



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, August 11<sup>th</sup>, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning. I am Russell Meyers, CEO of Midland Health and I am here today with our Coronavirus update for Tuesday, August the 11<sup>th</sup>. I'm going to start with some data. In the state of Texas, we are coming up on half a million confirmed cases; just over 490,000 and 8,490 deaths to date since the beginning of the pandemic. Here in Midland County, 2,676 confirmed cases and 49 deaths to date.

In the hospital, our census is 170. We've been pretty busy here lately. The COVID census is 30. After trending down a little bit it's popped back up in the last few days. There are 6 in critical care and 24 in the medical COVID units. Of those 6 in critical care, they range from patients in their 30s to their 80s. The medical patients go from age 18 to 93; 24 patients. 7 of those, the biggest cohort within that medical group, are in their 50s. We have 4 patients who are COVID positive who are on ventilators. Five others for a total of 9. Plenty of ventilator capacity still. In the Emergency Department (ED) we had 134 cases yesterday, so continuing our trend of lower than normal Emergency Room (ER) traffic for this time of year.

Speaking of capacity, we are regularly fairly full. We were very full over the weekend. So, we are finding ourselves, more often than we would like, turning away transfer requests from outlying hospitals. We turned away several over the weekend. None yesterday, but most of that is due to the current census in our critical care unit that's non-COVID. We've routinely been out of regular critical care beds or down to just one. So, we are watching that carefully and hopeful that we can take as many of those transfer requests as possible in the future. We watch it throughout the day, hour to hour for the most part we've been on a case by case review when those requests come in and our house supervisors and others in leadership are making individual case decisions as they arise. So, very busy time. A pretty substantial COVID census right now and some challenges in taking transfers.

On the testing front, there are several things going on there that I want to talk about. Testing volume in general has been declining slowly. And we've made a decision as of tomorrow we are going to reduce the hours in both of our testing sites, both the West Campus and the Coleman Clinic testing sites. They'll still be available every weekday, but at Coleman we are going to reduce to 8:30 to 10:00 and at the West Campus we'll go from 11:00 to 12:30 each weekday. That's largely because we've seen the steady demand decline. We're trying to reduce our staff that are devoted to testing to essentially one team. So, we'll do Coleman in the morning and we'll move to West Campus with the same team and test the population that shows up there. Yesterday, for example, we had only 56 total tests. Only 2 of those were positive for a 4% positive rate in yesterday's testing. When you look at last week, we had 453 tests. 15.6% of those came back positive. The previous week 524 tests and 23.5% positive. So, you can see a multiweek decline in especially the test demand and also in the percentage of those tests that are coming back positive week after week.

This is a little bit of a point of confusion, but what I want to continue to emphasize we are only testing people who are either symptomatic or have had some kind of extended and extreme exposure. So, even the 4% this week, the 15% last week that were positive those do not represent our estimate of the



community's total positive rate. We are not doing broad testing of asymptomatic people. So, we're not in a position to know or to guess at what the positive rate across the whole community is. All we can tell you is the number of the tests that we take, the percentage of the tests that we take in our centers that come back positive and recognize that those are only sick people. We're only testing sick people, so we expect a high percentage. But even that expected high percentage is beginning to trend down now over the last 3 weeks. We have plenty of testing supplies in hand so the reduction in testing hours and the split of the team between the 2 sites is really not a reaction to a lack of available tests. We have a substantial supply in hand and are not terribly concerned about that. But simply the reduction in demand. We don't want to waste our people's time so we are limiting the availability in each of the sites, but we thought it was important, we still do think it's important to keep sites available on both sides of town so that they are accessible to as much of our population as they possibly can be. So, that's all I have to say about testing.

Let's see what else we have. With regard to our employees, lots of good news there. We are down to only 13 employees who are currently being kept away from work due to a positive diagnosis or symptoms that are indicative of a possible COVID infection. 13 people, 9 of those are confirmed positive. Remember those numbers were up in the mid-50s only about 3 weeks ago so we are very fortunate that our employees are getting well, coming back to work. We've had some good luck getting travelers available. Those are contract staff in nursing and respiratory therapy and other areas that have helped to supplement our staff through this challenging period. I think I've said before that the summer, the mid-summer tends to be our lowest census across a typical year. So, running full critical care units and 30 COVID patients at a time is very unusual for us. We are not typically staffed for that. So, we're depending somewhat on contract travelers to boost our staff. We even had a little bit of support from the state in adding a few staff people who have come to help us out. So, we are very much appreciative of that. But mostly encouraged by the recovery of our own people and their return to work.

