



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, July 21, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning again. I am Russell Meyers, CEO of Midland Health. This is our Coronavirus update for Tuesday, July 21<sup>st</sup>, 2020. We have experienced some technical difficulties here at the beginning and so I am going to start again from the top and give my report. Starting with data, at the state level we have 332,434 confirmed cases across the state; 4,020 deaths to date due to COVID-19. In Midland County, we have 1,522 confirmed cases. Yesterday we had our 29<sup>th</sup> death. That was a gentleman who was over 100 who was in Midland Memorial and died yesterday.

Testing is going well. I have a lot to say about testing in just a moment, but at this time we have just over 100 results outstanding as the backlog is somewhat relieved. In the hospital, we have 161 patients in our total census. The COVID census is 48 patients, 15 of those are in critical care with ages ranging from the 20s to the 80s. Thirty-three patients in the medical units; ages from the 20s to the 90s. Among that group in the medical units, we have 12 patients in their 70s, 7 patients in their 60s. So, that's certainly the dominant group among the medical patients. We have 13 total patients on ventilators in the hospital. Nine of those are COVID patients. Emergency Room (ER) traffic continues to be low at 110 patients yesterday.

Let's see, I have an update on testing. It's been an interesting time. Lately, we've been very successful bringing live our second testing site at the Coleman Clinic. There at that site we are doing rapid testing now, so we are turning around results while patients wait for them. Unfortunately, we've been told by the state and by the manufacturers that our access to test kits for the rapid testing equipment will be curtailed. We have a large number of those tests in hand already, but we don't believe we'll be getting anymore from the manufacturer. And so, as we go forward over the next few weeks, we'll be watching those supplies carefully and assessing on a weekly basis whether we can continue to provide rapid testing at the Coleman Clinic site or not. As of now, we expect to continue for the next week and then we will re-assess. We had plans to add rapid testing at our original testing site at the West Campus. We are not going to do that at this time. We'll continue to do send out testing. We do believe we are getting a little bit better turn around on the send outs, but we simply don't have enough test kits available to bring live a second public site and continue to use those. So, it's status quo on our 2 testing sites for the time being with a good bit of doubt about the continued availability of rapid testing and a week to week assessment of that going forward. But the Coleman site has been a nice addition; doing very well and turning around results very rapidly. We certainly appreciate our own team, the team from Premier Physicians, from Midland Community Health Care Services who are loaning us their property, from the city and the county who have helped us get things set up and lent us a good bit of equipment. That's been a very successful effort.

In addition to that, the state as you all know is working very hard to make supplies available to providers in need all over the state. We are fortunate that as of this past weekend, the state has assigned to us one additional rapid testing machine. This is on the Abbott platform which we have not had in the past. We have a small number of tests available for that machine that will help supplement our capacity either in the hospital or outside, but those won't last very long and we are hoping to get some more of those tests in cooperation with the state. We've also talked to them a good bit about helping with some



of our personal protective equipment (PPE) needs specifically gloves and isolation gowns and we are hopeful about getting some additional supplies in those areas as well. Certainly, appreciate the work of the governor's office and the strike force on reopening Texas and helping us to get our hands on the most essential equipment items that we need.

Let's see. I think that's a good place for me to pause for a moment. I'd like to call on Dr. Wilson. There are new guidelines from the Centers for Disease Control (CDC) that talk about what defines recovery and the ability to return to normal activity and to work. Dr. Wilson's going to talk about those and then I have a few other items to go through before we take questions. Dr. Wilson--

