



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Thursday, August 20th, 2020

Transcribed from a previously recorded live event.

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

Mr. Meyers: Good morning everybody. Russell Meyers with Midland Health. I'll start off with the hospital statistics and then Sammi we'll come back and address your question in just a second. We have a census today of 166. Only 14 COVID patients. That's the lowest number we've had in a couple of weeks at least. Five of those are in Critical Care with ages ranging from the 30s to the 80s. Nine in our Medical Unit; ages from the 30s to the 90s. Three of our patients are on ventilators; a total of 7 ventilators in use in the hospital of our total of 44. So, plenty of ventilator capacity. Emergency Department (ED) traffic continues to be down. We saw only 109 patients yesterday. So, that challenge continues.

With regard to our employees, our workforce, we've reported several times that we've had concerns about the number of our staff who have either tested positive or had symptoms that required them to be quarantined. Those numbers have come far down from their peak in the 50s to now only a total of 8 employees who are quarantined. Four of those are positive and 4 others are quarantined for other reasons. So, that has helped our staffing tremendously and that's very encouraging for us as our employees recover from relatively minor disease.

The mayor mentioned that we are working together to try to do some things that might make it easier for us to make decisions to re-open. Among those is an interest in doing some broader testing. Testing resources have become a little bit more abundant recently. Sammi, your question about saliva testing or mouth swab testing, I talked with the state this morning. There is actually one lab in the state of Texas that is beginning to ramp up its ability to do oral swabs and may be able to do those in significant quantity. And that's a work in progress, but there should be some more clarity on that within just a few days. Also, there's been a good bit of news about the development at Yale of a saliva test. That has been proven. It's under now Emergency Authorization by the FDA. The folks at Yale have stated that they intend to make their protocols available to complex labs around the country who can reproduce the ability to run those tests. It's not yet clear exactly what the timing of that will be, but we are staying close to that issue and we'll talk more about it when we know more. But, clearly there's a good bit of development of less invasive, faster turnaround testing that might allow us to broaden the swath of the community that we are able to test and get a better idea of community spread and we hope that that's useful in decision making as we go forward. In addition, just straying away from COVID for just a second, appreciate the health department's efforts to re-open their clinical services. I think we're all concerned about getting children immunized as we begin to think about going back to large scale, in-person school environments. COVID's not the only disease out there and we have to think about all the usual childhood diseases that we vaccinate for. Here in the next couple of months we'll begin to talk about flu vaccines. That's going to be particularly important as we go into the winter. We want to be sure that people don't take unnecessary risk with the flu and compound the challenge we have with COVID by adding a flu outbreak to that. There's a lot of things happening there.



We are working with the health department. Whitney talked about their need to expand staffing and the success that they're having internally. We are also offering some Midland Health resources to them to help ramp up that, especially their vaccination program and are hopeful that over the next few days we'll be able to announce some real specific plans for how that might roll out. We also have at least one site that is approved by the state to deliver vaccines under the state's childhood vaccination program. And we talked to them yesterday and we think that, I think it's the week after next, we'll have our site live to also be another point of availability for vaccines. So, watch for more information about that and remember it is very important to get children vaccinated before school starts if they're due for shots as many of them will be.

And finally, on the immunization front or the childhood wellness front, our friends at Midland Community Healthcare Services that service our local federally qualified healthcare center they have a very substantial pediatric operation as I think most people know. I hope you've seen our announcement recently that that operation has moved from its original site on Delano into our West Campus, into much larger, nicer quarters on the 3rd floor of the West Campus in the old hospital space. That pediatric clinic has relocated. It's going to be growing its capacity in the upcoming weeks, but right now, immediately if you are a patient of Midland Community Healthcare Services Pediatric Clinic and your child has not had his or her Texas Health Steps annual wellness exam, please make an appointment to do that. As a part of that exam they will deliver the child's vaccines that are necessary to start school and we'll make the phone number available to call them for an appointment on our Facebook feed shortly. But they do have capacity. They are ready to see children both who are established patients in the MCHS Pediatric Clinic and children who want to become established patients and need a provider. So, please do call and take advantage of that opportunity both for a wellness check up and for whatever vaccines that your child needs.

As I make ready to turn it over to the school district, we have had a lot of conversation with the schools and as the mayor said they have a very tough and unprecedented task ahead of them to figure out how to safely put up to 30,000 people back into gatherings that we haven't experienced now for 6 months. One of the big challenges that they have is figuring out what the right metrics are that they should be observing that indicate what the level of spread of the disease is in the community and give them information about how to make safe decisions. I think the challenge that's come up in conversation with them several times is that we really don't have a good, clean metric for that. We are encouraged by the fact that fewer people are seeking testing which means fewer people are sick. Fewer of those people are turning out to be positive. We've now had 6 weeks in a row of reducing numbers of positive tests in our testing site, both the numbers of patients who are appearing for tests and the percentage of those that are coming back positive. So, while we consider those to be encouraging numbers and the hospital's declining census to be encouraging, under no circumstances do we believe that the virus has been eliminated from the community. That's not going to happen until there is a vaccination for the virus and/or an effective treatment that can be used broadly to eradicate it. So, as we consider re-opening the community, as the schools prepare to send kids back to school in person, they are doing everything they can to keep them safe and to mitigate the risk, but there is still a risk. The virus is still there. We are preparing for at least a small spike in cases as we begin to re-gather in schools. That's probably going to happen. The challenge we have is we are facing competing needs. There's a need to get kids back to school. That's vital for their development. There's some risk involved in that both for the children and especially for the adults that work with them. The school's challenge and what we



hope to support them in doing is to mitigate that risk as much as possible. Can we drive it to zero in the short run? I don't think we can, and we have to recognize that fact. So, we'll continue to work together closely to get better and better information to help the school district folks make the best decisions they can make as well as to help the mayor and the businesses in our community decide how to safely and effectively re-open as this progresses. So, I think that's all that I have to offer in terms of prepared remarks, and I'll be happy to take questions.

