



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Friday, April 24, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning. I'm Russell Meyers, CEO of Midland Health and this is our Coronavirus update for Friday, April 24th, 2020. In the state of Texas as of last night, we have nearly 22,000 cases; 561 deaths across the state so far. In Midland County, 69 confirmed cases; 5 deaths to date. Here in our hospital we have 129 patients this morning. Thirteen patients in critical care. Those patients who are PUIs 5 in critical care, 7 in the medical surgical environments for a total of 12. 4 of those are confirmed positive. Test results: we've sent out over 1,400 tests so far. Seventy-four of those have come back positive which includes a few people from outside the county and a couple of duplicate tests. Over 1,100 negatives and we are still waiting on 200 results this morning including a few as old as this past Monday. So, we're anxiously awaiting test results as we sit today. In the hospital, we have 5 patients on ventilators and still a supply of 44, so 39 total available.

A couple of updates. We have been accepting donations from our incredibly generous community; all kinds of PPE, and hand sanitizer, and other things. We'll be closing out that donation site in the days ahead. Do we have an exact date for closure? (asking someone off camera) We'll announce next week the last day that donation the site will be available. But you should be able to see on your screen an email address that you can contact if you have more PPE to donate. (PPEDonations@MidlandHealth.org) We'll be happy to make arrangements to get it from you. The reason we are closing the site primarily is that we are putting people back to work. As we get started with doing elective surgery and endoscopy and other things that have been suspended for a while, the staff members who have been staffing the donation truck as well as our entrances and our 68-NURSE hotline those people are going back to their normal jobs. And so, we are trying to get new labor resources in place where we need them. We felt like we probably have run the course of most of the donation activity, so we will be shutting down that site as those folks go back to their normal work.

We talked within the last couple of days about the exposure of one of our physicians. Just to clarify, I think we had a little bit of confusion about the exposures that might have been experienced by staff. So, just to be a little bit clearer. We had a total of 10 physicians who work very closely with and included some off time together with the infected doc. And so all 10 of those have been tested. One of those 10 has begun to become symptomatic so we're carefully monitoring that physician and that person has been asked to stay home and self-quarantine. There were a total of 23 employees identified as having some exposure with a reasonable level of confidence. Because those exposures tended to be pretty minimal, we have not chosen yet to test those staff. As any of them become symptomatic, should they, we will test them at that time. And any staff member who has concerns about the level of their exposure and wish to be tested we will grant those wishes and test them at their request. So, that's what's happening with the exposure. And we hope for the best for that physician and those exposed.

We made an announcement yesterday and have encouraged our employees, now made it mandatory, for people within our work force if they are among others, if they are not working by themselves in their own work space they need to have at least a cloth mask on at all times. I'd be wearing one now, except you can't hear me through the mask. I wore one to the podium. I'll wear one as soon as I leave here. And we are expecting all of our employees anytime more than one of them is in a space together to



wear a mask at all times. That's a new expectation across the hospital. Most of our people have been doing it already, but we wanted to be sure that everyone was doing it for the duration of our period of pandemic.

Finally, I'd like to say a big thank you to the people who have chosen to donate plasma. You've heard a little bit about the convalescent serum therapy that has shown some good results in some environments with COVID-19 patients. That therapy requires the use of plasma that's donated by people who have been infected with the disease and have recovered, have waited an extended period of time, and then their plasma has developed antibodies that can be useful in the healing of patients who have active disease. We don't have a lot of those candidates in our community, but those who can donate, those donations are much appreciated and can potentially be used to help those folks who are suffering with the virus today. So, thanks to those who have donated not only here but across the country. Thanks to those of you who will consider it if you fit those criteria. And I think also on your screen you will see the information on how to contact the Vitalant blood bank where donations can take place. (877-25-VITAL; 877-258-4825) Please don't call the hospital. This is not something we do. We'll get the serum from the Vitalant folks after they've processed it should our doctors prescribe it for any patients in the future. We've done it a couple of times so far with good results and hope to be able to do some more in the future. So, if you believe you meet the criteria and are willing to be a plasma donor thank you. And please contact Vitalant on the number on the screen. (877-25-VITAL; 877-258-4825)

That is all the prepared remarks that I have for this morning and I'll be happy to take questions.

Tasa Richardson, Midland Health Public Relations Manager: We have a question from Sammi Steele from NewsWest 9. How many folks have donated plasma?