Dr. Larry Wilson, Midland Health Chief Medical Officer: Thank you, Russell. So, thank you. The main issue-- These are new guidelines from the CDC that were published on the 17<sup>th</sup> of July, or last Friday. We're still in the process of building them into our policies and processes and we intend to make those available to other healthcare professionals in the community so everybody's aware of the goals and there's a couple of things to be aware of on the front side; it's just a global oversight. And that is one that the CDC is really trying to get away from test-based clearing. We see a number of people looking to be tested before their employers will allow them to return to work and there appears to be a poor correlation between a test result and having recovered from the virus. The tests that are necessary to be cleared are an RNA based test and unfortunately some of that RNA from the virus can remain in people's respiratory tracts much longer than active virus may. So, they may have recovered from the infection entirely, but still have RNA that can be picked up and tested as positive. And you've heard us say before that some people will be testing 6 weeks or longer after an infection and seem to be completely healthy and back to normal, but yet still be testing with a positive result. And that's this remnant pieces of RNA that can be picked up on this very sensitive test but aren't giving you an accurate positive. So, the goal is to remove test-based recovery or recognition of transmission of infection as much as possible. So, there's a couple of things that I think are important to remember. Number one, those people recovering at home which is the vast majority of people that get the Coronavirus; most people don't end up in the hospital; people that are recovering at home that have a 10 days prior onset of infection and now have been clear of the fever for 24 hours, it had been 72 hours, but now for 24 hours with no fever requiring anti-pyretics or Tylenol or ibuprofen or other therapies to treat fever, so no fever reducing medication, 24 hours no fever, and improvement of symptoms. No longer cough, respiratory tract symptoms, but any symptoms because many people have loss of taste or headache or other non-respiratory tract symptoms as their main symptoms. If those things are getting better, onset of infection was 10 days previously, and now they are improving for that window we described the 24 hours without fever without anti-fever medication, those people are considered recovered. On the other end of the spectrum, on the people that are very sick that get very ill from the infection or people that are severely immunocompromised rather than a 10-day window from onset of symptoms or from testing positive to recovery, they are extending that to 20-day window. The idea behind that what's been recognized is people that have immunocompromised status or have underlying illnesses may take longer to clear the virus from their systems, so they give them rather than the 10-day window a 20-day window. So, those are the main factors that have come into play now. So, for the minimally symptomatic person, the relatively healthy person recovering at home it remains pretty much the same other than instead of 72 hours fever free, now it's 24 hours fever free. For people that are immunocompromised or that get very, very ill for the infection the window of time is extended from 10 days to 20 days before recovery can be considered, still looking at fever resolution for 24 hours and the



other pieces that I'd mentioned. So, it's a little bit complicated in some respects, but it's clearer in the sense that we are taking care of the people that are minimally sick in a more efficient fashion and people that are more ill we'll recognize that it may take longer for them to clear infection. There may be some questions that come up about it later and I'll be happy to answer those if they do. Thank you.

Mr. Meyers: Ok, thank you Dr. Wilson. Some complex changes to the guidelines, but I think the theme that you stated which I'd like to repeat which is that we are trying to move away from dependence on testing. Testing has become a challenge as hundreds of thousands more people are being tested every day. All of the manufacturers are struggling to keep up and the state and federal government are redirecting available test capacity to the places that are the hottest and the most in need and sometimes that means redirecting them away from us. And so, I think those guidelines will be useful in minimizing the unnecessary additional testing that is required to declare people recovered.

Ok, a few more things to go through before we take questions. We are working on a plan to change our access point for patients and visitors, both in and outpatients and emergency department (ED) patients. As you probably know, right now today we have very limited visitor policy and that visitor policy is not changing. Very few patients have visitors. There's a number of guidelines we go through. Every outside party, every non-employee is coming through our ED entrance where they are being screened, they are being asked to wear a mask when they come in, if they are not appropriate for entry they are being turned away. Over time, it's become clear that that's a bit of a bottle neck and what it does is combine patients who are seeking care in the ED with all the other traffic, which is less than ideal in a lot of different ways. So, effective August 3<sup>rd</sup>, not this coming week, but the following week we are expecting to re-open our main entrance on the north side of the Scharbauer Tower, just down the walkway from the ED and re-directing our outpatients and our visitor traffic to that entrance so that the ER entrance will become specifically for ED patients. It's going to take a little bit of time to set up the logistics to that, we have to split our screening team, we have to have some new signage and some new logistical patient direction and that sort of thing, so we'll be careful about that and do it thoughtfully, but expecting to make that live on Monday, August the 3<sup>rd</sup>.

