



Russell Meyers, CEO of Midland Health

COVID-19 Daily Briefing: Thursday, March 26, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: I am Russell Meyers, CEO of Midland Health. This is our daily Coronavirus update for Thursday, March 26th, 2020. We'll start with the numbers across Texas as of yesterday late we had 974 confirmed COVID-19 cases. There are 4 confirmed cases now in Midland County. In Texas, there have been 12 deaths from the virus and 1 death in Midland County. Here in our hospital we have a census today of 136. Yesterday's ED volume was 109. As we've said everyday this week our volumes are unusually low as people continue to shelter in place and stay home. That's very low ED volume so we are in good shape capacity wise. We have ventilators as we've stated very day. We have 7 in use today. We have a total of 44 regular ventilators plus 37 single use ventilators available in the hospital. So, we have substantial ventilator capacity available. Also, more specifics on hospital census – In our critical care unit we have a total of 13 patients today. In the separate cohort of PUI; patients who appear to be suspicious for the Coronavirus; there are 5 of those 13. Also, we have a segregated Med Surg unit and on that unit, there are 8 patients. So, a total of 13 PUI among our inpatient census today.

With regard to testing, so far, the hospital or our affiliates have sent out 192 tests. We have 26 negative results back. Four positive results as I've mentioned earlier for Midland County. We are waiting on results for over 160 patients. We did hear from our primary laboratory vendor yesterday. We understand that the delay in test resulting has been the result of computer problems in their main lab. They had about 4 days' worth of downtime and are having to do manual reporting for those 4 days' worth of tests. That's obviously a very slow process. We are hoping that those results will come soon. For patients for whom there seems to be some urgency, we have actually re-swabbed and sent the samples to another lab to get more rapid turnaround. So, we continue to wait on those large volume of results from early last week. One more, while we are talking about the lab. This is a little bit of a technical issue, but it's an interesting one we talked about yesterday. We have some confusion around lab reporting. A typical virus panel has multiple viruses that are named Coronavirus on it. There are actually 4 that are typically tested for. And as you've heard before those are associated with the common cold. Those viruses testing negative and showing up on a typical viral panel does not mean that the patient does not have the COVID-19 virus. The actual name of the virus that causes COVID-19 is SARS-CoV-2. That's the virus that we are looking for when we do the COVID tests. So, the regular Coronavirus negatives don't mean that you don't have it. And that's a point we are clarifying with anyone who has access to lab results and a new concern that we'll be communicating about in the days ahead.

A few more things that are of interest I believe. We've talked about our phone challenges. We have seen so much phone traffic, especially to our 68-NURSE hotline that we have worked on both technological solutions and the acquisition of additional capacity. And as of last night, we have additional capacity online. And we're about 1 week away from completing that entire project to dramatically and permanently increase our phone capacity. As well as to improve our ability to allow employees to work from home on our computers back home. That project has taken some time, a lot of effort from our IT staff. And was funded substantially by the Scharbauer Foundation. We express our



extreme appreciation to them for helping us to relieve that phone backlog. So, we've almost got that under control.

There's been a question each day about the drug combination that you've heard about a good bit in the national news. That they may have some positive impact on Coronavirus patients. That combination is hydroxychloroquine plus azithromycin. Our clinical pharmacists have developed a protocol for use of that combination in the hospital for PUI. Our infectious disease doctor has been involved in the development of that protocol. We are actively using it now on the inpatients.

We have some things happening with masks. One bit of encouragement is that our suppliers are beginning to come through with some of the masks that we've ordered, not the full quantity that we've ordered, but a substantial number. Our mask supply is holding as we don't have a huge number of patients in the house. We've had a tremendous response from the community in donating masks, all kinds of masks including some N95 respirators. We have some folks who are sewing for us. People who have sewn for our volunteers for many years have changed their work and are sewing masks. We are using those throughout the facility. One change that has occurred just as of yesterday, we are beginning to put a mask on every patient who arrives in the ED. Recognizing that when you come to the ED, you are coming to find out what's going on with you. You may very well have respiratory symptoms. You may either have or develop a cough while you are here. We are trying to be as cautious as we can be both with the potential for exposure with the people around those patients as they come into the facility and especially the exposure potential for our employees. It's very important that we keep our employees healthy and one of the easiest ways to protect from the droplets that can come out when a patient coughs is to put a mask on that patient. So, as of yesterday we are beginning to put masks on every patient who arrives at the ED.

