



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Monday, June 29, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everyone. This is Monday, June 29th and this is our daily or our weekly or our regular COVID update. I'm Russell Meyers, CEO of Midland Health. We have a few things to tell you about this morning. I'll start with some data. The state of Texas now has over 148,000 confirmed cases. I saw also this morning we passed the 2 million test mark in the state with lots more to go. 2,393 deaths across the state of Texas so far. In Midland County, we have 563 confirmed cases and there have been 14 deaths. I do not yet have an update from the weekend's report from the Health Department. I expect that will come later on today. It will be released to the press at that time.

In the hospital, we have, of course, our single testing site live and we're beginning to see some fairly significant back ups in test turn around. We're up to 218 outstanding tests that are awaiting results as of this morning. Those are as old as last Tuesday, so we're now up to 6 days at least turn around in the worst case. The hospital census now is 160 today. We have 18 COVID patients in the hospital. 5 of them in Critical Care. 13 in the Medical COVID unit. Ventilators, we have 6 patients total. 4 of those are COVID patients. And, of course, we have a complement of 44 full-service ventilators. So, we still have plenty of ventilator capacity left. Emergency Room traffic yesterday remained low at 125 compared to 209 patients in the Emergency Department (ED) on this same day last year.

One area of concern that we are working on now, over the weekend we used our last dose of Remdesivir. That's the medication that's been allocated recently to hospitals around the country that have significant outbreaks. We are working diligently to find some more. We are using it frequently now and getting some results with it. So, we're looking to replenish that supply as soon as we can.

The biggest concern, I think, we are working on right now is testing. We have an idea about the possibility of some enhanced rapid testing capability. But there are a lot of logistical challenges in getting that set up. We have to get the test kits available. We have some challenges with setting up a second site which we are working on. Hopefully on the east or southeast side of town to make it more convenient for the population in that part of the community. So, I had hoped that by this morning we could give you a good bit of detail about those plans and they are continuing to come together. Our team has met this morning. We are also engaged with the county's emergency management folks, but we still have too many details left to pin down to be able to announce anything just yet. So, I'm hopeful that in the next day or two the details of the site, the logistics at the site, the rapid test's availability, and how much capacity we'll have with rapid tests, all those things we're trying to pull together, but as of now no luck so far. As soon as those details are available, we'll publicize them to make a little more easily accessible testing and more rapid turn around on results available as this week goes on.

So, that really is all that we have in terms of an update today. While I wait for questions, I'll remind you we did see some decline in our census, had some patients discharged, and didn't have a lot of new admissions over the weekend. So, that's encouraging. I hope it's a product of people beginning to be a little bit more serious about social distancing and wearing face coverings, and hand hygiene, and avoiding large crowds, and extended contacts with multiple people in small spaces, all of the things that we know work to help to prevent the spread of the disease. We are trying very hard to raise awareness



once again and convince people that we can slow the progress of this disease if we're smart and we can avoid any further shut down of our local economy if we take action now to protect ourselves. So, with that reminder I'll stop my remarks and take any questions that might be queued up.

Tasa Richardson, Midland Health Public Relations Manager: We have a question from Facebook regarding testing turnaround time. If someone was tested say last Wednesday, when would they be told the test results?

Mr. Meyers: Well, as soon as we have them. If you were tested in our testing site, one of the hospital's locations, we now as of this morning I think we had 35 or 37 tests still outstanding from last Tuesday. So, if this person was tested on Wednesday, I would hope we'd see results today or tomorrow. But all of the labs-- We've sent to multiple different commercial labs and all of them are experiencing much, much higher demand, significant back logs in testing turn arounds. So, it's hard to promise exactly when the results will come back. We're dependent on those outside labs to send them to us. That's one of the major motivators for getting the enhanced rapid testing live in our testing sites and I'm hopeful that we'll be able to get that done this week. Can't say what quantity of tests we'll be able to do just yet, because we are dependent on the supply chain.

