



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, July 28, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning. I'm Russell Meyers, CEO of Midland Health and this is our Coronavirus update for Tuesday, July 28<sup>th</sup>. We are in the process of our annual accreditation survey being done virtually here today by the surveyors from DNV, so a great number of our team are tied up with the survey and no one will be here to help me today, so I'm on my own.

I'll start off today with a sad announcement. You may have heard that we lost one of our own over the weekend. The first Midland Health employee who has died of COVID-19. We are mourning his loss along with his family today.

Across the state of Texas, 385,000 confirmed cases; 5,713 deaths. In Midland County, we passed the 1,900 positive cases number with a total of 36 deaths as of yesterday.

Our testing is evolving. We are down to only 60 outstanding test results from our drive through testing center. Now, we've been sending those out from one of our two sites and the other has been a rapid test site. Effective today, both sites, both our West Campus and the site we are operating at the Coleman Clinic are live on our rapid testing platform. I think you know the availability of rapid tests has been limited. We are using the Quidel Sofia platform and right now we have an ample supply of those tests available, so we made the decision to standardize between our two drive through sites; both of them using the rapid result Sofia system. So, if you go either to the Coleman Clinic or to the West Campus site after talking to 68NURSE and making your appointment, you will be asked to wait for your results, and we should be able to turn those around in about an hour. So, our backlog of testing results should disappear here shortly. We are hopeful that our testing supply will hold out. We have several weeks' worth of supply in hand. We have gotten a small trickle of additional supplies in the last couple of days, so we're hopeful we'll be able to replenish those and keep the rapid testing platform going as long as there is demand for it. Of course, if we run out of those tests, we'll revert to our send outs and go back to a little longer turn-around time. As we're talking about testing also from the very beginning, we've had the CEPHEID system for rapid turn around of PCR tests in the hospital. Those test kits remain very difficult to get. They are in very short supply. So, the in-house testing we do that is a little more reliable than what we do in the drive through testing sites and we're reserving that for ER (Emergency Room) patients and in-house inpatients. That continues to be in very short supply and we're trying to conserve those as best we can.

Continuing on with some of our numbers. The hospital census today is 173 total. We have 5 patients in our regular Critical Care Unit (CCU). We have 10 patients total on ventilators. We had 124 patients in the Emergency Department (ED) yesterday as ER volumes continue to be low. Looking at our COVID census, there are some encouraging signs after being as high the mid-50s within the last two weeks, we are down to a total of 34 COVID patients today. That's 34; 11 of them in the CCU; 8 of those on ventilators; 23 in the Medical Unit. The age range is being squeezed. We have no patients in the hospital at this point in their 20s or 30s. We have patients in critical care from the 80s down to the 40s and in the medical unit from the 80s down to the 40s. And we have 1 pediatric patient that we expect



to go home today. So, a total of 34 COVID patients in the hospital. Down significantly from the peak we had just last week.

Let's see, moving on. We had a very successful blood drive last week on Thursday and Friday. I appreciate the response both from our employees and staff here at the hospital as well as from the community. 82 people gave blood products and 4 Convalescent Plasma (CCP) donors were secured during the course of that blood drive. I talked to the blood donation personnel from Vitalant during the course of the drive and they had a full week's worth of CCP donors scheduled for this week. So, we are very encouraged by the response of the community. If you have had COVID and are recovered and have been recovered for 28 days or more, then there's a good chance that you are eligible to be a CCP donor. They still need more of those and if you are interested and you meet the criteria please contact Vitalant, you can go to [www.bloodhero.com](http://www.bloodhero.com), or you can call them and they will make an appointment for you to donate CCP that we can use in the treatment of hospitalized COVID patients.

Some good news I think, this coming Monday morning, not yet, but Monday morning at 5:00am we will be opening the main entrance of the Scharbauer Tower for visitors and outpatient traffic. As you probably know right now, all of our patients and all of our visitors, outpatients, inpatients, and ED patients all are going through the ED entrance. You can imagine that that creates a little bit of a backlog. It mixes patients who are sick and coming to the ED with those who are relatively well and coming for a diagnostic study or perhaps the occasional visitor. So, we are going to separate those populations and continue to have the ED entrance open, but specifically for ED patients and then moving just down the hall to our main entrance on that same side of the property, we will be inviting our outpatients, anybody who's coming to the hospital for a specific scheduled service or the occasional visitor however many of those we still have under the current rules, those patients and visitors will be admitted through the main entrance of the hospital. You'll still be screened. You'll still be asked to stay away if you have the symptoms of COVID-19 infection. You'll still be asked to go only directly to your appropriate destination and to wear a face covering at all times while you are in the facility. None of that is changing, but we are allowing the separation of those two populations to make the traffic flow a little bit better and to avoid mixing sick patients with well patients and visitors. So, hopefully that will be a good change. We are setting up the logistics around that and will be live with the main entrance Monday morning, August 3<sup>rd</sup>.

