hospitals that are like-sized or bigger. But if they are overwhelmed or they don't have bed capacity we are obligated. Our mission is to take care of patients and if somebody calls in need, we will take their patients.

Tasa: We have another question from Facebook. Are cloth masks effective and what type of mask is most effective?

Dr. Wilson: So, the question about masks is—it depends on what you are trying to accomplish. So, if we are asking our citizens to wear masks, bandana, t-shirt over your face, anything that will dampen water droplets and breath from expanding around you. So, this is to protect those in your environment from you not to protect you from the environment. In the healthcare environment or around somebody that might be infected with COVID, it's very important to be using masks of a higher quality. Water droplet protection masks are a certain level that you see a lot of surgical shows, etc. you see people wearing. Then there's a higher quality what we can respirator masks that are used in circumstances where there could be aerosolized material. So, depending on where you are working, and what the environment is, and what your goals are with the mask the masks are very effective at accomplishing exactly what they are meant to do.

Erin: Ok, we have one more from the MRT. Stewart asks who ultimately made the call to test more residents at the Lodge late last week?

Dr. Wilson: That was, I think, a combined decision between Midland Health and the Health Department. When we recognized that there was a hotspot, there was a bit of an outbreak there it became apparent that it would be important to do the contact tracing essentially to track down anyone or any resident or any employee that might be infected. And since we weren't aware on the front side of who those might be, we thought it was important to test throughout the facility. What we've seen in literature from other sites when there's been an outbreak of this nature testing comprehensively gets you on the front side of it more quickly. I think there was a question earlier about testing in sites where there hasn't been any outbreak and I think Russell's answer was spot on. But there's no benefit, really to testing widely in a place where you don't have recognized disease.



Erin: What are the main factors that caused so many people at the Lodge to become infected?

Dr. Wilson: Well, I think you start off with some employees. Most likely an employee that was infected early on. I think about 10 days or 14 days ago there was an employee that was identified. They were working outside of the clinical environment, but it's likely in retrospect that there may have been some contact with somebody who worked in the clinical environment and that led to it getting into the care facility. And once it's in the care facility this is a very transmissible disease. So, I wouldn't want to say that the population there is more vulnerable to getting it, but when the contagion is in somebody, the likelihood of getting sick is higher in those that are more vulnerable and elderly. I hope that answers the question.

Erin: We'll give them just one second to see if there's anymore.

Dr. Wilson: Ok. Thank you.

Erin: Thank you Dr. Wilson.