Tasa: Can you please update us on elective surgery?

Mr. Meyers: Elective surgeries are still ok as of today. We were a little concerned last week as our COVID census climbed into the mid-20s that we might find ourselves with a shortage of beds. In fact, we had a couple of days last week when we were completely full. That's calmed down a bit this morning, through the weekend and this morning. We have not done any restrictions so far on elective cases, but we are trying to monitor that on a regular basis every day. The risk here is for inpatients and really not many of our cases are inpatient. We don't have more than 5 or 6 cases a day that we expect to be admitted to the hospital. The vast majority of the work that we do is outpatient. Those are unlikely to be affected anytime soon unless we run into a severe shortage of PPE or we have to repurpose staff into inpatient areas to care for a continuing growth in the COVID population. So, as of now, elective procedures are still on course. We're watching every day and if we have to do any restriction it would first come with those patients that we expect to need an overnight bed. But so far, no restrictions just yet.

Tasa: We have a question from Caitlin from the MRT.

Mr. Meyers: Ok.

Tasa: Do you know the age breakdown of COVID patients in the hospital?

Mr. Meyers: (Comments off camera not able to be heard) Ok, Dr. Wilson's telling me we think we have 2 or 3 in their 70's and everybody else is younger than that. We don't have the exact age breakdown in front of us this morning. I'm sorry about that.

Tasa: We have a question from Facebook. How many hospital employees now have COVID and what departments do they work in?

Mr. Meyers: Well, we talked about this some last week. We had 9 that were confirmed as of last week and they were spread all over the hospital. They were not concentrated in any one area. We believe

that all of them are actually community acquired. None of them have been acquired on the job. We are doing a good job with PPE and protecting people in the workplace, but when people leave here, they have lives and they get exposed in all different ways. We do have a few more suspicious cases I understand as of this morning, so the numbers probably will go up as the week goes on, but there's no pattern, there's no particular outbreak in 1 department anywhere in the facility.

Tasa: Has the budget cuts to testing sites kicked in yet?

Mr. Meyers: I believe what you are talking about there is the federal support for testing sites. We were not getting any of that support, so it's not a relevant issue for us in here in Midland. There are sites, I think the last count I remember hearing was 7 around Texas that there was some concern about a federal pull back. I also saw a story this morning that I believe they are reconsidering that pull back. But for us, it's a nonissue.

Tasa: We have a question from Stewart from the MRT. How worrisome is the July 4th holiday considering the increase we saw over Memorial Day?

Mr. Meyers: Equally worrisome to Memorial Day I would say. And it's important that the message continue to be delivered as this week goes on. We'll be back in front of you on Thursday and we'll certainly deliver a strong message once again that as we begin to gather in family groups, for outdoor activities, for whatever celebratory event that anybody might have planned for the 4th, the same things apply. Minimize the size of the crowd. If you are in a crowd, try to social distance as much as you can. If you can't social distance, absolutely keep a mask on at all times. Wash your hands frequently. Don't stay in a crowd for very long. That's one of the things that we've heard several times now, that the duration of the exposure is particularly important. So, if you find yourself in a crowd and you can get out of it quickly, then you should do that. We'll continue to emphasize that message as the week goes on, but certainly the holiday and the likelihood of family and other gatherings raises the risk level considerably and we are concerned about what we'll see in the couple of weeks following the holiday as people inevitably gather more than they are doing today. It's part of our reality. We have to manage it, but we can be careful and be smart about it.

Tasa: Sammi has a question. Sammi go ahead.

Sammi Steele (NewsWest9): Hey there Russell. Good morning everyone. I'm just curious, there seems to be a wave of like a summer cold happening right now in addition to COVID-19. But this is the first, you know, big wave of summer cold. You know, people get strep or just having a sinus infection, that they're getting while it's still a pandemic. So, health offices and clinics are still taking it very serious like it would be COVID. Have you guys seen a wave of like summer colds happening and any advice for people, you know, who maybe are afraid to go get a prescription or something like that? Has that happened?

