Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Tuesday, April 28, 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, CEO of Midland Health. And this is the Unified Command Team Briefing for Tuesday, April 28th. Across the state of Texas now we have over 25,000 confirmed cases of COVID-19. In Midland County, there are 74. 663 deaths across the state and 5 in Midland County. At the hospital, we have been running a testing center as you know for some time. We've tested now over 1,500 cases. I’m really pleased with the results today. We’re down to only 68 outstanding. The oldest of those is from Saturday. So, we’ve done a pretty good job of catching up on test results. Hospital census is 120 this morning. We saw 88 patients in the ED yesterday. We have 10 patients in critical care. A total of 14 either COVID positive patients or PUIs. 5 of those in critical care and 9 of them in medical surgical environments. We have a total of 7 ventilators in use today out of our complement of 44.

A little bit of news from around the hospital, we had 2 pieces of good news yesterday. We are beginning to see some breakthrough in the PPE supply chain. We were able to receive a significant shipment of N95 respirators yesterday and expect some more this week. We also are very fortunate to have received some of the inhouse testing kits. We’ve had a great deal of difficulty getting those after the small initial allotment. We’ve had a much more significant allotment come through this week and expect a few more before the week is out. So, we’ll be improving our ability to do testing in house. That means more rapid turnaround of tests especially for those patients that are actually in the hospital, for employees who have exposures, for those cases that really need a rapid turnaround test we’ve got some capability now to do that in house.

The Midland Medical Lodge situation continues to be monitored by our team. The update there is a total of 24 residents in the facility that are positive. Fifteen staff members, 9 of whom live in Midland County, 6 live in other counties around us. Seven of their patients are in the hospital at this point. One of those in critical care, 4 in our COVID med surge unit, and 2 of them have been confirmed as negative and moved off the COVID units. So, that’s a fairly stable situation now, but we continue to monitor the situation at the Medical Lodge.

I think the biggest topic today, of course I’m sure the mayor will cover this in more detail, is the governor’s report from yesterday on opening Texas. I’d like to emphasize a couple things quickly. Number 1, there’s very little emphasis on hospitals in this report. The one thing of significance is that instead of reserving 25% of capacity for COVID patients, the governor has now asked hospitals to reserve 15% of capacity. We do not see that as a problem and expect to be able to comply with no difficulty. He did encourage physicians, dentists, nurse practitioners, and others to go back to work to reopen their offices with careful social distancing and waiting room management policies, careful hygiene and disinfecting of the offices. I think I told you a few days ago that we were working on plans and encouraging our own medical offices to do that beginning last week along with our ramp up in elective cases. So, we are slowly opening up the medical community. And once again I’d like to encourage people if you have a need to come to the ED, please do. If you believe you need to see your
doctor, please call them and make arrangements for an appointment or a telehealth visit. We are making more and more of the health system available to people now as we begin to open up our community.

The emphasis that I’d like to repeat that the governor repeats over and over through the 60+ page booklet on opening Texas is that social distancing expectations are not gone. In fact, as we reopen the society, we need to reinforce the need to wash hands, to disinfect surfaces, to maintain social distancing to respect the governor’s expectation that businesses as they reopen, reopen at much reduced capacity from their norm. That we continue to maintain that social distance throughout all of our experience in retail or restaurants or movie theaters or wherever we go. You’ll continue to hear that from us at the hospital. We are not changing our visiting expectations. We are not changing the expectations we have of our employees to wear masks. We are still asking people if they come in the hospital to go to the ED to come for an outpatient test or procedure to wear a mask from the moment you come in the door. And we’re going to continue to emphasize that and repeat over and over what has worked so far and will continue to work which is respect for those social distancing and hygiene guidelines. So, with that I’ll end my remarks and take any questions you have for me and then I’ll call on Dr. Wilson for some brief remarks as well. Any questions?

Erin Bailey, COM Public Information Officer: Ok, you can turn it over to Dr. Wilson.

Mr. Meyers: Ok, Dr. Wilson.

