



Russell Meyers, CEO of Midland Health

COVID-19 Weekly Briefing: Monday, May 11, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning. I am Russell Meyers, CEO of Midland Health and this is our Coronavirus update for Monday, May 11<sup>th</sup>, 2020. Today is the—well actually technically yesterday, but this week is Hospital Week. Today's the first weekday in the Hospital Week. And the theme that was adopted by the American Hospital Association for this week, very appropriately, is The Week of Thanks. We have been really overwhelmed I think by the community's thanks to our healthcare workers. It's come in all different sorts of forms, everything from verbal encouragement, to countless meals delivered by individuals and restaurants and others around the community, PPE donations, a wide variety of things that have said to our people how much the community appreciates them and how important they are to our community's health. We would like to return that thanks. It's mutual thanks. Thanks to our community for supporting us and thanks especially to all of you who are recognizing the importance of social distancing, of wearing a mask in public, of good hand hygiene, of staying home when you are sick, of doing all the things that help to mitigate the impact on our healthcare system of the COVID pandemic, that minimize the number of infection we have to deal with in the hospital and that help to keep our whole community safe and healthy. So, thanks to all of you. And thank you especially for your outpourings of gratitude and support for the hospital and Happy Hospital Week.

A few elements of data for this morning. In the state of Texas, we are just short of 39,000 confirmed cases now. Over 1,000 people across the state have died of COVID-19. In our hospital today, we are at 155 patients. Our census has gone up and stayed there since our long run of very low census. In the various units, we have 8 patients total in critical care. Within the COVID units, the isolated areas where we are keeping our COVID positive patients and those that we suspect of being COVID positive and don't yet have results, we have 4 in the critical care unit that's assigned to COVID patients and 28 this morning in the medical surgical unit assigned to COVID patients. That's a total of 32. Thirty of those are confirmed positive and all but a couple of them have come from the Midland Medical Lodge.

Emergency Department (ED) activity remains very low. Only 78 patients seen in our ER yesterday on Sunday which is an extraordinarily low number. Less than half the number that were seen the same day in 2019, 161 seen this day last year.

We continue to be hopeful about the situation at the Medical Lodge. We know the state has been there. The local health department has been very much engaged with them. We understood on Friday that things were beginning to improve and that they were going to be prepared to accept their residents back from the hospital once they are fully recovered and COVID negative. We continue to work with them everyday in making arrangements for those returns to happen and are hopeful that that begins to draw down our census in the relatively near future. The large census in our medical surgical unit continues to be many patients who came from the Medical Lodge and we hope will eventually go back there when they're fully recovered.

The last thing I'd like to mention today is not a direct COVID-19 story, but it is certainly indirectly related. And that is our sales tax election. You may recall that back in January, the board of directors of the Midland County Hospital District called for a sales and use tax election to be held on May the 2<sup>nd</sup>, 2020.



The purpose of that new tax which would be  $\frac{1}{4}$  of 1% on taxable sales in Midland County,  $\frac{1}{4}$  of a percent or .25%. The purpose is to replace a substantial amount of lost federal funding that we expect to begin losing this fall as our new fiscal year begins and then by fiscal '24 that number will reach as high as \$38 million a year in reduced federal funding. The local sales tax at  $\frac{1}{4}$ % levied across the whole county based on the most recent data would return about \$28 million a year which would not recover all of the lost federal funding, but would be a huge advantage to us in trying to determine how to keep doing the things in our community that we think are very important. A great deal of that work is providing for indigent care outside of the hospital and supporting physician practices that cannot be self-supporting in our economic environment. All of that is particularly crucial in light of the pandemic that we are managing today and expect to be managing into the future. And so, the sales tax is very important. As you know, the governor among many other things suspended elections that were for May 2<sup>nd</sup> and our board of directors agreed with that, with the governor's request that those elections be postponed. They were all officially postponed until the November standard election date. We immediately after that petitioned the governor to allow us to do an earlier date. Every calendar quarter that we lose costs us about \$7 million in potential sales tax collections in the upcoming fiscal year and so moving all the way to November would cost us about half a year's worth of collections. The governor and his staff have reviewed our petition and as of late Friday have agreed to allow us to hold our election in concert with the primary run off election on July 14<sup>th</sup>. So, to boil that down again the sales tax election for the benefit of Midland County Hospital District, a  $\frac{1}{4}$ % sales tax that election will be held July 14<sup>th</sup>. That's a Tuesday at the same time and in the same polling locations as the primary runoff election that's already scheduled for that day. So, our new election day is July 14<sup>th</sup>. Early voting will be July 6<sup>th</sup> – 10<sup>th</sup>, the week before the election. And there'll be a lot more detail to come and of course you'll begin to see much more detail in the days ahead as we move toward that election date. So, more to come on that. But very good news for us. And we'll be looking forward to holding that election July 14<sup>th</sup>. Now, I think that's all the prepared remarks I have for this morning and I'll be happy to address questions.

