



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, September 29th, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning. I'm Russell Meyers, CEO of Midland Health. This is our Coronavirus update for Tuesday, September 29th. We'll start with a few numbers, in the state of Texas, just under 740,000 confirmed cases so far; over 15,500 deaths to date. In Midland County, 3,759 cases and 84 deaths through yesterday. In the hospital, our census is 162 patients today. We're down a little bit from our peak numbers most recently. Our Critical Care census is down to only 9. In the COVID cohorts, we have no patients in Critical Care and 9 in the Medical Unit. A total of 9. Two of those have come to us from the jail and I'll talk to you about that a little bit more in a second. None of them are from the Ashton Medical Lodge. As you may have heard, when the governor addressed the state recently, one of his targets was 15% of hospital census being COVID positive as a red flag, a point at which he would consider increasing restrictions in an individual community. Our 9 patients on 162 census is 5.5%, so well below the 15% concern threshold as articulated by the governor. Moving on, we have a total of 5 patients on ventilators in the hospital. None of those are our COVID population, so plenty of ventilator capacity. Emergency Department (ED) traffic seems to be slightly increasing. We were at 155 patients yesterday as we begin to get into the fall and winter respiratory disease season. So, we would expect that ER volume to continue to go up and I'll repeat my urging to any of you in the community, if you think that you have an emergency condition, if you believe that you need to come to the ED, you want reassurance about that, you can always call 68NURSE, but please do not hesitate to come to the ER if you are in emergency need. It is a perfectly safe environment and it is where you need to be if you have an emergent condition, so please do so.

With our workforce, we have a total of 8 employees who have tested positive for COVID-19 and are currently in quarantine status. We have 5 others who are quarantined for different reasons and a total of 18 employees who've had some level of exposure requiring them to self-monitor, to check in with our employee health group, and to watch their condition in case they should develop a need to be tested again.

Some good news, we have, as you know, we've not had volunteers at the hospital for a number of months now or they've been extremely limited in their activity. This week on Wednesday and Thursday, we are providing some infection control and COVID specific training to our auxiliary members who want to return. We understand there are a substantial number of them who have an interest in coming back into the hospital and so once they've been through training and feel safe to come back into the hospital they will do so with the same kinds of restrictions that our employees have, daily self-monitoring, wearing face coverings, frequent hand hygiene, staying out of group settings, assuring a full range of protective gear is available to them as needed in their work environments. We particularly need them at the front entrance, running the gift shop, crucial places where we've really missed our volunteers in recent months and we'll be very excited to get them back once they've been trained and can return safely. So, that's good news.

Returning to the subject of testing for a moment, our test sites have been busier here recently. This week and last week we tested almost 600 patients. The percentage of those who were positive was over 11%. This week, so far, it's only Monday, but we had a very busy day yesterday, a pretty high



percentage of positives came through the testing centers. So, what we're seeing in general is a slight uptick in the demand for testing and in the percentage of those tests that come back positive. We're going to continue to watch that in the days ahead but that's a change in our trend after several weeks of steadily declining demand and percentages of positive. Also, on the testing subject, we are going to remain with our current plans through the end of this week, but effective next Monday, October 5th, we'll be closing the Coleman Clinic testing site. We're getting to the point of the year where the weather is a little bit more extreme, windier and cooler, soon to be colder. The Coleman site unfortunately doesn't have much weather protection and so as we ask our teams to work outside to manage drive through testing we're not so worried about the patients who tend to stay in their cars, but the staff are affected pretty dramatically by the weather as it changes. So, we are going to consolidate, close the Coleman site, consolidate everything back to our original West Campus site which is considerably better protected from the weather. That's effective this coming Monday. We've been splitting the mornings between Coleman and West Campus. We'll be going to a full morning, 9:00am to 12:00pm noon all at the West Campus beginning this coming Monday, October 5th. So, keep that in mind should you be referred for testing. This week both sites are available. Starting Monday, only the one site at the West Campus will be available for patients referred either by 68NURSE or with a physician's order.

At the jail we have, as you have seen in the local media there's been a fairly significant number of new positive cases uncovered. Only 2 of those patients have been hospitalized so far and at least one of them did well and has already been discharged. We are in regular communication with the jail to try to help them with the challenges that they face in managing that large population of inmates who are not in an environment that's intended to be a healthcare facility so they are managing as best they can within their limitations. One bit of good news, we were able to provide a machine and some training and at least 1,000 antigen tests. Those are rapid turnaround test kits so that the jail can test the inmates as they come and go at their discretion. So, they've got the training, the machine, and the tests available to do that. We'll continue to work with them and help them get more if they need them in the days ahead. But the jail certainly is a challenging environment. We are trying to keep close contact with county personnel to be sure we manage that as well as we possibly can together.

