Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Thursday, May 7, 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 Thursday, May the 7th, 2020. I’d like to start with giving you some numbers. The state’s confirmed cases are now over 34,000. 948 deaths per the DSHS website this morning. In Midland County, we have 91 confirmed positives and there have been 9 deaths. Here in our testing operation we are up to almost 1,900 tests that have been run so far. We have 69 results still outstanding. Almost all of those from the last 2 days. So, testing is catching up reasonably well. On the testing front, we also have received a few more of the testing kits required to run our in-house testing system. We will continue to reserve those available, short turn around tests that we can run in our own lab for our own hospital inpatients, the patients who come to the ER and need to be tested and any employees who were exposed and require testing. Still pretty small numbers available and uncertainty about when the next round of kits will be available, so we’re trying to be very careful with our use of those testing kits.

The hospital census today 156. Considerably up from where we’ve been in recent weeks. And a good deal of that is resulting from the influx from Midland Medical Lodge. Also, we’ve increased the number of inpatient elective surgical procedures and other things we’ve done recently so there is some natural increase in the census. Critical Care is up to 11 patients today. The COVID units have 31 total patients on them. Three of those in critical care and 28 in the medical surgical unit. That unit has a capacity of 30 so we’re very close to its capacity and have been holding there for a couple of days. Of those 31, 26 of them are confirmed positives.

Going on with the Midland Medical Lodge situation. We did have a few patients that had been sent to us that we were able to confirm as negative yesterday. It’s too soon for us to count on any ability to move those patients back. So, we expect them to be with us for a while even if they have minimal or no symptoms. We are staying in touch with the leadership at the Midland Medical Lodge, with the health department, and the state folks as they work in that setting. We know that the governor’s rapid response team has been deployed there. And we are anticipating that it will be a few days before they are finished with their work. And so, we are staying in touch and making plans for when those patients can go back. Obviously, interacting with the patients and their families with regard to their desires for what their post discharge disposition will be. And that will be evolving over the next few days without question.

Some good things to report. Our first screening effort at the food bank happened yesterday. Dr. Zach Castle led a team there who were present for about 4 hours during the middle of the day during food distribution. One hundred fifty+ fliers were handed out to people who were there reminding them of what they need to be aware of with regard to symptoms and self-screening, what constitutes the need for a test. No tests came of that screening effort, but we will expect to repeat that as well as repeating our team’s presence at the Breaking Bread Soup Kitchen again in the days ahead. So, very successful day yesterday at the food bank touching a number of people who might not have been screened before this.

We have a good story to tell with regard to PPE. To begin with, the hospital’s supplies are strong. We have been concerned about isolation gowns as we have more patients in house and those isolated
patients require gowns for the folks who go into their rooms to care for them. We’ve had a fairly significant concern about the availability of isolation gowns. Some of that’s been relieved. We’ve gotten 3 small shipments of those in the last couple of days and believe we may be able to get some more. So, that feels good. The rest of our PPE supplies are in pretty good shape in light of the census level that we have been running. We have quite a bit in stock. And in consideration of that we had a very generous offer from the Abell-Hangar Foundation a few days ago to help to support PPE for the community. We’ve been trying to figure out how best we can do that. We recognize that the hospital’s supplies were in pretty good shape, but we had head from physician offices, from nursing homes, from others who were involved with some level of caregiving, that accessing PPE for many of them was nearly impossible. And so as we thought about that process and the generous gift from the Abell-Hangar Foundation, we realized that we could take some of the surplus that we had in some categories of PPE, make that available to local providers, allow them to tell us what their needs were, assess those needs, and allocate as much of our surplus as we could to them. And then use the Abell-Hangar funding to pay for the replenishment of our supplies. That process has been playing out over the last few days. And I’m very pleased to report that we have now distributed over 19,000 items to 51 local entities. 51 different entities, physician offices, nursing homes, a couple of other types of caregiving environments. That vast majority of those items were isolation masks which we’ve had in pretty decent abundance for a while, but there were some KN95 respirators, there’s gloves, there’s face shields and goggles, a wide variety of very useful PPE items that many of these providers would not be able to have access to if not for this distribution plan. So, thanks to the Abell-Hangar folks. Thanks to our materials management people for putting this plan together on the fly, distributing the opportunity to the local providers, and then packaging their needs as they requested them, and as we were able to allocate PPE, and getting that into their hands. A very successful effort. We hope to do it again if we can further replenish our supplies and get back into a surplus position with any of these types of PPE, we would certainly entertain the opportunity to distribute further to those who need it outside the hospital.

The last thing I’d like to say, probably the most important thing. This is Nurse’s Week. Yesterday was International Nurse’s Day. We have had a tremendous outpouring of support from the community. The path I walk into on my way to the office every morning, there’s this great sidewalk art done by Midland High Art Students. Really, one of many great outpourings of support for our nursing staff that have come from all over the community as is happening all over the country. It shouldn’t take a crisis like this to appreciate our nurses, but in this time of great difficulty the nurses are on the front lines dealing with our sick patients every day, in and out of those isolation rooms putting their own lives and health on the line to make sure that we serve the people who need us the most. We can’t thank our nurses enough for what they do, and this is their special week and it reminds us of that need to give them thanks. So, thanks to all of our nursing staff and all of the nurses around the world who are caring for, not only COVID patients, but everyone else in need throughout our healthcare system.

That I believe concludes my prepared remarks for the day and I am happy to take questions.