Staffing remains a bit of a challenge, but it's improving. We've had a little bit of response from the traveling nurse agencies. We are getting cooperation from the state and the BorderRAC to help us get a few extra nurses hopefully in critical care, but if not in some other area that may help us to overcome some of our short fall. With regard to our existing staff, we are down to only 25 staff members who are quarantined at this time and only 9 of those are positive for COVID-19. You may remember those numbers had been up in the 50s as recently as just a couple of weeks ago. So, we've had very good luck getting our staff well and getting them back to work as they recover either from COVID infection or from symptoms that were severe enough to keep them home and keep them separated and quarantined. So, we are excited about that. Glad to have our team back and looking forward to everyone else getting well.

Let's see. We communicated this past week with the Chamber of Commerce and with others trying to get the word out to local employers and we've heard from employees of a number of companies about the challenges they've had in returning to work after having a positive COVID test. We know that there have been some employers around the community who have been requiring one or even two



consecutive negative tests and so we made it known last week to as many people as we could get it to and we are going to continue to spread this word that the CDC issued new guidelines for return to work on July 17<sup>th</sup>. In general, those guidelines steer employers away from a test-based return to work decision. For example, the guidelines we are using are for individuals who have experienced mild to moderate illness and including people who have been isolating at home. There's no reason to test those people to clear them to return to work. They should have 10-day days passed since their first symptoms appeared. They should be at least 24 hours free of fever without the use of medications to reduce their fever. And their symptoms, whatever symptoms they have should be improving. So, with those criteria met, it's safe to return to work. For those who have had positive tests, but never had any symptoms, those patients are cleared when 10 days have passed since their first positive test. And then finally, if you've been hospitalized, return to work should be at least 20 days since the onset of illness before that patient is assessed for recovery. So, in none of those circumstances is the CDC recommending a negative test, one or two or however many of those to vet an employee before they are allowed to return to work. All of them are time and recovery sensitive, not test sensitive. And there's good reasons for that. The tests aren't necessary under most clinical guidelines and we are trying to recognize that testing resources are limited. They shouldn't be used when other alternatives are available. So, those guidelines have been published. We can put them up on our Facebook page so that you can have access to them, and we would encourage all employers to pay attention to those and follow them if you possibly can.

Finally, I'd like to express my appreciation for our community's support. If you all were with us a couple of weeks ago when Kit Bredimus made a very eloquent statement to the community about the need for our staff to feel a return of the community's support and people have responded to that extremely well. From all directions in the community, we are getting words of support and other tokens of the community's appreciation. I was blessed to be with a group of local pastors this morning who invited me and also invited Orlando Riddick from the school district to come and join them and share our ongoing concerns about what's happening in our community and accept their prayers and support of our various ministries and their encouragement, and the encouragement of their congregations. All of that matters. One of them while I was there today asked me what his congregation could do for our staff and my answer and the answer I would give to anybody is really we are not so much in need of tangible support although food and cookies and such are always welcome by our staff, what we need more than anything are your prayers and your words of support and encouragement. Those go a long way toward keeping our staff vitalized, helping to remind them of the value of the work that they do, not just the intrinsic value, but the community's appreciation for the value of the lifesaving work they our people are doing here every day. So, keep that up please if you would. Keep us in your prayers and your thoughts and when you have the opportunity to say something positive and encouraging to a healthcare provider, please do so when you have the opportunity. I've emphasized with our team and I'll keep doing this at every opportunity, while there's the odd negative voice out there here and there, the most important statement that our community has made to us in this whole process has been the voter's 70% approval of our sales tax initiative. Yes, the sales tax is important, the funding it will provide for us is vital to continuing the work that we do in the community, but more important I believe than that, at least here in the short run is the statement of support that it makes from the vast majority of our community that what we do matters, that they care about and appreciate the people who are saving lives here in our healthcare organization. And for all of that I thank all of you very much.



And I think that is the end of the remarks I have prepared, and I will be happy to take questions if you have them.

Tasa Richardson, Midland Health Public Relations Manager: We have a couple questions from Facebook in regards to the fatality count that you mentioned. Does that include people that would be transferred to MMH from outside the county?

