



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Wednesday, May 13, 2020

Transcribed from a previously recorded live event.

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

Mr. Meyers: Thank you, Erin. Good morning everyone. I'm Russell Meyers, CEO of Midland Health. This is the Unified Command Team Briefing for Wednesday, May 13th, 2020. I'll start today by reminding everyone that this is Hospital Week. It's Nurse's Week and Hospital Week coincide most years and this is a really important reminder of how important our health care providers are to the health of our community and all of our overall well-being and it's a good time of year to stop and remember that. We have had a great outpouring of affection and appreciation from our community through the pandemic efforts both to our individual healthcare workers here in the hospital and to the system as a whole and we really appreciate the community's support. It's been tremendous. And thank you for all that especially during this hospital week.

A few data points quickly, in the state of Texas now we are now over 41,000 confirmed cases of COVID-19 infection with 1,133 deaths to date. In our hospital today, we have 186 patients. This is as big a census as we've had in quite a while. Our ER volumes were up. We were at 125 yesterday. 10 patients in Critical Care. 3 of those are on the COVID unit and another 29 patients in our Medical Surgical COVID unit so our capacity is being taxed now at a greater extent than it has been since the very beginning of the pandemic. The majority, in fact all but one of those patients that are COVID positive are from the Midland Medical Lodge. And that's 31 positives from the Medical Lodge. And so, if you factor those out of the equation the picture looks very different. And we're anxious, we are talking every day to our contacts at the Health Department and at the Medical Lodge anxious to get back to something that looks like normalcy and return those patients who can return to the Medical Lodge as soon as we can. We know that about a dozen of those and that number changes day to day, but about a dozen of those patients are asymptomatic, are meeting criteria to return, and so we are just waiting on the green light to move them back to their homes and residence at Midland Medical Lodge and out of the hospital. Looking forward to that.

As you all know, I think, the governor issued an expectation that all residents and staff in nursing homes across the state would be tested. He assigned the responsibility for that to the Texas Department of State Health Services and others to figure out a plan. As of now, we don't know what that plan is going to be, but we are hopeful of being able to interact with those agencies and give some direction to the plan. It feels like a good idea, probably the right thing to do, but we need to very clearly understand what is intended to happen with patients who turn out to be positive, how they're going to be managed within their residencies in the nursing homes, how to in an orderly fashion treat those that need to be treated, but ensure that the ones that can isolate in place are able to do so. All of those are concerns that are serious ones and we're going to try to influence that policy making as much as we can.

We have also had a good number of calls from the people we serve with regard to loosening the visitation restrictions that we implemented in light of the governor's disaster declaration and regulations from the Health and Human Services Commission that implemented that declaration. As you all know, visitation is severely restricted at the hospital now. We're allowing patients who need



someone to speak for them-- children or patients who cannot speak for themselves, we allow 1 visitor or 1 coach for a laboring patient, and we allow family members to come in when there's a patient who is actively dying. That's about it with regard to allowing visitation now. But there's been an increasing number of people who have asked us to consider allowing 1 support person for every surgical patient as we've opened up elective surgery. We are trying our best to interpret the regulations that have been issued by HHSC and to see how loose we can make the visitation rules. We haven't made any changes yet, but we are actively considering whether we can agree with those requests from our surgical patients and their families. And over the next few days we'll make decisions and make those known to the public. But as of now, no changes to visitation policy. But we are actively considering whether we can make some changes. I believe that is it with regard to my remarks and I'll be happy to take questions before calling on Dr. Wilson to add a little bit.

Erin Bailey, COM Public Information Officer: Let's give them 1 second to type into chat. Tasa, do you have any from Facebook that you need to ask?

Tasa Richardson, Midland Health Public Relations Manager: Yes, Erin we have a question from Facebook. Why test them in regard to the nursing home order? Why test when they are feeling good? Is the governor trying to cause panic?