Tasa Richardson, Midland Health Public Relations Manager: We have a few questions from Facebook. Is the hospital open for elective services?

Mr. Meyers: Yes. Good question and a very important one. The hospital is open for most elective services. We are having regular dialog with the surgeons and the GI docs and the cardiologists and others who do elective procedures throughout the hospital. Trying to make sure that we, number 1 meet our obligation to preserve 15% of our capacity for COVID patients, that we are careful to assess especially the surgical procedures that are scheduled and the likelihood that they will need an inpatient bed or especially a critical care bed. We want to be sure that we don't commit to doing procedures that we cannot accommodate after the procedure and care for for as long as they need to be in the hospital. So far, we've been managing that pretty well. But, twice a week now Dr. Wilson and the leaders of our surgical and other procedural departments are getting together assessing what's happened to date, looking at the hospital census, reviewing the upcoming schedule to make sure that there's nothing on it that we can't handle. And then we'll continue to reassess those twice a week going forward. So, we are doing lots of elective procedures now. We are very pleased to be able to do that and relieve some of the extensive backlog that built up over almost 6 weeks of down time. But we are trying to be very, very careful to preserve PPE, not to assign beds that we can't afford to give up, and to be sure we can handle anything that we schedule.



Tasa: Was the gentleman who passed yesterday from Midland Medical Lodge?

Mr. Meyers: I understand he was not.

Tasa: Why is federal funding being cut?

Mr. Meyers: Well, that's a very long story and it's totally unrelated to COVID, but I can give you sort of the big picture. And as we talk in the community in the days leading up to the election, we'll flesh this out a good bit more in lots of different forms so you can look for those going forward. But in simple terms, the funding that's involved is Medicaid supplemental funding. In the state of Texas, we cover very few people under Medicaid. Those we do cover are paid very poorly, and the difference between the cost of caring for those patients and the amount of reimbursement we get through the state's Medicaid program can come back to us through a variety of federally funded supplemental payment programs. We've become very dependent on those programs over the years. This year current fiscal '20, we'll get about \$50 million in the variety of federal supplemental payment programs associated with Medicaid. That number goes from \$50 million in fiscal '20 to about \$12 million in fiscal '24. The reasons for those reductions are a variety of things. They're all related to federal policy. There are 6 different programs stacked up that make up that \$50 million. One of them is worth about \$20 million a year and there's been a federal regulatory change that's going to end that type of program effective immediately essentially. There are other programs where the existing regulatory support for them is expiring and there's no clear indication of if or when they'll be renewed. There's at least 1 program on the list that has a statutory reduction associated with it that came along with the Affordable Care Act. So, there's a variety of different reasons for the cuts, but they're all coming together over the next 3 or 4 years and they total such a huge amount of money that they are really devastating to the things that we do especially outside of the hospital supporting physicians, supporting medical education, supporting entities like Midland Community Healthcare Services, providing for behavioral health care outside the hospital. All of those things are funded by those federal funds and as they get reduced we have to either find a different way to pay for them or cut them back and we certainly don't want to do that in the interest of the community's health.