Mr. Meyers: Well, I'm going to ask Dr. Wilson to come up and talk about that. You know, a cold normally wouldn't get to us in the hospital.

Sammi Steele: Right.



Mr. Meyers: And that's good. We continue to see those low volumes in the ER and people with minimal disease staying away. So, that's a good sign, but that doesn't mean they don't need some care and some advice. So, I'll ask Dr. Wilson to offer some.

Dr. Larry Wilson (Vice President, Medical Affairs): Yes. Thank you Sammi. I think it's a good, important question. I mean we're seeing the same thing that you are. The problem is that when you have respiratory tract symptoms with COVID going on, you don't know if it's COVID or not. So, the careful thing would be to call, check, remote visit, and just be cautious about it.

Sammi Steele: Awesome, thank you.

Mr. Meyers: Remember to call 68-NURSE with any questions that you have about your disease process and they'll walk you through their algorithms and refer you for testing if it's appropriate. One of the challenges we are having now with 68-NURSE is we've had a huge explosion in call volume. So, please be patient with us. We are adding back some additional call lines, trying to staff up so we can handle the volumes as best as we can, but you may be asked to leave a message and wait for us to call you back if you call 68-NURSE and all the lines are tied up. So, please be patient with us when you call, we will get back to you as soon as possible.

Tasa: We have a question from Sammi in reference to that call volume. Do you have what the volume numbers are?

Mr. Meyers: 2,000 calls a day which is substantially more than we are accustomed to on the order of 4 or 5 times what our normal load is. So, that did spike last week. We have our IT staff working to get them some more capacity while we are also trying to find more people to answer the phones and we expect that we'll make some more progress on that shortly. Do call and if you can be patient with us, we will get back to you in the same day. The other thing that you can do, an important reminder, is there is always the BasinMD app available to you. You can get a virtual visit 24 hours a day, 7 days a week with a physician either here locally or it could be anywhere in the country. That's the beauty of the BasinMD app. There's always a doctor available to you whenever you need one. If you haven't tried it, it's a great telehealth option for many people who don't want to or can't get to the doctor, want to avoid an ER visit try BasinMD as well. But, do call 68-NURSE and if you are put on hold or asked to leave a message for us to call you back we will get back to you and just recognize that the volumes are really high now.

Tasa: We have a question from Caitlin from the MRT. Do you have any idea when you might receive more Remdesivir and what results have you seen with it?

Mr. Meyers: We're not in control of the—Do you want to talk about the results? (speaking to someone off camera) We are not in control of the supply of Remdesivir unfortunately. We got a couple of allocations early on which we were fortunate to get and our doctors have used it judiciously, but we are somewhat at the mercy of the federal government and the allocation. I'll ask Dr. Wilson to talk about the results.

Dr. Wilson: So, the Remdesivir is not a single dose. It's something that's either treated for a 5-day course of a 10-day course depending on how responsive the individual is and how ill they are. What we have seen is that pretty much everybody that we've used it on, there's been multiple I don't remember



the exact number of cases, but it's probably been 10 or more that we've used it on here, they've each had the 5-day course. One individual had a 7-day course because it looked like they were going to take a little bit longer. All of those patients have recovered. Speaking to the critical care doctors and to the infectious disease doctors, they are not ready to say that it's because of the Remdesivir. We're doing the COVID Convalescent Plasma (CCP) on all of these patients as well. So, the jury's still out, but it seems to be beneficial. And with everything that we've learned from the beginning of this pandemic to today, we are clearly doing a better job in managing the disease across the country and learning best practices from one another. And so, patients are seemingly doing better. I'm going to reiterate something that Russell said earlier. It's very, very important that we maintain the social distancing and the face coverings and if we're going to be more active in the community that we keep the disease amongst the 40-somethings, the 30-somethings, and the 20-somethings and stay away from grandma and grandpa and social gatherings with elderly individuals. Because those persons are going to do less well than anybody else. So, please be cautious and we hope we get more Remdesivir along with all the other therapies and keep moving forward.