Dr. Larry Wilson, Chief Medical Officer: Thank you Russell. Good morning everybody. I’d like to just start by giving a little perspective on current state. There’s been a lot of fluidity, changes that’s been going on with the situation as we more forward begin to think about opening up the economy and move things forward in the state as the governor has spoken about. I wanted to start off talking a little bit about the testing that has been going on because there’s been increasing conversation around the antibody testing and the availability of that. I think the president’s been speaking of making widely available testing in states to test 2% of the populations. And the question being which test? Is that the test for active disease or is that for the antibody testing? We’ll see how that moves forward. But the current state is that there is antibody testing becoming available. I think there is some primary care doctors and others in the community that are beginning to use some testing. There’s a lot of different kind of tests out there that I’ve spoken about and I think others have that they’re not really quite at prime readiness yet. This has been really rushed to market. This has been developing over 3 or 4 months. It usually takes years to develop this very specific well-defined antibody test. So, currently what we do know is that there are tests that are coming out. There’s probably 3 or 4 that are going to be what are considered best of breed. These are going to be generally tests that can be done through a laboratory, sent off for management rather than what we call the point of care testing which tends to be a little bit less reliable in general. But of those tests what they can show is antibody development. And whether that be an initial response or if it’s actually a neutralizing antibody to actually kill the virus still isn’t known. We don’t know if this is really going to show immunity or not. And that’s a very important component to what we really want to answer. Another part is that the antibody tests can look for a variety of different antigens on the surface of the virus. And as you know there is a number of different coronaviruses. So, whether it’s specific for just the SARS-CoV-2 or for other viruses as well of the corona family or others isn’t well recognized. So, even amongst some of the best of breed right now the specificity is about 95%. Meaning if you take 100 people and test them 5 of those people will test
positive and have something else going on rather than the coronavirus that we’re looking for specifically. So, recognizing all that please be careful as you look toward doctors that are offering or others than are offering an antibody test to recognize that it’s going to take some time to really understand what that test is telling us about the virus.

A second thing to remember is that that is antibody testing and what we’ve been doing largely through our drive through testing here at the hospital has currently been a PCR test or a test looking for just the RNA of the virus that’s active in the individual. There have been some studies that have been done that have looked at the antibodies and shown that antibodies are in individuals but at the same time they have RNA still that they’re shedding. So, we’ve got to be cautious about whether or not having antibodies indicates that you no longer are shedding virus. So, please let’s be careful about that as we move forward as well.

Finally, I want to touch back on the therapies that you’ve heard about and that we’ve been utilizing. And just mention that we still don’t have a best of breed out there. The hydroxychloroquine still is being used widely in many places, more selectively here of late. There’s some anti-cytokine drugs on the market as well that we’re using in some circumstances here. And probably the most promising continues to be the serum plasma therapy. So, let’s hope that that continues to be a successful therapy and we continue to have the slow burn, the mellowing of the disease in our community and home that we can open the economy and get things moving in a positive way sooner than later.

I want to just reiterate finally something that I heard the governor say yesterday that I think is really important that we still have to remember that the virus is still here. And as we begin to open things up, the social distancing, wearing the mask. As we open things up and we have 25% occupancy in buildings, people are going to be closer together. The mask mitigates that. It spreads the distance. If you’re 3 feet apart, it would be more like you’re 6 feet apart in relative terms. So, wear the mask please to protect those around you from any potential virus exposure. He also emphasized the importance of making sure that we continue to protect the aged and the vulnerable. We can open up the economy and get young people and those people that are at less risk back to activity and doing things to get the economy going. But if we expose the elderly this is going to be a problem again just like you’ve seen in some of the Long Term Care facilities across the country and even here in Midland. So, please let’s remain cautious about that. He also mentioned let’s rely on the science and let’s rely on the data. That’s why the testing becomes more important, getting reliable tests becomes more important. If we have that information, we can begin to make smart decisions about the way we do things and do it in a measured fashion to avoid other outbreaks. I suspect things will kind of quiet down through the summer months. The hot dry weather will probably help, but we still have fall coming up. And we have to be prepared and manage that as well as we can. And his final point I think was the one that resonates with all of us very much is let’s get back to doing things. Let’s get back to being active and get the economy moving. But please let’s do it in a measured fashion. Please, let’s remember the social distancing as we move forward. Thank you. Any questions?

Erin: Alright Dr. Wilson, thank you.

Dr. Wilson: Thank you.