There is an opportunity and I think an important one to donate convalescent plasma (CCP). I think we're trying to put the numbers up on the screen now for Vitalant. The CCP numbers have gone way down. It's become considerably more difficult to get, but as we have large numbers of patients now in our community who have fully recovered, we believe that there are probably a healthy number of potential donors out there who can help replenish the supply of CCP. That's one of the therapies that has proven to be the most effective in managing the sick patients that come into the hospital. So, while we are not certain of the details just yet, we will be having a blood and CCP donation drive here at the hospital this Thursday and Friday. The Vitalant folks we are expecting to receive plasma donations as well as blood and blood products as we would do in a normal blood drive all during the course of those 2 days this week Thursday and Friday. Do we have them on the screen, Clarissa? On the screen you'll see the website and phone numbers for Vitalant. That's how you can make an appointment, or you can be assessed as to whether you are an appropriate donor or not. But in order to donate plasma, there are some simple requirements. First, either a positive test result or a positive antibody result. Second, you have to have been recovered from your COVID-19 symptoms for a minimum of 28 days, an extended period of time before you can donate CCP and then you must be at least 17 years of age. So, positive test, positive antibody test one of those two, 28 days of recovery, and over the age of 17 then you are



eligible and we would strongly encourage you to consider donating your plasma so that it can be processed and used to help others recover. The details of the way the blood drive is going to work are still being worked out. We believe that we will be using space inside the Craddick Medical Office Building. The possibility is there also for the use of the blood mobile. Regardless of which of those we choose, access will be on the east side of the hospital's campus at the Craddick Medical Office Building. One of the things we have to be careful about is not violating our visitation policies and so the Craddick Office Building is outside of the hospital's campus. It's on the same campus, it's connected, but it's not a part of the hospital and so visiting guidelines don't apply the same there as they do in the rest of the hospital. And so, access from the east side of that office building to donations for blood and plasma donations this Thursday and this Friday with access to registration via Vitalant either the website or the phone numbers you see on the screen. I would encourage anybody to donate. If you are not able to donate plasma, the community still needs blood and blood products. Those donations have gone way down through the course of the pandemic, so any type of donation that you are able to give would be welcome and I would encourage you to come join us to come give this Thursday or Friday.

Ok, a few other small things. We are very blessed. We had a really good idea that came from some of our community physicians, specifically the group that's been campaigning to protect our frontlines. Our marketing department and those local physicians along with our marketing friends at the Price group worked together to put a good message out on electronic billboards throughout the community. We were able to get Choice and Lamar billboards both to donate time on their electronic billboard scattered around the community. So, those are public service announcements that we didn't pay for, but they are delivering an important message to our community about the important of wearing face coverings. I think we have a picture of one of those billboards up on the screen so you can see it. So, thanks to the Choice and Lamar folks especially for donating time on their electronic billboards to deliver this important message, keep it in front of the people in our community.

I believe my last point will be a quick one. And that is to express my sincere thanks to the community for supporting Midland Health, Midland County Hospital District and the providers all across our community and passing the sales tax last week. We felt truly blessed with a 70% vote across the community. Not only will that help to fund our services going forward as Medicaid funding is cut, but it was also very important statement to our providers that the community does care about what we do, does support us overwhelmingly in fact, and I think our folks have certainly seen that and sincerely appreciate it. So, thank you for passing the sales tax and we look forward to continuing to serve this community as we have and in even better ways in the days ahead. So, I would like to pause now and take questions. I know there are quite a few of them that have come through via Facebook and perhaps other places. So, Clarissa, I'll let you ask away.

Clarissa Toll, Midland Health Community Relations Coordinator: Yes, we do have a couple questions on Facebook currently. First, are all COVID patients in MMH from Midland?

Mr. Meyers: No, they are not. I don't know that we have a handy breakdown of where all they come from. We are certainly getting patients from around the region and expect to continue to do so. We have been so full lately, that there have been a number of days when we have had to refuse potential transfers, but as long as we can accept them, we have. So, we have patients from all around the region.

Clarissa: We have a few questions about our rapid test kits and why the manufacturer isn't providing any more.

