



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, November 10th, 2020

Transcribed from a previously recorded live event.

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

Mr. Meyers: Thank you, Erin. This morning, things are very challenging in the hospital. We have been in the last few days, over 80 patients, a new record for hospital activity. This morning we are at 77, but it's of course a moving target. That 77 includes 5 that we're holding in the Emergency Department (ED) as of the last time that we checked, but we have a plan to get them out of there today. We are actively working to open our 9th floor, the unit that's been built out on the very top floor of the hospital and to move as many of our COVID patients there today and tomorrow as we can. So, that will be going on, is already going on. It's already begun.

Hospital data, 208 total patients in the hospital. As I said, 77 of those are COVID patients split between 27 Critical Care, 44 Medical, and 1 pediatric patient plus the 5 that are in the ED that will become 4 Med Surg. and 1 Critical Care if I understood that right, so lots of patients. Only 11 of those are now from out of county as we've gone a couple of weeks now without really accepting transfers from facilities that need to move their patients, but for whom we just don't have the capacity. So, those numbers will continue to drop as we deal only with Midland area patients.

Ventilator usage, 22 of our COVID patients are on ventilators; 12 other patients for a total of 34 in use. We've asked for and understand that 8 additional ventilators are on the way from the state. So, we're increasing our capacity a little bit there as we have seen, for a while now, a higher percentage of patients who are in Critical Care and on ventilators than we had seen in the first 2 peaks. We are trying to gear up and prepare for that.

The ER has gotten very busy. They saw 191 patients yesterday. That's getting very close to their normal activity level at this time of year and so there's a good bit of illness of all kinds in the community and it's showing up in our ED.

As I said, the 9th floor move is underway. By the end of the day tomorrow, we expect to have 31 or 32 beds open and in use on the 9th floor. There are another 12 beds that are about a week away with some equipment installation that's got to be done and about 5 more that have a little bit of repair to be done. When it's all said and done there will be 48 on the 9th floor probably by the end of next week and the majority of those will have COVID patients in them. We are hoping to clear the 6th floor so that it can eventually become a day surgery and outpatient treatment center environment, but with the COVID spike we don't know when that's going to happen. That could be well into the future. So, our team is working very hard this morning not only to care for these patients, but to get them moved around to the right physical spaces and to get as much of the equipment that we need in hand so that we can do that effectively as soon as possible.

We have a new report, if you've visited our website recently, there's a hotlink to hospital statistics. Our team has put together a single page report at the request of some people in the community. One of the items that's on that report is the 7-day rolling average percentage of our census that is COVID patients, COVID patients as a percent of the total available beds. Our 7-day average as posted this morning is 28% of our available beds are COVID. In Amarillo and Lubbock, those numbers are higher, and they've



been consistently above the state's 15% threshold. And in El Paso, where we see the worst outbreak in the state, I looked at their number this morning, they are at 41%; their 7-day moving average of available hospital beds that are occupied by COVID patients. So, those numbers are very high across West Texas. Continuing to be a concern, not just for us, but for our neighbors all over the region.

On the testing front, we saw this past week another record number of tests. 923 people tested in our 1 site and 30% of the patients tested were positive. So, the outbreak is real. It's widespread in the community and the demand for testing continues to grow. We are very fortunate and thankful to the city. Yesterday in city council meeting, the city council approved the award of \$100,000 of the city's CARES Act funding to help us to expand testing. We are now trying to get the staff on line to do that as soon as possible, but the plan as of this moment is to increase staffing such that we can test into the early evening Monday through Friday, so essentially all day long and into the early evening and then to add a Saturday morning testing availability as well. So, we don't have an estimated date to stand that up yet because we are having to add some staff, but as soon as we can get people on board and trained, we will be expanding our testing capacity initially, at our current site. We are also evaluating whether there is another site that might be more accessible to more people that we could consider. But to get it live as soon as possible, we are going to expand the hours at the current site in the short run. So, stay tuned for more information about that. As testing demand grows, we are trying to staff up to meet that demand and extend our hours and are very appreciative of the city sharing some of its funds to help us to pay for that.