Mr. Meyers: I can't speak for the governor, as you know. I could speculate on why testing makes sense. I know one of the concerns with regard to the nursing home community is that there are staff members who move from one home to another and I know that's been one of the active concerns from the beginning that that could be a source of spread and so if they can determine that there is a positive staff member they can adequately isolate and track that person's contacts, engage the health department in assuring that they don't spread their positive disease. Beyond that, I don't know. That's a question for the governor and for the Department of Health and Human Services.

Erin: I don't have any questions in the chat, so Dr. Wilson, we're good. I mean, Dr. Russell we are ready for Dr. Wilson.

Mr. Meyers: Yes, he's coming. Thank you.

Dr. Larry Wilson, Midland Health Chief Medical Officer: Thank you Russell. So, I just wanted to make a few other comments. One other comment to what Russell was saying, too on the testing that the governor's asking for. One of the points that have been made about this in general across the country is that more testing, more defined the disease, the better we can contact trace, the better we can move forward. So, I agree with Russell obviously, that you know we can't speak for the governor, but I suspect the goal is just to try to broaden the testing. And if we're going to broaden the testing with the limited resource of the tests that are available, broadening it in the population that's at highest risk to have problems it makes a lot of sense. So, from my perspective I endorse what the governor's saying for what that's worth.

I'd like to start by saying that at the hospital, Russell mentioned we are opening up to more elective procedures. We are in our phase one of that process. Things are going extremely well with that. The hospital has been very safe. I think most everyone knows with some note a few weeks ago we had one positive healthcare provider. And there's been no others in our facility. Things have stayed very, very good from the standpoint of disease and disease management with the COVID and others here at the



hospital. So, things are moving very, very well. We had 32 cases in our operating room, endoscopy's open, and other elective procedures are moving forward very well. We anticipate as we move forward and look forward to hearing from the Midland Medical Lodge as we return to their homes the residents that we have here. We look forward to reducing the volume in our hospital to a point that we can pursue phase two of opening up and getting even more elective procedures and get people that are waiting for get things done, to get them done. So, we're very excited about that.

I'd also like to remind everybody that please if you do have serious symptoms that the hospital's a safe place to come to get those things cared for. We had in the last 48 hours on one particular day we had 3 persons present with heart attacks in one evening, which rose in the mind of the cardiologist that I spoke to about that that people are waiting too long with symptoms before they're coming in. So, please be thoughtful about chest pain, shortness of breath, severe abdominal pain, stroke like symptoms, lateralizing weakness on one side or the other, slurred speech, or cognitive difficulties that are unusual that a friend or family member notices. These aren't things to be ignored and wait until the COVID disease is no longer in our community. We need to be moving forward and taking care of ourselves and taking care of these diseases as well as we can. So, please come to the hospital or call 68-NURSE if you have concerning symptoms and they can walk you through an algorithm to determine if you do need to be seen by your doctor or by somebody more urgently than that. So, please pay attention to real symptoms. These other diseases are not going away just because we are dealing with the COVID pandemic currently.

Finally, I want to just remind everybody that it's equally important to all of our health that we get the economy moving forward positively in the face of the ongoing pandemic with the coronavirus. It's just as important that we get the economy working, that we get people back out doing the things that they need to be doing, but we have to do that with a new sense of normal. Not the normal that we had before the coronavirus, but with the normal that incorporates social distancing, that incorporates respect for those that you are around in public by wearing a mask to decrease the likelihood that if you are asymptomatic carrying the virus you won't spread it to other people. Please remember that over 50 percent of the people that are infected with this virus may manifest no symptoms ever. But they could spread it to somebody else can have a dramatically different course with the disease than you're experiencing. So, respecting others by wearing a mask when you are in public places where you can't maintain a 6-foot distance. If you can, please by all means take the mask off. I don't find it the most comfortable thing in the world either. But I want to respect those that I'm around by wearing it in those circumstances. Clean surfaces frequently, push buttons on phones, picking up pens, push buttons on elevators. These are all high contact areas, please be thoughtful about that. Use your elbow if you can, if you can't do that use your finger and then clean your hands again with antiseptic cleanser or with soap and water. Please remember, too that this just a virus. We all know that it's a virus. It's a respiratory tract virus that we are most familiar with, but it also causes gastrointestinal symptoms you've heard in the news recently about children that have been infected and having vascular inflammation from it. Adults get vascular inflammation from it as well, strokes, heart related conditions, etc. So, it's a nasty virus and it can be very, very dangerous particularly in vulnerable populations and in the elderly. So, as we get back to doing things, opening up the economy, getting back to work, getting back to restaurants, and doing things let's please be thoughtful about that and be respectful of those who are around. And be careful about what you are touching and who you are touching and how close you are to individuals that you are not familiar with. So, with that I'll close and ask if there's any questions.