Mr. Meyers: That's a good question. The fatality numbers that Midland Health Department reports are people who reside in Midland County and have died anywhere. They may have died here. A couple, handful of them have died in local nursing homes. At least 2 or 3 of them are known to have been in a hospital or other care environment far from here, but they are still counted in our numbers because their residence is in Midland County.

Tasa: Sammi has a question. Sammi, go ahead.

Sammi Steele (NewsWest9): Hey there Russell. I've been getting a lot of messages and comments about this Houston doctor who tried a trio of medicine. It's hydrochlorine and zinc and some other, one second I'm pulling it up, and some other mix of medicine and they claim that they've had 100% success rate and 330 you know patients and I'm just curious. You know, we've been down this experimental medicine road before. How exactly does the hospital go about deciding a new procedure like that?

Mr. Meyers: Well, to begin with, the hospital doesn't decide anything. Our physicians, our individual clinicians who are caring for patients either in the outpatient setting out in the community or here in the hospital, day to day, patient by patient assessing the patient's presenting symptoms and underlying conditions and making the best decisions they can make with all of the information that's available to them. That's the way this works. The hospital doesn't set policy that drives the clinical decision making of the individual physicians in our community, period. Now, the way that our doctors are processing information varies from one physician to another. One thing that many of them have reassured me about and encouraged me to keep saying is that we all have to be careful about anything that looks like it's a miraculous cure. There is the potential for unintended side effects. There is always the potential for allowing the virus to continue if we are not actually treating it appropriately. Any number of possibilities, but that being said all of our clinicians are doing their best to stay on top of this rapidly evolving scientific understanding of this disease. It very well may be that there is some treatment out there that will work better than what's going on right now. That particular publication that you are talking about I'm not aware of. We'll have to go and look for that one, but there are a number of things being published almost every day now where people have had some amount of success. Usually it's observational, it's not happening in clinical trial settings, but I've tried this with some of my patients and it seems to work and that's good information, but it's not complete information. It requires further study before our physicians can be confident in using it. Some are still using things that are in some question, you know the hydroxychloroquine that you mentioned is the best example. If you look through the literature that's out there and our clinical team has done a recent research review, there are multiple studies with large populations of patients over extended periods of time with control groups that have indicated that it doesn't really have any positive impact. Then there's one really big study that's been published pretty recently that looks like it does have a good impact. That's the kind of information and conflicting, challenging data that our doctors are trying to sort out every day and those decisions are made, doctors consulting with each other, but at the end of the day, the attending



physicians and the consultants working on each individual patient are making their own decisions about the appropriate treatment regimen for that patient.

Tasa: I believe Sammi has another question for you.

Mr. Meyers: Ok, Sammi go ahead.

Sammi: That was a great answer there, Russell. Another question, in regards to CCP, before it was just anyone who had the virus or the antibodies, they were able to donate, but now it seems like that window to donate is smaller because the antibodies aren't as strong. Dr. Klingensmith touched on this on Friday when he was donating blood. Can you talk about that window of time that people have to donate CCP?

Mr. Meyers: Well, I can tell you first that if you heard from Dr. Klingensmith, you heard from somebody a lot smarter than me. So, I would rely on what he told you before I'd listen to me, but I can repeat to you the guidelines that we used last week in the blood drive and that the blood bank is using. If you have either a positive test for the virus or you have tested positive for the antibodies and you have recovered from your infection for a minimum of 28 days, then you may donate and I can't really speak to it anymore than that. (Comments off camera not heard) Ah ok, Dr. Wilson has appeared in the room after leaving the accreditation surveyors and he's providing some nuance that the window of time within which those guidelines work is only 3 months from your initial diagnosis, from your initial infection. So, that may be what you are referring to, Sammi.

Sammi: Yeah.

Mr. Meyers: I wasn't aware of that part.

Sammi: Great. And then I'm getting another question on Facebook and you talked about how you are in need or prayer and words of affirmation, but how can just your everyday citizen help you guys?

Mr. Meyers: Well, you know I'll tell you for—That's right. Wear one of these (holding up mask), whatever face covering you have, there's all kinds of fashion statements that being made with face coverings now and I think that's wonderful. We had the campaign for the sales tax had a bunch of face masks made that said, "Say Yes to healthcare" and they donated their remaining supply, so we are handing those out now since we're past the campaign. But, the single most important thing you can do is wear a face covering, social distance, do all the things that will prevent the further spread of the disease. But tangible things that you can do that are supportive of our staff, you know most of the people who work here are a good bit younger than me and they are very, very socially conscious. Very, very much involved in social media. Any message that they see on our site, on their own personal pages, anywhere in the social media environment that's positive, not only is seen by that person, but is shared frequently even the smallest message of support in writing, in person if you know a hospital employee, whether we hear them or not we know that prayer works and our people appreciate prayer and just really it doesn't take a whole lot. A healthcare worker who's working every day, who's seeing more death and more isolation than they would like to it's amazing how little it takes to provide some encouragement to that person. So, anything you're moved to do that's positive our people would appreciate.