I think that's all that I have in terms of prepared remarks. I'll be happy to take questions.

Moderator: OK, we have 1 question that asks how is the nursing staff doing? Do we have staff to provide care for all these new beds?

Mr. Meyers: That is very, very difficult and very definitely in Critical Care. We are fortunate that we've had a substantial number of nursing and respiratory therapy staff who have been sent to us via the state resources. So, we have a number of people from outside of our team that the state has assigned to us. Those come to us in 2-week blocks. So, we've asked for the existing staff to be renewed. We've asked the state to have more staff because we do have some more space to occupy if we have the people to fill it. Our team is still stretched very thin. We are very appreciative of the extra resources, but we could still use more. We are at a point in this crisis where we are stretching resources as much as we can to care for the people in front of us. And there may be times when our level of service suffers a little bit. We've been contemplating a variety of creative ways of maximizing our ability to care for patients and in some cases in some places that means asking our nurses to do more than we normally would. And so, we don't want to do that, but it's a matter of serving those patients who are very sick and right here in front of us and who have nowhere else to go. So, our team is stepping up and handling this as best they can, but it certainly is taxing their capabilities.

Moderator: And the next question comes from Sammi Steele at NewsWest9. She asks, "How worried are you as a hospital leader with the spike we're seeing now?"

Mr. Meyers: How worried? Well, it's as bad, I think I've said this last week. It's the worst we've seen, and we've been at this since March. We had a spike in the April May timeframe. We had another one mid-summer. This one is far worse than those I think largely because the, you know we could explain the first 2. There was a big nursing home outbreak and then there was a holiday period that had a relatively short-lived spike. This is very widespread across the whole community, across the whole



region. We're seeing people of all ages and coming from all different exposure environments, so it feels much more like a community wide crisis than the first 2 times. So, I'm more worried than ever now and as you've heard, you may have seen Kit Bredimus' remarks at the city council meeting or on social media today. You've heard from us every time we've had a chance to speak. All of us have a role to play in prevention. The spread of the disease. Wearing the masks that we've been asking you to wear for months now, staying out of crowded places and poorly ventilated spaces. We must do these things to have a chance of slowing the spread of this disease. It is highly contagious. That's been readily apparent for a while now and it's still as true as it ever was. There's some source of hope. No question. There was news yesterday about an antibody treatment that has some promise. It might be, actually has been approved for emergency use by the FDA but isn't available just yet and won't be available in much quantity for a while. There is good news on the vaccine front that potentially could be approved as soon as the end of this month. Once again, distribution is going to take a while so we can't count on those solving the immediate crisis, but in the longer term there's reason for hope and we choose to hold out that hope and to be prepared to administer vaccines, to understand and deliver treatments as they become available and approved by the FDA, so we're doing everything that we know how to do to keep our spirits up and to keep a positive outlook. Lots of praise for our team doing more than they've ever been asked to do for a longer period of time and doing it with good spirits. We appreciate all the community's support and would love to have more in terms of whether it's praise on social media or, you know, anything that you can do to show healthcare workers that you support them. It's time to do that now. They need all the moral support that they can get.

Moderator: The next question is also from Sammi and she says, "Speaking of vaccines, where does Midland stand on getting a vaccine?"

Mr. Meyers: We stand at the same place the rest of the country stands. We are waiting for a vaccine to be approved. We expect that the vaccines as they are approved are going to be distributed broadly, either by the manufacturer in the case of Pfizer or by the government in the case of all of the other ones that are in development. We are prepared as much as we can be. We've acquired additional ultra-low temperature freezing capacity to hold the vaccines, our pharmacy is ready to accept them, and we are prepared to administer them as soon as we understand what we are going to get and how it gets administered. We have participated with the state in its discussions about allocation. Allocation is pretty clearly going to come first to healthcare workers and then after that to the vulnerable populations among us before it's spread widely throughout the community. So, we're ready. When they say go, we are prepared to offer and administer vaccines. It's just a matter of waiting on the FDA now.

Moderator: Ok, that was the last one for you Russell. Thank you.

Mr. Meyers: Thank you.