Mr. Meyers: Thank you Dr. Wilson.

Tasa: We have a question from Sammi. Have you guys seen a spike in patients who need mental health help?

Mr. Meyers: I don't think so, no. That doesn't mean that they're not out there. And once again, obviously with the overwhelming call volume at 68-NURSE it makes it a little more difficult to get through. But I would remind you anybody who has a mental health concern, anything that's troubling you, stress, any number of things can happen in an environment like we have right now. We have multiple resources available to you. You can call 68-NURSE for a mental health referral. And you can use the BasinMD app where we have mental health professionals available just like we do with primary care 24 hours a day, 7 days a week. You can get on BasinMD and get the help you need for any mental concern as well as any physical concern.

Tasa: We have a question from Facebook. When will Midland have free testing like Odessa?

Mr. Meyers: Well, free testing has been a part of our life from the very beginning. Since we've been doing testing at the hospital site, we have tested all comers. We have not collected any money up front. We will file your insurance and we'll take what your insurance pays if you have insurance. If you don't have it, we are going to test you anyway, so free testing is a current reality. What isn't a reality is all comers testing. We are not inviting anybody that wants the test to come down. We just don't have the capacity to do that. We are still dealing with the screening process, with people who have symptoms or have an extreme exposure that needs to be tested, but we are not on a path to do free testing for all comers at any time in the future. It's too difficult to get access to testing. The labs are backed up and getting slow turn around. Our ability to get test kits for rapid turn around tests is still limited so we'll continue to be screening folks. But the ability to pay should not be a barrier to getting tested.

Tasa: The coronavirus task force led by Mr. Pence stated multiple times on Friday that the majority of cases under 40 years old are asymptomatic. Is there any information on what percentage of people under 40 years are asymptomatic here in Midland?



Mr. Meyers: I don't think so. I mean we're only testing at least as far as the hospital site; we're only testing people with symptoms. So, we don't have a way to know who is positive, but asymptomatic at this point. There are some locations around the community that I believe are testing people without symptoms. The numbers are not big enough and they're not accessible to us so that we could know that. I'm not sure how the vice-president knows that to be honest. I think that's probably a scientific conjecture much more so that what's been proven by testing, but we don't have those numbers here.

Tasa: Another question from Facebook, how many of the current patients in the hospital are awaiting COVID testing results?

Mr. Meyers: I don't think any. (Comments off camera not able to be heard) No, we have a limited ability with our in-house rapid turnaround test machine in the lab. And we've maintained that limited ability specifically so that we can test our inpatients and those patients who are being admitted to the hospital along with our employees. So, we can test our own patients. We can turn that around fairly rapidly and nobody in the hospital is waiting on test results.

Tasa: How is Labor and Delivery (L&D) being affected?

Mr. Meyers: Well, its being affected by our visiting policy I think is the primary way. There's no particular risk to L&D patients for coming into the hospital. But we are being careful about visitation. Our policy change that we announced last week is as follows we can put 1 support person who must wear a mask, must be screened on the way in to make sure they have no symptoms, but 1 support person and 1 doula if the patient chooses to use a doula which is essentially a labor coach. That person also will be screened and must wear a mask throughout the process. So, whereas in the what is increasingly the distant past, we've had much more liberal visitation policies for new mothers, both in the delivery process and in the postpartum period. We just can't do that right now in the interest in protecting our whole population. So, we're limiting visitation to 1 support person plus a doula if the patient chooses to use one.

Tasa: We have a question from Caitlin from the MRT. There are some who believe the spike in reported cases is because of more testing. Do you believe more access to testing has contributed to the spike in cases?