Mr. Meyers: The short answer is that it's not the manufacturer it's actually the state government that is actually re-routing the available tests to places perceived to be of a higher priority. What we understand is the rapid test that we've been using, the Quidel Sofia units those are being re-routed to focus on nursing homes across the state and that other providers are second on the priority list. So, we are not confident of receiving any more while they focus on meeting the needs of nursing homes. That sort of thing has been happening from the very beginning. Whether it's PPE or testing supplies or anything else associated with managing the virus, the state and the federal government have consistently worked together to try to target the places in the greatest need. And while our needs feel very great to us, there are parts of the state that are in considerably worse shape than we are and so some of those supplies are being re-routed. We're going to have to continue to work with them and those challenges and do the best we can with what we have. With regard to the rapid turnaround testing, we will be trying to carefully preserve that as we manage all of the community's needs as best we can. We have to be particularly thoughtful about having access to rapid turnaround testing for our inpatients, those patients who come to the ED and appear to need to be admitted. That population really needs an immediate test result. People in the community, while we all want to provide immediate test results, by in large it's not going to change the course of treatment for a person who's relatively well. You are still going to be encouraged to go home and self-isolate whether you have a positive test in hand or not. So, that's the priorities we are going to have to place as we go forward. But for right now, we still do have some rapid testing available at our community testing sites and we expect that to hold out for at least a week or 2.

Clarissa: How many are testing positive at the rapid testing site?

Mr. Meyers: It varies by day, but we have been pretty consistently in the 25-30% positive range now for 4 or 5 weeks, both at the rapid site and at the send out site. So, that's considerably higher than the numbers we saw in the first spike if you will. I saw numbers this morning that we've been tracking since the very beginning. We're at about 19% positive since we started testing and I can tell you in the first round, we stayed pretty consistently at or below 10%. So, this round if you are getting tested, you are much more likely to come back positive. I'm not sure that I know the reason for that, but that's just a fact.

Clarissa: We have some questions about the accuracy of rapid tests.

Mr. Meyers: Just general questions about that? That is a common theme. We've talked about that I think every time we've brought up rapid tests. In simple terms, as simple as I can make them at least if you get a positive result from a rapid test, you are positive. There's really not any doubt about that. If you get a negative result, somewhere in the neighborhood of 15-20 out of 100 negative results are going to be false negatives. So, it might if you have severe symptoms, your doctor may want you to be retested either on that same device or a different device. We have a couple of different types of devices here, one of which is highly accurate, but in very, very short supply so we're trying to preserve those for inpatients and assure that we have a really reliable result, but most of the machines, the Sofia machine I think is about 85%, so about 15 out of 100 false negatives. On the worse end of the spectrum, the



Abbott ID NOW machines I think were more like 20-30 out of 100, so they are a little less accurate, but it varies by type of machine.

Clarissa: We have a question from Sammi Steele at NewsWest9. Sammi, go ahead.

Sammi Steele (NewsWest9): Hey Russell. I'm curious as to how many employees are currently out with COVID.

Mr. Meyers: That's a good question, Sammi and unfortunately, I didn't bring that information. I haven't seen it. It's been going down steadily for a while. The last numbers were in the mid-30 range that I saw, but I haven't seen them for a couple of days. So, I apologize, I just don't have that handy. If somebody has it before we close out today, we'll certainly tell you.

Sammi: Ok, and then you said the highest capacity that you had was you know mid to high 50's in COVID patients. When was that and what was that like?

Mr. Meyers: That was last week, and it was rough. You know, even where we are now at 48 patients, we have a lot of space dedicated to COVID patients. You heard we have 15 critical care patients who are COVID positive. That in of itself is challenging because we had initially set aside a dedicated 12 bed unit, so we've outgrown that. We've moved into some of our secondary critical care capacity. We've been on multiple different units for COVID medical patients that are not quite as sick as critical care with no matter how many staff we have out sick it's challenging to staff those units as the census grows. There's been nothing at all easy about this. Our staff have maintained good morale and stepped up and done what they need to do, but it's hard work. It's taxing on those who have remained healthy. Of course, the people who are sick want to come back to work and we want to get them back to work as soon as we can, but it's been a challenge for everybody.

