



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, September 8th, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning, everyone. This is Tuesday, September the 8th. This is our Coronavirus update for this day. I am Russell Meyers, the CEO of Midland Health. Beginning with what's going on here in the hospital, we have 167 patients in house today, 11 COVID patients, 3 of them in Critical Care. Ages ranging from the 40s to the 60s. Only one of those patients on a ventilator. We have 8 patients in the Medical COVID unit with age ranges from the 30s to the 90s. We're down to only 2 patients remaining from the Ashton Lodge/Midland Medical Lodge operation. So, those numbers have gone down quite a bit. We have, as I said, we've only got one COVID patient on a ventilator. We've got 2 others so a total of 3 ventilators in use today. The Emergency Department (ED) yesterday was at 120 visits, so that remains low. One of the things you are going to see from us in the days ahead is a campaign to encourage people to seek care in the ED, from their physician, wherever they might need it. And a reminder that caring for your overall health is a very important part of all of our obligations, not just guarding against COVID transmission, but not forgetting to deal with everything else that goes on in our lives. So, that's going to be an important reminder that we'll keep in front of you. We'll come back to something along those lines again in just a minute.

Right now, the hospital has good supply of Remdesivir. We have continued to buy what is available. There is an allocation program that happens across hospitals all over the country really and certainly in the state. The debate lately among not just us, but other hospitals has been, do we buy all that's allocated to us or as the usage and the need for it has declined a little bit, do we leave some on the table. We've made the decision, at least so far, to continue buying all of the Remdesivir that's allocated to us. We do have some concern about the possibility of an additional spike here as multiple events come together in September. The Labor Day holiday which just passed, the start of school which is ramping up in a meaningful way now, and then of course the beginning of the cooler weather and the flu season and other respiratory disease that goes with it. But all of those factors coming together now, we think it's prudent to keep our supplies of Remdesivir as high as we can keep them, so that if we have a spike, we are ready for it. So, that same thing remains true in terms of keeping beds allocated for COVID patients. We told you last week that we have reduced those numbers a little bit, but we haven't taken them to zero. We still have an ample number of beds both dedicated to medical and to critical care COVID patients and the ability to flip other beds into that status as we need them. So, trying to stay prepared, preparing for an additional spike, hoping that we won't have one, but trying to be as well prepared as we can be.

We've got some conversation happening today around visitation. I think I gave you a hint of that last week. While we've seen no movement from the state and we don't expect any before early October, we are slightly modifying our interpretation of the state's visitation rules. We've had a good bit of conversation about what really constitutes a patient with a critical illness and our team is talking about that today. Assuming that the guidelines that we have proposed are approved by our clinical team today, we'll put them in place tonight or tomorrow. Basically, what it's going to do is reinforce the guidelines that are already in place, visitors are allowed for patients at the end of life, for patients who can't speak for themselves, for children, for OB patients, we're adding to that some discretion on the



part of the clinical managers on the individual patient care units, especially around patients who have what we would classify as a critical illness and those definitions are a little bit soft. We are going to give some discretion to the clinical managers to allow for a little bit more visitation than we've done in the recent past as we await a change from the state to open visitation even farther. We don't think that change is coming for a few weeks yet, so we are going to loosen our guidelines just a little bit and give some discretion to our people onsite, evaluating the conditions on each individual unit and we'll see if that helps just a little bit recognizing that nothing short of full visitation is going to be adequate for many of our patients and their families. We are sorry we can't get all the way to that, but we are going to take small steps in that direction for our sickest patients, those who are in the most critical condition. So, look for that to be changing this afternoon or tomorrow and then we'll watch for more action from the state as it comes.