Let's see. I've talked about testing. We've talked about the virus. The last thing- The state asked us yesterday and we began along with hospitals around the state to report our capacity and our census to give good data to the state everyday so that a comprehensive database of available service providers and capacities everywhere in the state is readily available to the state emergency management folks. We are complying with that order and reporting daily. I've told you that very soon we expect to be running a COVID-19 test on our own laboratory equipment. We'll have limited capacity to do that within a few days. And the state has also asked us to report the results of our in-house testing as soon as we begin doing it to report those results every day. And we certainly intend to comply with that request.

I believe that that is all of my prepared remarks for today and I'll be happy to take questions.

Question: So, by next week you'll have a test to-

Mr. Meyers: We expect to have tests by next week. One of the challenges we have is that we order things. We are told that they're coming. And they come when they come. You know, so this is not any different from that. The assays that will have to come to run on our machine have to arrive before we can use them. We're told to expect them within a few days, but we really can't say they're here until they're here.

Question: How many critical patients that are PUIs are currently on ventilators?

Mr. Meyers: We had 3 of those critical care patients on ventilators as of yesterday. That's still true. Three of the five who are in the critical care cohort are on ventilators.

Question: You were ordering 45-minute testing swabs?

Mr. Meyers: It's the assay that actually runs on the lab equipment. We've got the swabs.

Question response: Oh ok, you've got the swabs.

Mr. Meyers: The swabs are not the problem. We can take samples. What we can't do is actually run the test in the lab.

Question response: Oh ok.

Mr. Meyers: What we've ordered is the assays that run on the machine we have in the lab that actually produce results. We've not done any of that locally to this point. All those swabs we've taken have been shipped off to multiple different labs outside of Midland and we are dependent on them to turn around results today. When we have the assays available, we will be able to do it on our own machines.

Question: How exciting is that for you as the CEO?

Mr. Meyers: Well it's a pretty big deal. I think the most important thing as we've said every day. We've had anywhere from 10 – 15 patients in those PUI cohorts that we are managing as if they are positive for the virus, but we don't know if they are positive or not. I think if we could confirm that some number of those patients are negative then we can move them to a different environment. We could treat them somewhat differently. We'd have room for patients who are positive. We'd have some peace of mind for the staff that are caring for them. The unknown is one of our greatest enemies now, both with the hospital patients that have symptoms and for the whole community. We don't know. We could have carriers walking around throughout the facility. That's why the social distancing, the stay at home policies are so important. We simply don't know the extent of the virus spread in the community. I'm not saying that our testing will cure that. We won't have enough volume to test broadly and really confirm how many people have it in the community. But as we have more people that come to the hospital, as more people have symptoms, we'll be able to turn around their tests faster and know what we are dealing with.

Question: We have several questions regarding to the numbers of testing if you could repeat those total number of tests and positive and negative and waiting on.

Mr. Meyers: I'll certainly do that. The question is about the test numbers and I'll repeat those. The tests that we've been responsible for, recognizing that there are some tests being sent directly from local providers to various labs, these are the samples the hospital has taken in one of our settings. 192 of those total to date. 26 negative results have come back. 4 positive results in total. The balance of those over 160 tests are outstanding waiting for results.

Question: Can you give a status update on the patients that have tested positive so far?

Mr. Meyers: Can we give a status update on the patients who have tested positive. Well there are only 4 of those. The first of those, unfortunately passed yesterday. And that patient was in the hospital for several days and he died in the hospital. There are 3 other patients that we have confirmed are positive.



None of those three are in the hospital. They are in the community presumably self-isolating. We are not involved in their care, but we do know that much that they are not in the hospital.

Question response: He passed on Tuesday.

Mr. Meyers: I'm sorry. I think I said it incorrect in the day that our patient passed. Today is Thursday. He passed on Tuesday.

Question: Currently, how many staff members are self-quarantining because of exposure, and exhibiting symptoms?

Mr. Meyers: The question is how many staff members are self-quarantining because they were exposed. I honestly don't know that number. It's small. We had a number of employees who were exposed to the original positive patient. We have been tracking those through employee health. I know at least a couple of them have developed some symptoms and been asked to go home. The vast majority of them are still working, wearing masks, and being monitored daily by employee health and watching for symptoms. If they develop symptoms they will be sent home. That number was 2 or 3 the last time I heard it. It's materially different from that. I think that's close.

Question: Speaking of staff- there is a sign outside of the hospital now that says Heroes Work Here. Why do you think that is needed during a time like this?

