



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, October 6th, 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, October the 6th. Across the state of Texas today, there are over 769,000 confirmed cases of COVID-19; 16,033 deaths to date in the state. Here in Midland County, we are just short of 4,000 cases confirmed and 85 deaths to date. At Midland Memorial Hospital, we've gotten pretty busy in the last few days, 181 total patient census. We have 25 COVID patients in the hospital. We had a significant spike over this past weekend as we understand that there has been some period through the weekend where hospitals in Lubbock were on diversion status and so we've gotten more transfers, more patients moved to us than we're accustomed to. Of those 25 patients who are in the hospital now, 10 of them live outside of Midland County, so 15 Midland County residents 10 from outside the county. In that COVID population, 6 patients are in Critical Care, 3 of those on ventilators. Their ages range from the 50s to the 70s. Nineteen patients then in our Medical COVID unit, age ranges from the 20s to the 90s. At 25 patients, that's 13.8% of our total census. So, we are just below the governor's threshold of 15%, but just over the past 3 days we've seen quite a significant tick up in our patient volumes.

Let's see, we have employee activity. Six of our employees at the present time have tested positive for COVID-19 and are being quarantined at present. Six more employees quarantined at home for other reasons and 25 total employees with some level of exposure, but no positive test. They are on the job and self-monitoring until symptoms might arise.

We talked a little bit about COVID patients, 3 of those are on ventilators, 3 of the 6 who are in Critical Care. We have a total of 10 patients on ventilators in the hospital at this time. In the Emergency Department (ED), 164 cases yesterday as our volume begins to trend up just slightly. We have good supplies on hand of Remdesivir, and all of our Personal Protective Equipment (PPE), adequate supplies of testing materials as well.

On the testing front, as of yesterday we have limited our drive through testing to our West Campus site only after several weeks of operating the Coleman Clinic site. Our staff has become concerned about the approaching fall weather. The wind pick up, especially. There's no shelter at that site for the staff or at least or not an appreciable amount and so we made the decision to close that testing site for now. So, the West Campus testing site is now open 9:00am to 12:00pm noon Monday through Friday, every day. You can get an appointment to be tested at that site by calling 68NURSE and they will set you up. 9:00am to 12:00pm noon West Campus only drive through testing. We are performing rapid tests as we have been for several weeks so we get real time results in the same day and we are expanding a little bit on the population that we are able and willing to test. Of course, if you have symptoms we will certainly get you in for testing, if you've had a meaningful exposure and if really you just have a level of concern that you believe you need to be tested do call 68NURSE, we'll do our best to get you in. We have seen volumes of testing increase. In the last couple of weeks, we've done about 600 each week and the percentage of positive tests of those 600 have ticked up a little bit from the 9, 9.5% range into the 11.5% range now for 2 straight weeks. So, I'm not sure I know what the meaning of that is. As we're testing more people, we are finding higher percentages positive and we'll keep observing that.



The last comment that I have to make as you can imagine there is a great deal of concern about the president's status about the exposures that have come from events at the White House in recent days. I'm glad to hear that the president seems to be doing well. That's certainly a relief. He's benefited from great medical care and from some experimental treatment that is not available to the general population. But the most important thing that I take away from those events are the same things we've talked about from the very beginning. The importance of social distancing, of proper hand hygiene, of wearing face coverings, of avoiding crowds, avoiding close talk unmasked especially, and very importantly I think not relying on negative test results. We all know that especially the rapid testing machines are likely to return a handful of false negatives out of every batch. We know that the White House is routinely using those rapid testing machines. No one should be complacent about a negative test result. You still need to wear your mask, and wash your hands, and stay out of crowds, and avoid close contacts for an extended period of time. All those things have worked to stem the spread of the virus and when they're not done especially with large crowds of people who are not known well to each other bad things can happen as we've seen recently. Large numbers of exposures coming from 1 or 2 events where people didn't wear masks, where people got too close together for too long a period of time and bad things have come of that. So, if we don't take anything away from the events of the past few days besides that, it's to reinforce all of the things we have been saying from the very beginning about social distancing and appropriate hygiene and face covering at all times.

So, I'll leave you with that. I hope nobody's missed that lesson and I'll be happy to take questions at this point.

Tasa Richardson, Midland Health Public Relations Manager: We have a question from the media. With the uptick of cases in the hospital as well as in the Midland area, does this impact the visitation policy?