Alright, the last thing, Tasa, do you want to flash this on the screen? We have been concerned and we've told you about this a couple of times in recent events, we are particularly concerned about immunization across our community. We've had a little bit of a lull in the health department's ability to deliver vaccines. They ramped up in the last few days and have done a good bit of work at the health department site. We've been working with them to try to support that effort as well as encouraging our colleagues at Midland Community Health Care Services who have recently relocated their pediatric clinic to the 3rd floor of our West Campus, and finally standing up our Health and Wellness Center on Louisiana just north of downtown to provide immunizations at those sites. So, the Health Department and MCHS through their pediatric clinic and effective, I believe it's tomorrow, at our Health and Wellness Center. Immunizations will be available under the state sponsored guidelines, much like what you see at the Health Department and we do encourage strongly, especially people who are sending their children back to school to make sure their shots are up to date and all of the routine immunizations are done, and if you haven't been able to do that there are 3 places we've made it very easy for you to accomplish that task in the days ahead. So, please do pay attention to that. Along the lines of what I mentioned earlier, please do pay attention to your overall health, the health of your family. If you have any kind of emergent condition, please come to the ED. It is safe, it is not busy most of the time so you can get in quickly and get your concerns addressed. If you need to go to your physician for routine care, for your annual physical, for whatever it might be, it's time to begin to do those things again. Don't hesitate to go to your doctor, that will be a safe environment. Get the care that you need and do it timely. So, I think that's all that I have to report this morning. And I'll be happy to take questions.

Tasa Richardson, Midland Health Public Relations Manager: We have some questions from Facebook. Do you have information on the positive case or cases at Focus Care at Hogan?

Mr. Meyers: I don't. I have nothing on that. We'll have to look into that. I'm not aware of it.

Tasa: We have another question on Facebook. Should we get a flu shot this year? And if so, when?

Mr. Meyers: Thank you for bringing that up. That sounds like a planted question. Yes, you should get a flu shot this year. You should not hesitate to get one and you should do it as soon as they are available. I know here at the hospital, ours are not yet available. I don't think we have yet. Have you heard a date? (comments off camera not able to be heard) Typically towards the end of September, first of October. I have seen a few places around that are advertising that they have vaccines available. Yes, you absolutely should get a flu shot this year. Please do, I would strongly encourage anybody that

hasn't gotten them in the past to take advantage of the opportunity this year. The flu is a predictable virus somewhat. Certainly, more predictable than Coronavirus. We know that the flu vaccine works for most people, most of the time. As you all probably have seen over the years, it has to be predicted well in advance exactly which strain of flu will be the most difficult in any given year is a little bit of a conjecture, but for the most part the flu vaccine works very well. If it doesn't completely prevent you from getting the flu it has a strong track record of mitigating the viral load and the symptoms that go along with a case of the flu. If you get the flu, you want it to be a minor case, that's for sure. Having had it once in my life, I never want to repeat it again and I've never missed a flu vaccine since the one year that I had the actual flu. So, please do. I would strongly encourage you to get your shot as soon as it's available. There will be many locations where you can get it. The hospital will vaccinate our patients that need it based on an inpatient protocol, we will vaccinate all of our employees, medical staff, volunteers as soon as we have vaccine available which should be toward the end of this month or early October.

Tasa: Thank you. We have a question from Lauren Maiden from NewsWest 9. Are you expecting an increase in case count after Labor Day? And if so, when?

Mr. Meyers: I have been expecting an increase in case count. I think most of us probably do. That's a pessimistic outlook for sure. But, in terms of planning for the worst, that's kind of the perspective that we have to keep. When would the outbreak be? The incubation period is somewhere within a couple of weeks. So, we would expect that by 2 weeks from now we will have seen what we are going to see as a result of the Labor Day holiday. Of course, school is getting going again this week in a meaningful way, so a couple more weeks out from that increase in exposure, not only of children but of children who might be asymptomatic carriers exposing the adults that are interacting with them in the school setting. All of those risks come together here between now and the end of September. So, that's what we are watching for and if we can keep those numbers down then I think we are going to feel like we are in pretty good shape.

Tasa: She has a follow up question. Do you believe that the virus is weakening?

Mr. Meyers: I don't know. Dr. Wilson's shaking his head in the back of the room. So, I don't know that there's any reason to believe that it's weakening. One thing we have seen is that the number of patients we are testing has moderated and actually declined some last week and the percentage of those people with symptoms or exposures who get tested and come back positive has also continued to go down. It was under 10% now for 2 weeks in a row. So, I don't know exactly what to make of that. Those are positive signs so far, but does that mean the virus is weakening? I have no reason to believe that.

Tasa: Stewart has a question and he jumped on a little late, so he apologizes if he missed it. But, could you give the positivity rate for past couple of weeks?