Mr. Meyers: Well, you know it's welcome. It was a gift from someone in our community. A great gift I think because morale management and appreciation for the unusual circumstances that our employees are facing and the risks they are taking everyday in coming to work and doing their jobs. Keeping up people's morale and expressing our appreciation for them is a vital part of the effort. We don't know for how long we are going to have to ask our people to do this. We know that we have people whose skill sets are in short supply and we need to keep them on the job and keep them motivated and keep expressing our appreciation to them for what they do. We know that we ask people to do things that are outside their comfort zones. Caring for patients who are in isolation. Going from the work environment they are accustomed to like in the operating room or the recovery room where we've effectively shut down most of our operation and asking those people to retrain and go do something else that they didn't choose to work here to do, but are stepping up to do. All those things matter and will be vital in our effort to combat this disease over the next few days and weeks. And so, everything that we can do to tell those people we appreciate them we should do. That's happening across the community. The sign out front that says Heroes Work Here is absolutely true and very welcome. And I hope that a lot of people see it and recognize what's really happening here. But throughout the community, we've had restaurants like Opal's Table deliver meals to our workforce. We've had people give us gift cards to restaurants and deliver food and other kinds of supplies that are needed. Lots of expressions of appreciation coming from all over our community. People want to help in any way that they can, and we certainly want our employees and our physicians to feel appreciated for the hard work they are doing and the risks they are taking.

Question: I know you've sent tests to a few different labs. Has one lab performed better than another?

Mr. Meyers: Well, so far one lab has performed faster than another. And we don't know that's going to continue or not. One of the challenges that one of these labs faces is they have an overwhelming

number of tests, not just us, but from all over the country. There remain a relatively small number of labs that do this testing. As the new tests that have been approved reach the market, it's going to be much more widely dispersed and it will be a lot easier to turn tests around. But here in the short run, labs that are not accustomed to these huge volumes coming from all over the country are having to adjust to that and they are struggling.

Question response: I guess which lab is performing better?

Mr. Meyers: I think we'll just keep that to ourselves at this point. We're trying to be good partners with all the people who are making their best effort to step up and help us. And I don't want to criticize one of them or praise one of them ahead of the others.

Question: I guess at this point and this can be an estimation because I know it's probably hard to have the exact date but what's the oldest that that's been submitted that you haven't received a result on?

Mr. Meyers: Let's see. What's the longest term outstanding of any test. It's at least a week I can tell you that.

Mr. Bredimus: Yes, I'd say it's somewhere in that ballpark. Somewhere around the 18th or 19th.

Mr. Meyers: I know we have a number of tests that were sent out on the 19th that are not resulted yet. They are at least that old and maybe a day or two older than that.

Question: Is there an expectation that y'all might use West Campus if things get bad and how would that work? Would you send normal patients there and COVID-19 patients to the main campus?

Mr. Meyers: The question is about the use of the West Campus as an alternative site and is that a possibility. There are a number of possibilities for alternative sites for patients should our volumes explode and exceed the capacity of the main hospital. The West Campus certainly is one of those. You have to realize that is not operated as a full-service hospital since December of 2012. So, it's quite a few years ago. It did operate as a long term acute care hospital with a limited range of services up until about 2 years ago. So, the facility is in good shape. If we had to open up new beds, completely new that hadn't been in use it would be a good choice. But there is no infrastructure there. There is no lab, no pharmacy, there's no food service. None of that on West Campus. If we were to decide to use it for an overflow facility it would take a good bit of effort to bring it live. There may be other possibilities that are better than that. I can tell you at the top of my list and what I want to do more than anything else is use the resources we have here right on this main campus. We have a low census now only about half of our beds occupied. We have older facilities especially those we've used for day surgery that we can potentially bring live. They're not fancy. They're certainly not new. They're not up to the standard of the Scharbauer Tower, but it is possible to bring them live. If we did so, we could benefit from the infrastructure that's already in place here. So, while the West Campus is a possibility, I wouldn't say it's likely. And we are continuing to explore sort of a prioritized list of where those expansion capacity locations would be. It will be on the list, but I don't know if it will be at the top.

Question: For the three patients that are on ventilators, are we still waiting for their test results?



Mr. Meyers: The question is are the three patients on ventilators still waiting on results. That's an easy one for me to answer unfortunately because we are waiting on test results of all PUI in the hospital. We don't have any results for any of those 13 patients today. Those results are outstanding on all 13.

Question: Do you know the current range of ages of those currently being observed?

Mr. Meyers: The question is do I know the range of ages of those who are PUI.

Mr. Bredimus: Yes, as of right now we do have one pediatric patient. We are not disclosing age on that one. All the way up to the age of 81.

Mr. Meyers: If you didn't hear that a wide range from a pediatric patient; pediatric by definition is under 18 and that's as much information as we'll disclose; and our oldest patient is 81. Very wide range.

That's all the questions from Facebook live. Anybody else have one? Ok I appreciate you all coming out today. We'll be back here tomorrow. I expect we will not do these on Saturday and Sunday. We'll resume on Monday. So, we'll be here tomorrow morning at 9:00am. Thank you.