Tasa: We have a question from Mitch from Marfa Public Radio. Does the hospital have a timeline on when patients can start returning to Midland Medical Lodge? And a secondary question, have any patients already returned to the nursing home?

Mr. Meyers: As of now, we haven't had anybody return. We don't have a timeline. We have essentially a set of criteria for their return and that is that the patients need to be well. They need to both have recovered from whatever symptoms they had and to show what we believe will end up being 2 consecutive negative COVID-19 tests. And so, once that happens, we believe we'll be able to begin sending patients back, but we're not at that point just yet. So, timeline—we can't say for sure when that will be. It will be dependent on the patient's conditions and their ability to test negative.

Tasa: We have a question from Caitlin from the MRT. Our photographer took photos over the weekend of Midland Medical Lodge disposing of hazardous waste bags. Can those be disposed of along with regular trash or are there separate protocol?

Mr. Meyers: I can't speak to what's happening at the Medical Lodge. If you want me to talk about hazardous waste and our experience, we can do that. We segregate hazardous medical waste into a



completely separate stream. We dispose of it in special bags in special containers. It is processed by a separate vendor from the people who do our regular trash. So, from the hospital's perspective, hazardous waste is totally segregated.

Tasa: We have a question from Facebook. Were there any new confirmed cases over the weekend?

Mr. Meyers: There were 2 new cases confirmed over the weekend.

Tasa: Have you laid off any nurses?

Mr. Meyers: We haven't laid off any personnel whatsoever. Throughout the period of the pandemic I have believed and our board has believed that it's important to keep our workforce intact to provide as much assurance as we can to our vital healthcare workforce that we value them and we want them to be not only continuing to work for us for their own good for their own incomes and family support, but most importantly to be ready to go when we could open up and begin doing elective procedures again. And as life began to get back to something resembling normalcy, we wanted our people to be on board and ready to go. Now, that doesn't mean that there haven't been reduced hours in some locations. We've tried to be sensitive to where there was work to be done and where there wasn't. We reassigned people to a labor pool that did a substantial amount of work outside of their usual comfort zones. You've probably seen the stories about many of our operating room personnel establishing a little mini factory where we sewed masks. Those masks have been vital. I have several of them that I exchange throughout the week and many of us do. We've put them on our workforce, on patients arriving to the ED. That was really vital work, but it was unusual and certainly reassigned from their typical duties. We put people to work at the front desk screening visitors and incoming patients. We've had a wide variety of alternative jobs so that our people could stay working and stay on the payroll. We have not laid off or intentionally furloughed anyone and as of this moment we don't think that we should have to. Of course, the economic situation for the hospital as for essentially every hospital in the country that's dealing with this is dicey. It's tight. We lost money in March. We will report a much bigger loss in April. We're not—it's too soon to know about May, but things are looking a little better since we are back to elective procedures. But these are really difficult economic times, but we've made the decision from the beginning to keep our workforce working. And we'll maintain that decision as long as we possibly can.

Tasa: When you release information regarding a deceased, it's stated that it's a COVID related death. What does that mean?

Mr. Meyers: For us, a COVID related death is a patient who dies in the hospital who had a positive COVID-19 virus test, period. We're not speculating as we make those announcements on patients who were likely to have been positive. If they were positive at the time of death, then we consider them a COVID related death.

Tasa: We have a question from Mitch from Marfa Public Radio. In your opinion, is it appropriate that Midland Medical Lodge and the health department are relying so much on Midland Memorial to keep the community updated about the situation at the nursing home?