Mr. Meyers: Not at this time. We have opened up visitation. We are expecting to continue to watch that carefully, but visitation is important for patients. We know that our family members and our patients really need to be able to be together during the stressful time in the hospital and so we will do our best to continue to make visitation available at the current level for as long as possible. Should we have a significant further uptick in the census volume, we'll reassess that. But for now, no change.

Tasa: We have a question from Facebook. Is the reason people are dying, is it because they are getting medication too late?

Mr. Meyers: I would like to ask Dr. Wilson to come to the podium and talk about that. He may need you to clarify that question. Larry?

Dr. Larry Wilson, Chief Medical Officer: Thank you, Russell. So, the question is: is the medication started too late and that's the reason that we're still having mortality rate?

Tasa: Yes, sir.

Dr. Wilson: No, the real issue is that there's no perfect therapy. We continue to have disease in the community. The therapies today are doing a better job managing disease than we've ever done. If you get sick today, your likelihood of a good outcome is better than it was 2 months ago, 3 months ago. So, other than that I don't know what else I can say to this specific question. But, there's no perfect therapy. I think Russell nailed the most important thing, regardless of what you're doing in terms of



treatment, you're going to still have some people get really, really sick and some people are still going to die. We are doing better than we have ever, but it's still moving in that direction and the only thing we have that can really stop the disease currently is doing the social distancing, mask wearing, avoiding confined environments where you are with people for a long period of time. Because even with a mask on, there's still some risk of exposure. We mitigate it, we don't stop it. So, watch the ventilation in the environment you are in, maintain your distancing, and do the best we can until we get to the point that we have either a vaccine or some other therapy that's better than anything we have currently. Thank you.

Mr. Meyers: Thank you, Dr. Wilson.

Tasa: We have another question from Facebook. Are there going to be any more testing sites opening up?

Mr. Meyers: As of now, no. We believe that we can manage the testing volume that's been demanded at the West Campus site. We are also beginning to talk about our ability to do flu testing. Whether that's something we could add in the future as respiratory disease season comes upon us. We'll be discussing that here internally over the next few days. But no plans to add a new site. Bringing up the flu reminds me, that's a theme we should hit on every one of these. Flu vaccines are available in many locations around the community. We've vaccinated our workforce. We've opened it up to the spouses of our employees and the board members and others, our physicians, but regardless of where you get your flu vaccine, we strongly encourage you to get one. Flu vaccines work. They work for the vast majority of people extremely well. They will mitigate symptoms even if they don't completely prevent your catching the flu and nobody wants a combined flu and COVID diagnosis in this difficult time of year. So, let's control what we can control. Get a flu shot.

Tasa: We have a comment on Facebook alluding to: They had a friend that was in our ER and saw several people without a mask on. Could you maybe reiterate the requirement for masking in our facilities?

Mr. Meyers: I would hope that, actually I would ask them to give us some specifics offline if they don't mind because there's no circumstance in which a patient or visitor should see anyone without a mask anywhere in our hospital. You see me without one now, the people in the room are socially distanced. I'm not wearing a mask because I'm far enough away and it's easier to communicate without a mask on, but as soon as I step away from this microphone I'll put it back on as should everybody in this organization, not only our staff and physicians, but all of our visitors and patients. So, we'd love to know when this happened and follow up. (Comments off camera not heard) Yeah, when I'm sitting alone at my desk, I do take my mask off. If you are in a room by yourself, there are circumstances where your mask can come off, but in the busy ER with several people around with no masks on, that's not a scenario we would accept and we want to be sure we can follow up on that if that really happened.

Tasa: We have another question from Facebook. Could you please explain the current visitation policy?

Mr. Meyers: It's essentially, it gets a little bit complex, but essentially the visitation policy is that every patient can have 1 visitor, 1 support person with them. The exceptions to that are COVID patients for the most part unless they are nearing the end of life and our staff make special arrangements for the family. It's too hard to manage those exposures and allow those patients to have a visitor. Patients who are in endoscopy, going to endoscopy. Have we changed that any yet? (asking someone off camera) Ok,