Mr. Meyers: I think that's probably a part of the answer. We also have seen a slow uptick in the percentage of the tests that we do that come back positive. But I think the biggest issue really is more exposure. We've opened up the community. People are gathering in more groups; they are often not wearing masks or at least until a few days ago they were. I think that some of our pleading has begun to catch on. I'm seeing more people around the community with masks on now than just a few days ago, but it's a combination of things. But I don't think there's any question that more exposure and literally more people who are positive is part of it. But remember that at least at the hospital, we are only testing people with symptoms and our testing numbers are going up, our positive numbers are going up as they are in other places around the community. So, it's not just doing more testing. (comments off camera not heard) Yeah, Dr. Wilson's pointing out the most obvious part of that which I missed which is the fact that we've had a tremendous increase in hospitalizations. That doesn't necessarily speak to a growth in asymptomatic folks. Obviously, they're not being hospitalized unless they have some fairly significant disease going on and need to be under our care. So, all those things together tell us that



there really is more disease in the community and there's more disease that requires treatment in the community than there was before. It's not just more testing.

Tasa: Without Remdesivir how will you treat the COVID patients until more is available?

Mr. Meyers: Well, we'll scramble to get more as soon as we can. And one of the things that's really good about the way this roll out has happened is that it's offered us the opportunity to cooperate with other hospitals. We've shared some of our supply with the hospitals in Odessa. We'll look to our colleagues to share excess supplies that they may have no matter where they are, and we'll continue to hope to get some more. In the meantime, as Dr. Wilson just said, most of the patients we are having success with are getting both Remdesivir and the CCP treatment and that continues to be available and will presumably continue to be used.

Tasa: What are the main symptoms right now?

Mr. Meyers: The main symptoms?

Tasa: Of just COVID in general. What are the main symptoms?

Mr. Meyers: Oh, I see. You might talk about who's being hospitalized.

Dr. Wilson: So, the recognition of COVID has from the beginning been respiratory tract in origin. And the significant number of patients that are hospitalized and pretty much all the patients are hospitalized is because they have a requirement for more oxygen than they are able to breathe in room air. So, it's oxygen demand and hypoxemia if you will. But we have recognized over the course of these several months that there's vascular problems and coagulation problems. So, patients presenting, especially younger people presenting with cardiac problems related to ischemia or heart attacks if you will, strokes, etc. there's a recognition that those are related to COVID in many cases as well. So, many patients that are coming along that we are speaking about earlier that has been mentioned you know 40%, 50%, 60% asymptomatic that may or may not be true, but there are significant numbers that are asymptomatic. But they may end up having some other manifestation with a blood clot for instance or something like that. Headaches, neurological symptoms are also sometimes seen. You've heard the talk about loss of taste. I've spoken to a couple of members of our community that have told me that they've had kids that have been out of town that have come down with COVID and their initial symptoms were either a headache or loss of taste for a day and no other symptoms and never developed any other symptoms. So, there's a wide range of symptoms that seem to be correlated to COVID. But those patients that end up in the hospital here almost universally it's related to needing to have supplemental oxygen to support them.

Tasa: Are you able to handle the amount of tests that are needed right now?

Mr. Meyers: Well, we are getting everybody tested who shows up at our test site. And the question is, does that represent the whole need? And I don't know. One of the things we started talking about last week, I had a call from a pastor actually in southeast Midland who was asking that we get a site set up there because of the perception that people in that community had less access to testing, are less likely to get tested if they needed it because it was difficult for them to get to a testing site. So, it's possible that accessibility of testing is still a bit of an issue and we could be doing more. That's why we are trying to set up an additional site. That's why we are trying to get rapid turn around tests live at that new site



and hopefully at our existing site as well so we can do more and make sure the people know if you need to be tested you can get tested and get results timely. We are taking care of the demand now, but I'm not sure the demand really represents what's needed in the community and that's what we are trying to figure out.

Tasa: Is Midland Health keeping up with the tests that are being given at emergency care clinics?