Mr. Meyers: You know, I don't have that information because we're not actively involved in the donation process other than promoting it. We don't keep up with those numbers. I would encourage you to contact Vitalant directly and ask them, but we don't have that.

Tasa: We have a question from Mitch for Dr. Wilson. Other than providing essential care, should healthcare workers in hospitals and nursing homes be social distancing from patients even if they are wearing a mask and gloves?

Dr. Larry Wilson (Vice President, Medical Affairs): Yeah, Mitch good question. And I think the answer is relatively obvious from the things that we've said over and over again over the last several weeks that the less contact, the less we are breathing on one another or close to one another the better. So, in the care of patients we are obviously going to have close contact, but otherwise as much as we can to try to be as separate as possible.

Mr. Meyers: Thanks Dr. Wilson.

Tasa: We have a question from Facebook. Do you know if the doctor that has COVID-19 was exposed at the hospital or was exposure outside of the hospital?

Mr. Meyers: I don't think we know that for sure. We-- obviously there'd be assumptions about it, but as of the last information I had we did not yet know with any confidence where his exposure came from.



Tasa: We have a question from Caitlin at the MRT. Were the 23 employees exposed, exposed by the 1 doctor? And has the other employee who became symptomatic been tested?

Mr. Meyers: It's a doctor that became symptomatic and that person has been tested. I don't think we have a result. And those exposures we are tracking came from the original positive physician.

Tasa: We have a question from Facebook. I thought that some people are asymptomatic. So, if you aren't testing those healthcare workers who have been exposed until they show symptoms are you causing the spread of the virus?

Mr. Meyers: We are asking those folks—This has been consistent with our practice as recommended by the CDC from the very beginning. When a healthcare worker has an exposure, but is asymptomatic that has been an approved practice to continue to have that worker do their regular job, assure that they're wearing a mask and appropriate PPE depending on their setting, and that our employee health team are aware they are working and are checking in with them every day to monitor whether they become symptomatic or not. That practice hasn't changed from the beginning regardless of the source of exposure.

Tasa: It looks like that is all the questions for today. Oh, sorry. We just had one come in from Mitch. Why is it important for healthcare professionals as defined by the CDC to change PPE regularly when spread of the coronavirus has been confirmed in a facility?

Mr. Meyers: The question is why is it important to use PPE properly? We believe there are—I'm not sure I understand the question Mitch, but I'd say just broadly that there are standards for the use of PPE depending on the environment, the patient's level of infection, what the disease process is. We've enhanced those to a great extent especially by asking people to wear masks throughout the hospital. The idea behind masking our people throughout the facility is not to protect our people, but to protect each other; protect the other person. If I'm wearing a mask which I do most of the day I'm protecting the people around me from the droplets that escape when I talk or sneeze or cough. That's true throughout the facility. In environments where the caregiver is actively engaged with the patient we are actually protecting the caregiver with a higher level of PPE and we have trained our people and set clear standards throughout the facility for each environment as to what's appropriate PPE. Those things are not changing. We are being certainly more diligent than we've ever been as we recognize how contagious the virus is.

Tasa: We have a question from Sammi Steele at Channel 9. Just to confirm, what date was the hospital made aware of the situation at Midland Medical Lodge?

Mr. Meyers: I'm trying to remember.

Tasa: I can confirm the press release that included the first patients, those

Mr. Meyers: The first positive there?

Tasa: Yes, that we announced jointly with the city. That press release went out on April 14th. But that was the resident. That was not the administrative employees.



Mr. Meyers: Yeah, there was one earlier than that and Sammi we'll have to get the exact date. I don't think any of us remember off the top of our head. It was prior to that first acknowledged resident, but how far prior I don't remember. We'll find out and get you that information.

Tasa: We have a question from Caitlin at the MRT. What departments do the employees who were exposed work in?

Mr. Meyers: Oh, gosh I couldn't tell you that. The physician is primarily working in critical care so the majority of them would have been critical care staff: nurses, respiratory therapists but I don't know the breakdown of the entire group.

Tasa: We have a question from Facebook. The physician who tested positive, was he wearing an N95 mask while at work?

Mr. Meyers: Yes. He was working in the critical care environment so all those physicians in that environment through interacting with the COVID-19 patients are wearing N95 masks. Yes.

Tasa: Another question from Facebook. Could you tell us the appropriate PPE for surgeons, nurses, and anesthesia in the ER?

Mr. Meyers: In the ER? Well, surgeons and anesthesia for the most part are not in the ER. So, if you are talking about a trauma patient, we do have N95 and the full scope of PPE for—

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