Sammi: Yeah, have you guys looked into hiring—I mean staffing has been a problem for a long time now. Have you begun to hire more nurses, respiratory therapists? What is the status of that?

Mr. Meyers: We'll hire anybody we can find. But our biggest-- You know there's not a lot of people out there to be hired. We have had some success in securing new contract staff. Sorry, got a little distracted here. We've been able to get some traveling nurses, we've got a few more in the pipeline that are on their way. That's been the best opportunity, although everybody in the state and really in many places in the country are competing for those nurses and other traveling staff. So, yes, we've gotten some on board. We'd like to have more. We have more on the way. I do—the distraction was I was being handed the numbers. We actually now have 25 employees who are being quarantined due to positive test results. We have another 42 who are still working, but they are being monitored for one reason or another. So, we are down to 25 from our peak in the mid 50s, really good progress in getting our people back to work.

Sammi: And just correct me if I'm wrong, but a majority of those who were out in the 50s were actually in the administration business department. They weren't with COVID patients, right?

Mr. Meyers: That's not—I don't think that's completely right. They were the biggest cohort that we had, the biggest group, but they were never the majority of the total. We really had employees spread all over the hospital. Some with patient contact and some without. The majority of our best intelligence about the source of infections has been community related that we don't believe that even our patient



care workers are getting it from patients. And there certainly was a significant number in the business office, but it was never the majority.

Sammi: Ok, sounds good. Thank you.

Clarissa: We have a question from Mitch. According to the City of Midland's website, about 9,000 Coronavirus tests have been administered in Midland. The Ector County Health Department's website states over 13,000 tests have been administered in the Odessa area. Do you have any insight into why Midland has lagged behind Odessa in testing?

Mr. Meyers: I don't. We have tested consistently in hospital sites people who have symptoms or have some uniqueness about the exposure they've had that requires a test. So, we've been pretty conservative. We've never opened up to just all comers. I don't know what they've done in Odessa or how many sites are available or anything else. I'm not in a position to comment about that.

Clarissa: We have a few more questions from Facebook.

Mr. Meyers: Ok.

Clarissa: Are people only infectious with COVID-19 if they have a fever?

Mr. Meyers: No, that's not true at all. That certainly is one of the symptoms, but there are many other symptoms. Some people have no symptoms at all and are still infectious.

Clarissa: Where can we get an antibody test?

Mr. Meyers: You can get an antibody test in the hospital's labs. You can come either to the main or to the west campus. We have published those phone numbers before. You need to call for an appointment ahead of time and we'll publish them to Facebook after this. I don't have them at my fingertips to quote you, but we can do antibody testing for you at either main or the west campus.

Clarissa: Sammi has a follow up question. Sammi, go ahead.

Sammi: Hi, sorry. I've been reading a bunch of articles they are more so out of Dallas and Denver of people who have signed up for a COVID test with either the Health Department or their local hospitals, they are not able to make the slot, so they miss the testing slot, and then a few days later they get a call saying they tested positive for the virus when they didn't even get the test. Has there been any talks of that happening here? Are you aware of any of that?

Mr. Meyers: No, and I have heard that. I've seen those reports and they don't shock me. I think if you think about it—We haven't had that problem here, to begin with. But when you think about what's happening here, you've got people all over the country throwing together testing programs on short notice, asking people who are not accustomed to doing this to stand it up and do it well with little notice in large numbers, you know it doesn't surprise me at all that there would be some administrative glitches in that process. We haven't had those, but I think we're fortunate not to have had them. It's not shocking. I don't perceive-- I mean there certainly could be something going on that's less than low board, but I would be more inclined to assume that these are errors than something intentional.

Sammi: Yeah. Ok, sounds good. Thank you.

Mr. Meyers: Ok.

Clarissa: We have a few more questions from Facebook. Are rapid test results included in the count for new positive cases each day?

Mr. Meyers: Yes, they are.