Tasa Richardson, Midland Health Public Relations Manager: We have a question from Facebook. In regards to people being diagnosed as an association to a known case, are the “known cases” all associated with Midland Medical Lodge?
Mr. Meyers: I don’t have the answer to that. And I think you’re referring to the press releases that come from the health department. And it is the health department’s job to determine what those sorts of exposure are. So, that’s probably a question better directed to them.

Tasa: We’ll give a minute for any other questions to come through. We have a question from Mitch from Marfa Public Radio. Do you know why the patients from Midland Medical Lodge were transferred to the hospital?

Mr. Meyers: Do you have a story to tell about that Larry? Dr. Wilson-

Dr. Larry Wilson, Midland Health Chief Medical Officer: So, it was determined by the health department in working with the rapid response team that the facility was not completely isolating the infected residents well. So, it was in their best interest to clear it out, clean it up, get the infection control under better control and move forward from there.

Mr. Meyers: So, that decision in short was driven by the interaction with the state. Is that a fair statement, Larry?

Dr. Wilson: Yes.

Mr. Meyers: Ok, thank you. Other questions?

Tasa: We have a question from Caitlin Randle with the MRT. How many patients in the COVID units are from Midland Medical Lodge?

Mr. Meyers: We were just talking about that as we came in. I believe that’s 26 of the 31 are from Midland Medical Lodge.

Tasa: And did the residents that you said have confirmed negative previously test positive?

Mr. Meyers: Yes, I think all the people that we got from them have tested positive and that’s why that particular group was chosen to come over. So, we’ve had a handful that as of yesterday-- (comments off camera not able to be heard) Oh, ok. Two of the people they’ve sent were never positive. But we had I think it was 5 yesterday that tested negative that had been positive before.

Tasa: What is the plan if that Medical Surgical Unit reaches capacity?

Mr. Meyers: That’s a good question. Thank you. Early on in the process, our nursing leadership team led by Dr. Kit Bredimus put together a 4-stage plan for responding to a continuing increase in virus patients that were in the hospital. I believe we are still in phase 2 of that plan. So, we have 2 more levels of patient care unit rearrangement and reassignment that we can move to and our team and they would be isolated on that unit, keep them all cohorted in one place. Plus, we have 12 beds of our 5th floor critical care unit. So, that’s 42 total beds. We have 31 of those filled as of today. So, we still have a little flexibility within the existing plan. But there are all multiple steps that can be taken to assign more beds as patients need them if the outbreak continues to grow.

Tasa: We have a question from Mitch. Can you go into more detail about how the facility was not completely isolating COVID patients?
Mr. Meyers: I think that’s beyond the scope of what we can comment on. Hospital folks are not engaged in the assessment of the Midland Medical Lodge and the adequacy of its isolation process and the decision making with regard to sending patients here and changing their processes and cleaning the facility. All those things are being driven by Midland Medical Lodge leadership in conjunction with the department of state health services and the governor’s rapid response team and with our local health department. We are pretty much outside of that decision process. We are staying informed about what its impact downstream on the hospital is going to be and on what the conditions are for returning those patients. But we are really not the ones making those decisions and not in a great position to comment.

Tasa: What kind of work is the rapid response team currently undertaking with the staff at Midland Medical Lodge?

Mr. Meyers: We only know at a very high level. There’s some facility assessment. Some training or retraining in infection control practices and the use of PPE. We know that one of the things the governor announced a couple of days ago was that a component of the rapid response team was a deep cleaning contingent that the Texas Guard was going to run. Our understanding is that’s a part of this effort. Beyond that, we are not in the facility. We don’t really know exactly what they’re doing.

Tasa: We have a question from the MRT. In response to the patients that tested negative now, does that mean that they’ve recovered, or the original tests were not accurate?

Mr. Meyers: (Comments from off camera not able to be heard) They are recovered. Ok. So, Dr. Wilson is feeding me lines off camera. These are patients who have recovered.

Tasa: A question from NewsWest 9. How are the 3 Midland Medical Lodge patients that tested negative being treated at this time?

Mr. Meyers: Well, the patients who have tested negative and don’t have symptoms are essentially being housed here. We are taking care of you know any regular medication needs they have; we are you know feeding them and giving them a place to stay. But we are treating them much like they would be treated in the nursing home environment if they could go back there. They don’t really have significant medical needs that we have to address. So, they’re essentially residents here for the time being and we hope to return them to their regular residency as soon as possible.

Tasa: It looks like that’s all the questions we have for today.

Mr. Meyers: Ok, well thank you all for your engagement today. We will plan to be back with you on Monday morning at 10:00am to give you an update on what’s transpired for the rest of this week and over this weekend. Hopefully we will be able to tell you about some further resolution of the situation with the lodge patient group. And a further decline in the rest of activity in the community. We’ll remind you as we try to do every time that social distancing remains an important part of keeping the virus in check. Please, as you begin to see the economy open up in our community, as we return to restaurants and hair salons and gyms in the next days ahead that we take seriously the governor’s admonitions to maintain social distancing, wear a mask where ever you possibly can, you know wash your hands, do all the things that we’ve been telling you from the beginning are going to help minimize the spread of the virus. Those things haven’t changed any even as we begin to interact more with each
other and go out in the world. It perhaps is even more important to do the things that will keep us safe than it’s ever been before. So, be safe and we will talk to you again on Monday.