Tasa Richardson, Midland Health Public Relations Manager: We have a question from Facebook regarding our August 11th press conference. She asked a question regarding if there were any new nursing home outbreaks in Midland and then later on it came clear that there were some patients and employees coming out of Ashton Medical Lodge. Can you tell us how an outbreak in a nursing home is defined?

Mr. Meyers: Well, I think if that question had been asked about an hour later than it was I would have said yes to it because almost immediately after that particular press event we were informed of the Ashton outbreak. I don't think there's a hard and fast definition, but I would say if there are multiple cases that come up around the same time, within a couple of days and especially if they include both residents and staff I would consider that an outbreak. Clearly, what's happened at Ashton is an outbreak. I don't think there's any question about that. We learned about it a little later than would have been ideal as Whitney discussed earlier. We had some hints of it, because we had seen a couple of patients come to the hospital, but I think they've managed it reasonably well. But we did learn about it a little late.

Tasa: Thank you. Looks like that's all the questions we have from Facebook. Media, I'll give you a moment to ask any questions. We had a question just come in from Facebook regarding are you still requiring people to have symptoms in order to be tested?

Mr. Meyers: We are contemplating opening that up a little bit. We have more tests available to us today than we have had at any time through the pandemic. Not that we have more than we can use, but we certainly have a greater abundance than we've had. So, if you have had an exposure that concerns you, I would encourage you to go ahead and call 68NURSE. Chances are we will probably ask you to come on in and get tested. So, we are loosening those guidelines just a little bit in the near term. And as the mayor mentioned earlier, we are working closely with the state and trying to determine if we can get access to much larger capacity testing and perhaps be more intentional about a broader testing campaign in the near future, but we are not ready to do that yet. Those resources aren't quite available.

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

Sammi Steele (NewsWest9): Hi. Ok, my question is, with Ashton Medical Lodge transferring COVID patients to Midland Medical Lodge or to Dallas do you believe that with this spike that we are seeing they could be moved to the hospital like Midland Medical Lodge residents were, you know, only a few months ago?

Mr. Meyers: That's clearly our risk, Sammi. Of course, if they've moved them to Dallas, they are much less likely to come here for care. They'll be more likely to go to hospitals in Dallas as that becomes necessary, but clearly this is an at-risk population. Once they are positive, I think they do have isolation capability at the Midland Medical Lodge. But if their symptoms worsen, they are going to come to the



hospital. That's part of what we are prepared for. Even though our census is down, we have kept the reserved Medical and Critical Care beds available in the event that the census should spike back up. So, we're prepared for that to happen. We hope that it doesn't, but certainly it's a possibility.

Sammi: Yeah, and then kind of switching gears here, but I've done a story with you guys on this before, but the hospital provides a donation center for breastmilk for preemie babies just like you would you know convalescent plasma (CCP), just a bank of that. I'm curious, you know, how can mothers donate breastmilk or is that a supply that you guys are really running low on because of COVID?

Mr. Meyers: Yeah, Sammi I can't tell you that I was prepared to talk about that today.

Sammi: Yeah, it's so random that I just got a message from a mom with a preemie and she was asking me about it. I was like, that's a great question. I haven't thought about it.

Mr. Meyers: Yeah, we're not prepared to answer it at the moment. I tell you what, we'll get a good answer for that and we'll post it to our Facebook site so people if they want to donate breastmilk or have questions about how the process works. We'll be happy to answer the question, I'm just not prepared to do so right now.

Sammi: Yeah, I know I really threw you a curveball.

Mr. Meyers: Yeah, a little heads up next time. I'll be ready.

Sammi: Yeah, ok. Sounds good.

Tasa: Alright, we have a question from Facebook. When will you be allowing visitors again?

Mr. Meyers: You know, that is a popular question and one that I know is a hardship for many families and patients. We talk to them virtually every day that are concerned about that. We continue to follow the directive that the governor has put in place for the entire state with regard to hospital visitation. That has not been relieved as of yet. We certainly believe that some loosening of those restrictions is a possibility, but until the governor says, "Go" we are not in a position to change our policy. So, remember we're not at zero visitors. We are allowing a visitor to come with an emergency patient, we allow a parent to come with a child, we allow a support person to come with an OB patient, and any patient who is incapable of speaking for himself or herself may have a guardian or someone with power of attorney to attend with them, and then finally patients who are at the end of life we do allow families to visit then. So, it's a pretty broad swath of patients who are allowed some limited visitation. But most of our outpatients can't have someone with them. They come in for surgery alone, those are challenges. And absolutely as soon as we are allowed to do so by the governor, we will loosen our restrictions and allow more visitors, but we can't do it yet.

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