Tasa: We have a question from Facebook. I believe it is in regards to the city's information, the health department they put out. They want some clarification if you're aware. What does it mean about the number of people that have not been found and/or refused in that reporting?

Mr. Meyers: Well, I can tell you; you are probably better off asking them, but I can tell you in general. The contact tracing process that the Health Department is trying to go through each time there's a new positive infection, to talk to the person that's infected, to get a sense of who they've been in contact with, perhaps even to contact those people and encourage them to monitor their own symptoms and watch the development of the disease. That's an inexact process. It's done by human beings. There are a wide variety of reasons why a person might not be available to them. They might not have the name or the contact information right. There clearly are people in the community and we experienced this as a hospital as well who simply don't want to be contacted. They have their own reasons for that, but you know there are a wide variety of reasons that come up in people's lives. I think the health department is doing remarkably well. I was talking to a guy yesterday who's been diagnosed and he was concerned that he hadn't been contacted by the health department yet and then he called me back the next day and he said I had a great talk with them, they are really professional, and they seem to be on top of this. So, as the cases mount, it becomes harder and harder to contact every positive patient, to contact all the people might have encountered and recently those are big numbers and the staff are not multiplying every day. So, they're chasing it as best they can. But there clearly are people in the community who simply don't want to be contacted and we all have to respect that and respect their privacy.

Tasa: We have another question from Facebook asking if we will consider reviewing our visitor policy for surgical patients.

Mr. Meyers: I would love to consider reviewing our visitor policy. We are functioning under the state's guidelines now and will continue to do so as long as those are in place. I know it's a particularly difficult thing for patients and for their families not to be able to have someone accompanying a patient, especially someone who's expecting to have a traumatic event like a major surgery, but we simply can't go against those state requirements. They are intended to minimize the contact of outside people in the hospital, to hold those numbers down to only people who absolutely have to be there. As soon as we have the opportunity to relieve that I would be very happy to return to at least a single visitor for every patient. We had an extended period of time where we were able to do that and that was very positive, very well received and as soon as we can go back to that we will. We are not allowed to go back to that just yet. So, as soon as it's possible we will do so. Now, in the interim, there are categories, I'll remind you, that do allow a visitor. For a pediatric patient, for an OB patient, for a patient who needs someone to speak for them, they have dementia, they are incapacitated by their disease and for one reason or another cannot speak for themselves, cannot make their own decisions, and then finally for patients who are near death and their families are allowed to come and spend some time with them when death is imminent. Those exceptions exist today and as soon as we can possibly open it wider, we will. We certainly recognize how difficult this is for families and for patients.

Tasa: Can a patient or a patient's family member request a certain medicine be given?

Mr. Meyers: Medication decisions just like other treatment orders are between the physician and the patient. And so, any patient can ask his or her physician to do anything and then it's up to the physician



to determine if that's an appropriate request that he or she is willing to grant or not. Asking me or asking your nurse to have a particular medication is not going to help. That's a dialog that has to happen between you and your physician. But at the end of the day, only physicians order medications. So, patients don't get to direct their own care. They can ask, they can have a dialog with their doctor, but only the physician can make the decisions with regard to what treatments get ordered.

Tasa: Are we using hydroxychloroquine for treatment?

Mr. Meyers: Are we still? (asking someone off camera) Some. Yes, hydroxychloroquine is the best example of this issue of conflicting data in fairly significant and valid scientific studies and so that leads our physicians to having different opinions about it. And we know that some of our doctors have continued to use it in certain cases, others don't believe that it does any good and so they don't use it. So, it's a mixed answer.

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

Mr. Meyers: Ok, well thank you very much for joining us today. I think we will likely do this again next week just as we see things continue to challenge us here in the community. I hope our optimism based on the recent decline in our numbers continues and I can give you some really good news next week. In the meantime remember, we do have 2 drive through testing sites available and as I announced earlier both sites now have rapid response testing units in place and so you can get real time results while you are there at the testing site, but you can only be tested if you have symptoms, your doctor orders the test, or you talk to 68NURSE and they screen you and make an appointment for you. So, thank you all very much.