Mr. Meyers: Well, I'll couch it in some qualifiers. The positivity rate, we have said from the very beginning, the only valid community wide positivity rate would be one that resulted from community wide testing. We have not done community wide testing, never in the course of the pandemic. All we've done is test people with symptoms and here lately people who have either symptoms or a meaningful exposure. So, with those caveats, the hospital's testing for the past two weeks has been under 10%. I think it was 9.5% last week and 9.7% the week before or vice versa. So, those are the

lowest numbers we've seen since the very early days of the outbreak. With pretty substantial numbers, still over 400 patients tested in each of those weeks. But, just one more reminder. We're not testing everybody in the community. So, that doesn't mean we've got 10% positivity rate in the community. That means among those people with symptoms or exposures, a little less than 10% of them have come back actually positive when they were tested.

Tasa: We have a question from Joshua Skinner with CBS 7. With the state's positivity rate below 10% for a week now, and with that being Governor Abbott's benchmark for reopening bars, what is your opinion on the safety of the Permian Basin from a medical perspective on reopening bars at this time?

Mr. Meyers: Well, the qualifier on the positivity rate applies across the state. You know, we've had several conversations with state officials and it's pretty clear to me that community by community we are not all testing in the same way. There are places like Houston which is where my family is, where I grew up, and I've kind of paid the most attention. There are parts of Houston where walk up testing is readily available, and you can get a test regardless of symptomatology. That's not universally true across the community and it's a long way from being true across the whole state. So, the positivity rate that you are quoting is calculated in a lot of different ways and inconsistently depending on where you are in the state. With all that said, your question was basically is it safe to open bars? And no, you know it's not really safe to do a lot of things that involve socialization. Can bar opening be made safe? I think it's a possibility. When you think about capacity limitations and assuring that the patrons wear a mask at all times when they are not consuming beverages or food. When you think about keeping the social distancing rules in place so that tables are spread far apart, the same kinds of things that are being done in restaurants certainly can be done in bars. I think the challenge, and the one that has probably driven the governor's thoughts about bars specifically has been that when you consume alcoholic beverages your inhibitions and your compliance with those kinds of rules tends to be reduced. And so, that's the purpose of a bar and it actually makes it less likely that people will follow rules once they get a drink or two in them. So, you know, I'm glad that I'm not in the governor's shoes and having to make those decisions. I know he's trying to weigh, as many other leaders are, the need for continuing to reopen the economy and allow for especially small, family owned businesses to open and thrive, weighing that against the health of the community and trying to strike balance. That's a particularly difficult thing to do, but as the numbers go down I know the governor is going to have to consider that and whether it can be done safely or not I think is somewhat in question, but there are ways that it can be done. I would hope that those are considered in the days ahead.

Tasa: We have a question from Mitch. For the hospital, how did the Coronavirus outbreak at Ashton Medical Lodge differ from the Midland Medical Lodge outbreak that occurred in the spring?

Mr. Meyers: Well, it differed markedly from what I can see. I think when the—You know, the Midland Medical Lodge outbreak seems like ancient history at this point, but that one included quite a few employees. I think the Lodge had a little bit of difficulty recognizing the extent of the outbreak and getting people properly isolated in an area that had adequate ventilation early on and so it spread a little bit faster. I think the folks there in conversation with our folks and with the Health Department and others have learned a few good lessons along the way. As the Ashton outbreak happened, they had a plan in place to cohort people in an environment actually at the Midland Medical Lodge that they had proved that they could control going forward. So, the folks who operate those two facilities and others were better prepared and had the use of (audio cut) this go around.



Tasa: He has a follow up question. Since y'all are seeing a drop in the number of hospitalizations from Ashton Medical Lodge, do you fee like that outbreak is contained?

Mr. Meyers: I don't have a way of knowing that, honestly. The impact on us has been shrinking, but whether that means it's contained or not I'm really not in a position to comment on that.

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

Mr. Meyers: Ok, thanks everyone for your attention. We'll plan to do this again next week and we'll continue to do it as long as the outbreak continues. Looking forward to seeing where we are now more than a week removed from the Labor Day holiday. So, thank you all and have a good day.