endoscopy is a unique environment where we have only a very small waiting room where the patients don't have a room of their own. They are just in and out of a procedure room quickly. There's no safe place for a visitor to be during an endoscopy procedure and so we ask endoscopy patients not to have a visitor with them. But just about everywhere else in the hospital, in and outpatient it is possible to have 1 visitor. For a laboring mother, there can be 2 support people. For a pediatric inpatient, both parents can come and one of those parents can spend the night if they choose. In Critical Care, we are allowing visitors for the non-COVID population, but we are ending that visitation at 8:00pm every day. Not allowing Critical Care patient's support person to spend the night. And in the Neonatal Intensive Care Unit they have their own set of rules that are very carefully managed, and you would need to contact the clinical manager on duty with regard to visiting a Neonatal ICU patient. So, lots of different rules but the basic underlying assumption is 1 visitor for virtually every patient. You must be screened. If you have symptoms, if you are under 18, if you have a fever you won't be allowed to visit. And once you are visiting, we ask you to stay with your patient. Stay in the area where they are receiving care and not wander the hospital.

Tasa: Perfect. As a follow up, you can see that visitation policy at www.midlandhealth.org/COVID19 and we'll also post it on this Facebook feed for people to see.

Mr. Meyers: Thank you, Tasa. It's a detailed policy, but it's pretty easy to follow. So, whatever your circumstances are you'll be able to see what the rules are for you. But remember, screening will happen when you arrive at the hospital. We still have only 2 entrances: the ED entrance specifically for emergency patients unless it's after hours. During the hours of 5:00am to 5:00pm every weekday, we have the main hospital entrance into the Scharbauer Tower both on the north side. So, if you're not an ER patient, from 5:00am to 5:00pm please come to the main entrance. You'll be screened and admitted there. After 5:00pm, all visitors, anyone coming to the hospital will go to the ED entrance.

Tasa: Perfect. We have a question from the media. Can you speak again to the treatment the president received and whether the average patient coming into the hospital can receive similar treatments? How does that work?

Mr. Meyers: I can speak to what I've heard on the news. Obviously, I'm not any more privy to the details of the president's treatment than anyone else is, but what I've understood over the weekend is that he's received 3 major medications. One of those is Regeneron. Is that the correct name? (asking someone off camera) That is an experimental medication that is not available to anyone at this point. It was uniquely available to the president under a compassionate use exception. We assume that at some point it will be available to a wider audience, but we're not near that point. He also received Remdesivir and Dexamethasone, the steroid treatment. Both of those treatments are available. Dexamethasone is not typically given as early as it was given to the president if I've understood that correctly. It's usually reserved for patients who are a little bit more severely ill and on a ventilator. But Remdesivir is something that's been readily available to us for a while. We have a supply of it. Our clinicians are using it for our patients. So, the only treatment the president received other than the intensive presence of caregivers and special treatment that's available at Walter Reed to the Chief Executive the Regeneron is the only unique treatment that he received that would not be available to anyone else, at least not at this time.



Tasa: Thank you. We have question from Facebook. What are the long-term effects people are having that are diagnosed with COVID?

Mr. Meyers: I think I might invite Dr. Wilson to come back and speak to that.

Dr. Wilson: Thank you. I think that question is probably stimulated by a lot of literature that's been coming out recently, so somebody's been doing some reading, I suspect. But the short answer is we really aren't sure. The little bit longer answer is that there has been recognized people from early on that were infected early still having some longer continued symptoms of fatigue, weakness, not getting back on their feet well, cognitive difficulties. You've heard about people with loss of smell and taste and those things continue as well. And there's others. And so the real sequelae and the long term effects of this virus are remaining to be learned over the next months and years as we continue to gain understanding about how it infects us and how it influences the body. Even some of the people that have minimal symptoms early, those symptoms can continue for longer periods of time. So, there's a lot to be learned. There's literature out that you can look up if you google it and read about some of the same things I'm saying. I'm sure the questioner has already looked at some of that information. So, again short term we really don't know how long and if they'll you know symptoms will last a lifetime. One other piece of that that I should mention which is probably the most significant one is those people that develop bad lung disease. Some of them are having scarring in their lungs and the sequelae of that will be permanent damage to lungs that will affect their health long term for sure.

Tasa: Ok, thank you. I believe that's all the questions we have today.

Mr. Meyers: Ok, thank you all for tuning in today. We appreciate your attention. We will be back I think next Tuesday to do this again. We'll see as we've had a little bit of a spike from a much broader geographic area than we've been serving for a while, we'll see if that continues and what reaction we have to have to that over the next few days. So, we'll talk to you again a week from this morning. Thank you.