Erin: Alright, we'll give them a second to type them into chat. Media remember you can use the raise your hand feature as well and I will unmute you to ask your question. We'll wait until they have any. Tasa, do you have any from Facebook?

Tasa: I don't have any from Facebook. Thanks Erin.

Erin: Ok, Dr. Wilson, we'll give them just a second. Oh, Dr. Wilson we have one for you. The first one comes from the MRT. It says has the hospital seen any patients present with vascular inflammation?

Dr. Wilson: Yes, the course of the disease in most of the people that get really sick becomes a multi-organ system disease. So, we've had people that have passed away with the inflammation in the lungs that you've heard about the Acute Respiratory Distress Syndrome or ARDS. But also, with myocarditis and inflammation of the heart leading to cardiopulmonary arrest, etc. So, the sicker one becomes with this and really it becomes a multi-organ system disorder. Similarly, abdominal pain and diarrhea is related to vascular inflammation in the gastrointestinal tract. So, we've seen all of those conditions now.

Erin: Ok, and then the next one is from Scott at CBS7. Scott, you're good to go.

Scott Pickey (CBS7): I'm here and I meant to raise my hand for Russell Meyers, my apologies.

Erin: They'll trade out.

Scott: Ok.

Mr. Meyers: I'm here Scott. Go ahead.

Scott: Hi Russell. Good morning. Something that I've run across in the last week is that when the state strike force came in to help with the Lodge a week or two ago, they requested that Midland Memorial do coronavirus tests on both staff and patients and that MMH turned them down initially. Can you confirm that?

Mr. Meyers: No, I don't know where you heard that Scott. I don't believe that's true, but I don't know to what you're referencing. I know that there has been some confusion about the Lodge and their company's contract with Medical Center Hospital for routine lab testing. And I know that's come up a couple of times along the way, but I'm not aware of a time when we refused to do any testing at the state's request. If you can give me a reference on that we can check it out.

Scott: Ok, can we do that offline?

Mr. Meyers: Sure, yeah. Happy to.

Scott: Alright, great. Thank you.

Mr. Meyers: Is that it for us?

Tasa: I have a question from Facebook. If someone gets a virus, do we have enough medication locally to help everyone?

Mr. Meyers: Well, I think there's not a lot of clarity on what medication helps, to tell you the truth. This has evolved a good bit as I think you all have probably seen the hydroxychloroquine and azithromycin



combination that was promising in the beginning has essentially fallen out of favor as it's proven not necessarily to be helpful and to actually have some dangerous side effects. The most common medication we've heard about lately is Remdesivir. We have none. And as I think you probably have heard Gilead's ability to manufacture that in large quantity is not overwhelming at this point and what they have they have assigned to the federal government to distribute as they see fit. We understand that some distribution has now happened. We did not get any of that distribution. So, if the question is specifically about Remdesivir, we don't have any. We have a wide variety of other medications and techniques for treating these patients, but that's not one of the things that we can do right now.

Ok, thank you.

Erin: Thank you Russell.

End of Midland Health's portion of the Unified Command Team Briefing