Mr. Meyers: We have no access to that information. Of course, if those patients come to us sick, we get the results of their tests. But those results are being reported to the Health Department and they are showing up in the Health Department's numbers, but we are not a part of that communication loop. So, any knowledge we have comes from the Health Department or directly from the patient if they need to be admitted to the hospital.

Tasa: How many tests total can be done in Midland County on a daily basis including all local sources public and private?

Mr. Meyers: I have no idea. We don't even know for sure who all is testing out there. We are aware of some sites, but I don't know. We've done as many as about 100 at our site. We're trying to double that by opening another facility in the near future, but beyond our capacity I just couldn't say.

Tasa: Is the federal government helping you with the supplies that you need?

Mr. Meyers: We have gotten some supplies through the state's emergency management group and some of those I know come from federal sources. But by in large most of our supplies are coming from our own resources. We have a very active materials management team. They are part of a large coalition around the state of Texas who works with us every day to source what we need. And they are having a good deal of success. We've gotten some PPE from state resources. We are certainly appreciative of that. But it's been multiple different sources, not so much federal through, not direct to us at least.

Tasa: How accurate are the rapid tests that are done in the ER?

Mr. Meyers: Rapid tests in the ER? (Comments off camera not able to be heard) We're doing our CEPHEID? The rapid test that we have in the hospital is as accurate as any test our there. It's about a 45-minute turn around. The problem that we've got with it is, of course, we don't have enough capacity to do as much testing with it as we'd like because they can't deliver enough of the test cartridges. So, we're restricting that to just the hospital patients. That includes the ER. So, if you come to the ER and you're tested there on our own machine it's highly accurate. The more rapid test machines that are available around the community from different manufacturers, they are going to be a little bit less accurate, a little bit more likely to have a false negative on occasion, but if they get a positive result, you can count on that positive. (Comments off camera not able to be heard) Yeah, that's a good point. Dr. Wilson's pointing out a risk that we don't want to incur which is people believing that there is a message that you should come to the ER to be tested. Please don't do that. Only come to the ED if you have symptoms that need emergency care. We will turn you away if you're only there to be tested. That's not a site that's just for walk up testing. Not our ED at least. But if you're sick, if you need to be in the ER because of your symptoms please do come on. Just don't come exclusively for testing when you don't have symptoms.



Tasa: We have a question from Mitch. Do you believe Midland is on track to slow down the spread of Coronavirus in July or do you think we could see the spread of the Coronavirus speed up even more?

Mr. Meyers: Mitch, I wish I had the answer to that. You know, we are very concerned obviously about the spike that we saw over the last 10 days or so. That seems to have slowed a bit based on hospital volume. We haven't seen the Health Department's volume of new positives this morning and I suspect there will be some from over the weekend. But the numbers are still relatively high and as was mentioned earlier today, we have the 4th of July holiday ahead of us which is another high-risk moment for the community. So, we have a good deal of concern. I don't think anybody's prepared to say that we've turned the corner and we're going downhill again. It's good that we have a few less patients in the hospital than we had just a few days ago, but there's no way that we can call that a trend. And we certainly can't get complacent about it. We need to recognize it remains a crisis until we get back down into the single digits or have no patients at all in the hospital which hasn't been the case for several months now. I'm not prepared to say that we are through the worst of it. So, we have to be very diligent especially with this upcoming holiday.

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

Mr. Meyers: Ok. Well thank you all for your attention this morning. We will be back with you on Thursday at 10:00am. I have great hope that we'll be able to tell you that we have set up another testing site and that we have rapid turnaround tests available at both sites. That's not true yet, but we are actively working on that and hope to be able to make a positive announcement on Thursday. My last comment, I will remind you that early voting began today. Multiple sites around the city, democrat and republican primaries, as well as the hospital's sales and use tax election. Early voting started today. Runs through July 10th. Election day is July 14th. Please vote. Thank you.