Mr. Meyers: I don't know the answer to that. I guess you asked for my opinion. The hospital can only provide information about what we know. And what we've tried to do from the beginning is talk about



the things that directly impact the work of the hospital. The Midland Medical Lodge situation directly impacts us because we are receiving their patients. And we stand ready to receive more patients as is needed as we do for all of the community. So, I think it's very appropriate for us to talk about the circumstances that affect us, the things that we can control or are attempting to control, the places where we are trying to influence behavior change in the community. All of that is appropriate subject matter for the hospital. It's not really appropriate for us to speculate on what may be happening at the Medical Lodge or anyplace else, to attempt to speak for their management, to attempt to speak for the state or for the health department. We have tried very hard not to do that and will continue to do so. But as the activity there impacts the hospital, we certainly will speak to that.

Tasa: We have a question from Melissa from NewsWest 9. How are elective procedures progressing? Do you have a percentage of procedures still waiting?

Mr. Meyers: Well, we knew going into this that we would have a backlog that would take a substantial amount of time to relieve. Of course, the backlog really belongs to the individual operators. So, each surgeon has cases stacked up, each GI doctor, each cardiologist has spent time based on their own judgement of that and their staff and in conjunction with the interaction with their patients. They have determined what's the priority of the work to be done, how much is stacked up to be done in their offices. We've heard all different kinds of reports from different practices, but we don't really have a way to accumulate all of the backlog in any meaningful way. That's managed proceduralist by proceduralist, office by office. I suspect only being what now 2 weeks into—I guess we started in the middle of a week, so we are in the 3<sup>rd</sup> week of elective procedures. I suspect that there is still a substantial backlog of cases. I know from a few physicians we've talked to that they certainly have them. How big that is overall there's no way to say.

Tasa: The 2 new case that you mentioned from over the weekend, are those from Midland Medical Lodge or are they community spread?

Mr. Meyers: (Comments off camera, not able to be heard) So, we had a total of 4 now? Ok, so let's clarify. We had 4 new cases identified over the weekend. Two of the 4 were from Midland Medical Lodge. That's what we were answering earlier. But there were 2 that were unrelated as well. So, a total of 4 new ones identified as positive over the weekend.

Tasa: Is it true it's going to get a lot worse before it gets better?

Mr. Meyers: That's a profound question to which I have no answer. It could. I don't think that it's—It's not my expectation that it's going to get worse before it gets better. I think we remain vulnerable to another outbreak in a congregate living or you know some sort of community where people are working closely together or living closely together. That risk isn't gone. But is the broad exposure in the community and the likelihood of more positives getting sick and coming to the hospital is that getting worse? I don't think it is. But it's very dependent on our willingness and commitment to continued social distancing, to wearing a mask in public settings to enhance social distancing, washing our hands, not touching our faces, to protecting our elderly and keeping them home and safe, all those things have to keep happening for us to keep the spread reduced in the community. It is pretty steady and pretty minimal as it stands right now with exception of the Medical Lodge outbreak. And we want to keep it that way. But it won't just stay that way on its own. We've got to continue to practice what we've been asked to do. As we reopen our society, we've got to move slowly, we've got to be careful, we've



got to resist the temptation to leave our masks at home, and continue to do the things that so far have worked to minimize the spread in our community.

Tasa: We have a question from Melissa from NewsWest 9. How much contact does the hospital have with the state staff that is working with Midland Medical Lodge?

Mr. Meyers: Dr. Wilson is having regular calls that include both state personnel, the health department, the Midland Medical Lodge leadership. I don't know—Are those daily? (asking someone off camera)  
Pretty much daily calls. So, it's a good deal of contact. Our primary contact, of course, is with people we know here locally and at the Medical Lodge, but the state folks have been engaged in those calls and I expect them to continue to be.

Tasa: I believe that's all the questions we have for today.

Mr. Meyers: Ok. Thank you all very much for your time. We have now scheduled, I believe a Unified Command Team Press Conference for 11:00am on Wednesday, the day after tomorrow. So, you'll see the city and the school district, and the county, and the hospital district, and the health department all back together Wednesday—well, together via zoom. We won't be in the same room, but together via zoom. 11:00am Wednesday the 13<sup>th</sup>. And we'll see you then.