I think the last of my major points is about visitation. This is a significant change. I think you know that the state had an emergency order severely limiting visitation and it was in place for several months. As of this past Friday, the Health and Human Services Commission has issued a new emergency rule that removes those basic restrictions but gives the authority and the responsibility back to individual hospitals to set their own visitation guidelines. So, our team, our clinical team has been working for several days to develop a set of new guidelines that are as safe as they can be while also opening visitation for most of our patients throughout all that we do. That's been an important concern that's been voiced by patients and their family members from the beginning really of the pandemic. We had a brief window where we were able to allow more visitation and it certainly, we believe it helped people to manage the crisis better than they might otherwise. It's hard to be here alone as a patient, especially an inpatient and so we have adopted now a new visitation policy that will be effective tomorrow, Wednesday, September 30th. And I'll give you a few highlights and I'll also direct you to our website where this newly revised policy will be posted and available for your detailed review at your discretion. So, just a few key points. Number 1, we will still, with only very, very limited exceptions not be allowing COVID patients to have visitors. If you are a positive patient, if you are on a COVID designated unit, you



will not be allowed a visitor. That can be changed. We can make an occasional exception, especially if there's a patient at the end of life. Those decisions are in the hands of the clinical manager on those units, but as a general rule the COVID patients, patients on the COVID wards will not be allowed a visitor. Patients in Critical Care, non-COVID patients will be allowed 1 support person, 1 visitor and we'll be maintaining the hours of 6:00am to 8:00pm. In Critical Care, we'll be asking those visitors to go home, to leave the premises at 8:00pm every day. Only with very special circumstances would we allow a visitor to stay overnight in the Critical Care environment. In the Medical/Surgical environments, however, we will allow that 1 visitor, 1 visitor per patient will still be the limit, that 1 visitor will be allowed to stay overnight if they choose to do so. Patients in the ED, this has been a concern I know for many people, every ED will be allowed 1 support person during the course of their stay in the ED. Should they be admitted, then of course the rules for whatever unit to which they are admitted will apply. Most of our outpatient services are going to allow for 1 visitor. That's outpatient surgery, especially our imaging environments. But we're concerned that we not congregate in waiting spaces. So, for the outpatient surgery patient, for example, those patients are assigned to a day surgery room, which is a private room so their family can wait in that room. We will not be allowing families to congregate in the surgical waiting room. That surgical waiting room will still be closed. But any other outpatient service where there's a private room in general, those patients will be able to have a visitor. There are places where that's not possible. The highest volume area is endoscopy. In endoscopy, we have only a small waiting room and the procedure rooms where the patients have their procedures there is no space for a family member to wait and so an endoscopy patient will not be allowed a visitor for the foreseeable future. That's also true on a case by case basis with our outpatient testing center where we do EKGs and lab draws and other things. There's no good place for a visitor to wait there so that patient population with rare exception will be asked not to bring a visitor as well. The rules on Labor and Delivery (L&D) and in Pediatrics are generally the same as they have been. With L&D, 1 person, can be 2 support persons, 1 of those can be a doula if the patient so chooses. And pediatrics, both parents or both guardians can be present, 1 of them can spend the night with the child. Those are not much different from what we've seen before. The points of entry to the hospital remain the same for patients. The ED, 24 hours a day, but during the hours of 5:00am to 5:00pm we'd like people to avoid the ED entrance unless they are coming to the ED. If you are coming for any other purpose besides an emergency visit, we want you to come to our main entrance still on the north side of the hospital into the Scharbauer Tower Lobby 5:00am to 5:00pm. All visitors at both those sites and all patients will be screened. If you have symptoms of COVID-19 infection you will be asked not to come in and that's really not different from where we've been. We are allowing more of our entrances to be open for badge access for employees and physicians to make things a little bit easier for them to get to their workplaces. As I said before, we will not allow congregating in waiting rooms or in lobbies or any other place where people have traditionally waited in groups. That's just not going to be a part of our reality for an extended period of time. No children will be allowed to visit. If you are under 18 you are not allowed to be a visitor in the hospital again with very rare exceptions at the end of life based on the judgement of the clinical manager. Of course, if you are under 18 and you are a patient you are welcome. If you're an emancipated minor, perhaps a L&D patient, certainly you are welcome to be here, but otherwise under 18 will not be allowed as visitors. And then finally, visitors can bring food or other personal items with them if they are visiting a patient. We've had the suspension of deliveries for a lengthy period of time because we didn't want delivery personnel moving through the hospital. We are going to allow food and other deliveries to resume. Those are challenging to manage. We are not