I think my last topic here is Midland Independent School District. We have had good conversations with them, really throughout the last several weeks. Our team from employee health and infection control has been helping to advise. Dr. Wilson and I had a good conversation with the school district leadership yesterday and we expect to continue to work closely with them on things like interpretation of CDC guidelines, the appropriate use of Personal Protective Equipment (PPE), the availability and the interpretation of the data that we have especially recognizing that we don't have the kind of comprehensive community spread data that everybody would like to see. We are dealing primarily with known cases of sick folks who have tested in our centers. And so, the school district is being tasked with making challenging decisions with limited information and in an environment where the guidelines are changing on a fairly routine basis. So, we are trying to help with that. We expect to continue to do that. We appreciate the effort that they are making to try to keep students and especially staff in the schools safe as they contemplate reopening. We are going to do everything we can to help in that process.

I believe that is all of the remarks that I have prepared to make this morning and I'll be happy to take questions.

Tasa Richardson, Midland Health Public Relations Manager: We have some questions from Facebook regarding the positive patients that we have hospitalized. Do we know how many that are from Midland County?



Mr. Meyers: We were talking about that yesterday. I think we counted up about 7 that are outside the county. So, if we have 30 patients in the house, two thirds to three quarters of them are Midland County folks. Of course, it varies day to day. And as long as we have capacity, we take people that need us from wherever they come. So, two thirds to three quarters of them are Midland County and every day we have at least a handful who are from counties outside of Midland.

Tasa: Do you know when you'll be able to broadly test?

Mr. Meyers: Based on the information that I've seen so far, I don't anticipate that we will ever be able to broadly test. There's been some conversation in the medical literature about pooled testing and that really, as best I can tell, is about the only way you can do community wide testing where you threw everybody's samples into a big batch and you determine what percentage of those are positive without identifying the individuals just so you assess community spread. There's no talk about doing that right now. The testing resources even to do that are not adequate. We are fortunate that we've been able to accumulate antigen tests that we think will last for a few weeks. But that kind of broad, you know tens of thousands of people at a time, we just don't have the resources nor any plan to do that.

Tasa: We have some questions that I think I can probably answer asking if there's a summary or written versions of this press conference. And we do transcribe this press conference as they happen, and it will be posted on our website [www.MidlandHealth.org/COVID-19](http://www.MidlandHealth.org/COVID-19). So, we post a video version and the transcription for anybody that wants to look at that.

Mr. Meyers: Thank you Tasa. We also have a dashboard that keeps evolving at the same website. You'll see at the top of the screen, we have a dashboard that's got information on test results, on the incidence of disease at the state and locally, our census. As this has evolved, we've had people call us and ask could you add this one more piece of data to the dashboard and we're trying to do that as people request it. I want to be responsive to whatever information people in the community feel like they need within reason. As long as we have the data, there's no reason for us not to share it. Recognizing we don't have all the data. We're not in control of all that, but we'll certainly share with you what we have.

Tasa: Thank you. We have a question from Stewart. What is your reaction to 20-something positives on Friday and the lowest number of positives for a Monday since mid-June?

Mr. Meyers: I think that's encouraging, Stewart. I think one thing we have to keep in mind-- And I appreciate what they health department is doing now with putting dates on their releases. I believe the number that was reported on Monday was from the 3<sup>rd</sup> through the 5<sup>th</sup> or thereabouts. So, the Health Department is still 5 to 7 days behind in its reporting, but you know if you're tracking it clearly the numbers are coming down even if they are a few days old. So, I find that encouraging. I think it's not an excuse to be complacent by any stretch. I think the more we emphasize that people need to wear masks and socially distance and continue to be careful in avoiding exposures, I think more and more people are hearing that as it's being reinforced by the governor and by the mayor and others locally. I think that's working. Of course, the next big concern which I think we should all have is the reopening, the physical, on-site reopening of schools. We're not accustomed in the last several months of having large gatherings of people in buildings that have not been gathering routinely before. So, it will test our ability to continue to maintain those social distancing rules. And I would expect that we'll probably see a little growth in testing demand and in positive test numbers as we begin to gather again both in



schools and in other settings. That's going to come, but it's really going to be important that people not forget to wear their masks, to wash their hands, to avoid touching their face, and to stay as much as possible out of closely confined groups and poorly ventilated spaces. That's going to be crucial.

Dana Morris (NewsWest9): This is Dana Morris with NewsWest9.

Mr. Meyers: Hi Dana, go ahead.