Clarissa: Just doing a quick run through and making sure we've answered—Oh, here's another one. Is it known how many ICU beds are still available statewide? How many vents available at Midland Memorial Hospital, Permian Basin, and statewide and can they be transferred around the state to hotspots?

Mr. Meyers: I believe the state is tracking available beds, and critical care capacity, and vent capacity. I would encourage you to go look at the state DSHS website where there's a daily scorecard available. But I believe the governor has had that tracking happening now for some number of weeks. I don't have the numbers off the top of my head. But you asked about our ventilator capacity. We have a total of 44 ventilators, and I think I said that 13 of them are in use today. Not all of those ventilators are exactly the same. I believe we have 18 of them that have the greatest capability. Some of these patients are in significant need of a good bit more ventilatory support than a typical ventilated patient and so the highest end ventilator is most important for managing the COVID patients. We have 18 of those and a total of 13 ventilators in use today. So, we are ok there for the time being and hoping to see continued small and accelerating declines in the inpatient census as we've seen over the last few days.

Clarissa: We have a question from Caitlin at the MRT. Is it a possibility to purchase more rapid tests from other sources?

Mr. Meyers: We don't believe so. Our materials folks have been very aggressive in finding PPE and testing wherever it can be found. The challenge we've got here is not that the manufacturers aren't selling the tests, it's that the state has taken control of the allocation and is directing it to the places where they believe it's most needed. So, with regard to the Quidel units, that availability has been suspended for us due to the state's prioritizing its delivery elsewhere. The state did help us get the Abbott ID NOW system over the weekend and I'm hopeful that they will help us continue to get more tests for that particular system. So, we're beating the bushes and finding access to testing wherever we can find it. We have also identified a new send out lab here in the last couple weeks and we are getting good results from them. We have probably used now 5 different labs for send out tests and as they slow down and get backlogged, we move onto another one. So, I think our team has done a really good job of sourcing testing availability, but I don't perceive that there's any lack of willingness to manufacture and sell these test kits to us, it's rather a governmental allocation process that redirects them to places where they are perceived to have a greater need.

Clarissa: We have some questions of Facebook regarding the new CDC guidelines in reference to—So, if someone has no symptoms, but tests positive they would be considered recovered after 10 days since they never ran a fever. Is that correct?

Dr. Wilson: Make sure I understand, so an asymptomatic person that's tested positive they would be considered recovered after 10 days. That's correct. Yep. 10 days since the diagnosis by the testing and



then I guess theoretically 1 more day that they show no fever without any anti-pyretics, so 11 days. Right.

Clarissa: We have a—If COVID is so contagious, why are we not putting PPE masks, gloves, scrubs, and bedding in biohazard bags?

Dr. Wilson: I think that's probably a question more for our infection control side, but one of the things that I've learned from our infectious disease doctors is that on cloth surfaces with a short period of time it's a water-based virus. It's carried in water droplets. That's why we're concerned about even in hot dry climates when people are very, very close together their breath can get to one another before it dries out and so they can carry it. But once it dries, it dies. So, essentially you know the virus cannot survive on cloth or porous surfaces for any length of time. I believe though that hospital wide, I don't know exactly what the policies are, but people that wear any PPE in any infection control rooms all of their materials go into biohazard, you know, a body fluid exposed containers and then is gotten rid of in that same fashion. So, I'm not sure where that information came from. Biohazard like protection for any body fluid containing including viral exposed surfaces would be used here.

Mr. Meyers: Yeah, I'm confident that's accurate Dr. Wilson. Thank you. Other questions?

Clarissa: I believe that's all the questions at this time.

Mr. Meyers: Ok, we had a lot today. Thank you all very much for your time and attention. Sorry for the technical difficulties at the beginning. Please do remember if you have the ability to donate blood or blood products, you have the opportunity to do so with a blood drive here this Thursday and Friday especially if you are a recovered patient who is eligible to deliver CCP, the same blood drive you can give. Please contact the blood bank Vitalant at [www.bloodhero.com](http://www.bloodhero.com) or at 877-25VITAL. Thank you very much.