going to allow a delivery person to go past the front desk, past the screening point, so as the volunteers come back, we'll have more delivery capability. And of course, you know, individual family members can bring what they choose to bring. Finally, the last thing to say about visitation is all of these changes can be revoked, can be revised at any time. We're going to be very carefully and very thoughtfully reviewing the impact on the facility of adding additional visitors. We're going to be watching our hospitalization rates, watching the community's infection levels. If we begin to see another spike, we will certainly revisit, and we may have to restrict visitation once again. But I think to the state's credit they have put the authority and responsibility for managing visitation back on the individual hospitals recognizing that each of our situations is a little different and we intend to take those responsibilities seriously in the days ahead

So, I believe that is the last of my prepared remarks. That was a lot for today. I'll very happy to take questions.

Tasa Richardson, Midland Health Public Relations Manager: We have a question from Facebook. Can you clarify the claim that hospitals are receiving money from the government resulting in people just having a diagnosis of COVID?

Mr. Meyers: Clarify the claim. Ok. Let me- I'll answer what I think you're asking, how about that?

Tasa: Ok.

Mr. Meyers: The Medicare program almost from the beginning of the pandemic, Medicare has placed a 20% add on to the typical Medicare patient for an inpatient with a COVID diagnosis. There's a group of diagnoses for which that 20% add on is appropriate. If they are coded properly, then the Medicare program does pay the hospital 20% more. No other payor does that. And even with that 20% we've analyzed 2 or 3 times during the course of the pandemic and we've found that we still lose money on virtually every COVID patient even with the Medicare 20% add on. The costs are much higher and so while it is true that there is some additional money from Medicare, that doesn't yield profitability for the hospital, but it does help to cover some of those extra costs. Of course, then we also have the CARES Act funding that is separate from direct patient care. It came to us from the Federal Government with the intention of replacing lost revenue. We've had massive amounts of lost revenue through this crisis and also helping us to pay for the cost of testing and for all the massive amounts of Personal Protective Equipment (PPE) we've used. That's very costly now. So, there are sources of funding that have come to us primarily from the Federal Government which are much appreciated, but in our case and in the case of most hospitals that I'm aware it mitigates the losses. It makes it less damaging to us than it would have been otherwise, but it hasn't put us back to where we were performing before COVID. We do not expect to make our budget for this year, but it has helped us to survive the pandemic which has really been very helpful.

Tasa: Thank you. We have a question from Stewart Doreen with the MRT. He says, "I apologize I came in late. Can you repeat the number of tests last week and the percentage of people testing positive?"

Mr. Meyers: I can, Stewart. I think it was 599 tests last week which was up considerably from the prior week and last week's percentage positive was 11.4%. So, it was 9.5% the week before for example. So, we have seen a little uptick. We've also seen an increase in the demand for testing.



Tasa: Thank you. We have a question from Facebook. If we take a flu shot now, is there a booster shot to take later since they are only effective for a short period of time?

Mr. Meyers: Well, it's not accurate that they've only effective for a short period of time to begin with. We expect the flu shot to last for the full season. So, we are encouraging people, we have encouraged our work force. I got my shot last week. Most of us did. We are continuing to vaccinate our workforce. We've begun the protocol for vaccinating patients. Do not wait. Do it now. You don't want to wait a few weeks and, in the meantime, get the flu. In fact, I promise you that's a miserable experience and, in these days, where COVID remains in the community, a combination of flu and COVID would be particularly devastating. Don't wait. Your flu shot should last for the whole season.

Tasa: Thank you. We have another question from Facebook. Any comments on the county releasing positive COVID inmates from the county jail into the community and untested people from the jail being released?

Mr. Meyers: Well, I'm not aware of what the county is doing with regard to jail release. So, I don't have—I don't know if those concerns are accurate and I really don't have a comment on either one. Thank you.

Tasa: Thank you. It appears that's all the questions we have for today.

Mr. Meyers: Ok, I appreciate your attention today. That was a lot of information. Perhaps the most important take away today is the significant change in our visitation policies effective tomorrow. I would encourage you to go to our website and look at our visitation policy. It's very straightforward. Depending on what your reason for being at the hospital will be, you can easily tell whether a visitor will be allowed or will not. That's all changing effective tomorrow morning. The other significant change is effective this coming Monday. The Coleman Clinic testing site will be closing. So, it will be open through this Friday and then Monday, October 5th we will consolidate to a single drive through testing site at our West Campus 9:00am to 12:00pm noon each weekday morning beginning October 5th, this coming Monday. Thank you.