Dana: Mr. Meyers, when the Medical Lodge outbreak happened you guys took in the patients as they were struggling to deal with that situation. What is the status of those patients currently? And also, what is the status of the facility? Is it back to operating? And are they under normal COVID functions or do they have any COVID patients?

Mr. Meyers: Yeah, I haven't heard an update from the Medical Lodge in quite a while. I think the entire population left the hospital some time ago. They were back to normal operations; I think it was probably in May. It's been a couple of months Dana since they've been back to normal operations. The crisis has averted there for sure. We just don't hear from them at all now. And we're not really actively following up with all of the nursing homes on a regular basis. We kind of hit the hot spots and communicate with them as needed.

Tasa: We have a question from Facebook. Is it correct that our positivity rate will not go down unless we test more?

Mr. Meyers: Well, that's not completely correct because we've seen our positivity rate going down already. We're actually testing less over the past couple of weeks. The total number of tests has declined, and the percentage positive has declined at the same time. I hope what that means is that people are being more careful and fewer people are getting infections even though there are still people out there in the community who are getting sick. They are hopefully getting sick with some other viral disease or sinus infections or whatever else. So, I think the nature of the question was really, we're not going to know what the true positivity rate in the entire community is unless we can do broad testing and we have no plans or no capability to do broad testing. So, as long as we are continuing to test only those with symptoms that still doesn't tell us the true picture of the whole community's incidence rate. As those with symptoms are less and less positive, it's a positive indicator it's hopefully a leading indicator of what's happening in the community, but we can't know that with any certainty because we're not testing asymptomatic people in large numbers.

Tasa: We have a question from Stewart. Was there a conversation with medical officials in Odessa about how they advised their school district about re-entry?

Mr. Meyers: I have not had that specific conversation with them. I don't think any of us have. It's probably a good idea, because ECISD has taken things a little differently than MISD has and Greenwood frankly has approached this differently than either of them. So, it probably would make some sense for us to be in dialog with each of those districts to determine if there's medical advice that's proven to be useful to them that we could learn from and use here in our own community.

Tasa: We have a question from Facebook. Will you allow visitors now?



Mr. Meyers: We are not in a position to allow visitors until the governor lifts the order that prevented us from allowing visitors in the first place. I don't remember the timing on that. I think it's still got a little time to run, but as soon as that's possible for us we are strongly motivated to improve visitation. It's not zero visitors now. Of course, as you know we allow visitors to pediatric patients, to labor and delivery patients, to patients who are at the end of life, and to patients who can't speak for themselves and need a guardian or a Power of Attorney to speak for them. I would like to be able to allow every patient to have at least 1 visitor and we look forward to the time when we can do that, but until the governor lifts that order we are not going to be able to and we'll stick with the policy we have now.

Tasa: Have there been any COVID mortalities of minors in Midland?

Mr. Meyers: No, I don't think so. There have not.

Tasa: Can we get more contact tracers so we know if there are outbreaks coming from specific businesses?

Mr. Meyers: Well, that's a question for the health department, the contact tracing process happens at the Midland Health Department. I know that they have more staff today than they've had since the beginning. I'm not certain exactly where they stand with regard to keeping up with tracing contacts as they're reporting data about a week old. I think that's probably about where they are with contact tracing. But I would say that that's a question that you should address to them. We are not in a position to control that.

Tasa: Are you aware if the health department is including the quick 15-minute tests in their count or only tests that are sent out to labs?

Mr. Meyers: No, the health department is including every test in its count that's available to it. And they have all of our data of course and then the majority of the tests that we are doing are short turn around antigen tests. As is true for several other sites that we are aware of around the community. I believe that they are all reporting to the health department, and I know that they're reporting the data as they get it from all those sites including all types of tests.

Tasa: Why is Odessa testing more than Midland and why is Odessa doing National Guard testing sites when Midland refused to do that testing?

Mr. Meyers: I don't know anything about any of those questions. So, I don't know that there is any body in Midland who has refused or been offered National Guard testing. I just don't have any information about that. Every community is a little different. I presume that the people in Odessa are following similar guidelines to what we are, but the incidence in their community is different. The demand for testing is different. I don't have a solid answer for that.

Tasa: Are you aware of any new outbreaks of COVID patients in Midland nursing homes?

Mr. Meyers: I am not. Nothing new.

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

Mr. Meyers: Ok, very good. Well, there's a lot happening as there pretty much has been every week and so I appreciate your attention and your time. Remember that our testing sites now are modifying hours



a little bit. We're still going to have both of them available and if you have symptoms and believe that you need a test, do call 68NURSE, we'll get you an appointment to be tested at the center that's convenient for you. Thank you.