



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, October 20th, 2020

Transcribed from a previously recorded live event.

Mr. Meyers: Good morning everyone. I am Russell Meyers, CEO of Midland Health and this is our Coronavirus update for Tuesday, October 20th. Beginning with some statistics across the state of Texas, we are now just short of 830,000 cases and over 17,000 deaths in the state to date. In Midland County, 4,550 cases and 89 deaths. Here at the hospital we are extraordinarily busy. Our census overnight was 206. First time I can remember being over 200 in a while. COVID census is driving a good bit of that. We are at 47 patients this morning. 19 of those in Critical Care and 28 in the Med Surge COVID units. Of the 19 in Critical Care, 10 are from outside the county. Those patients in total range in age from 23 – 81. So, very wide range of ages. In the Medical environment, there are, as I said 28. 15 of those are from out of the county. The age range there is 24 – 85. So, there's 25 patients out of 47, more than half of our patient COVID population is from outside of Midland County. They are coming from as far away as Southeastern New Mexico, counties in the panhandle. At last count at least 8 different counties represented outside of Midland. All over West Texas we are seeing significant surge activity. You've probably read that the state has sent resources to El Paso, to Lubbock, and also here. We've asked for some resources to be sent to us here in Midland and just yesterday we began onboarding 48 mostly nurses, a few respiratory therapists in that group sponsored by the state and we are very, very appreciative of adding that complement of staff to help us get through this difficult period of surge.

Speaking of staff, our own staff, we have 14 people quarantined at the moment. 12 of those are positive for COVID-19. So, the state resources are very helpful, and much appreciated as our census peaks.

So, as we look at the region though, it's an interesting mixed bag of experience. The big hospitals across the region from El Paso to Abilene, to Amarillo all through that triangle all very, very busy, for the most part on diversion status, not accepting some categories of patient transfer at most times of most days. We are in the same bucket. We are not accepting transfers at the moment. We will reconsider that every few hours as we're expected to do, and we'll open as we can. But it continues to be a big problem for us as we deal with an unprecedented amount of transfers in with COVID diagnoses.

Across our regional advisory area, what's called the "J" RAC here in West Texas we are at only 7.4% occupancy, COVID patients as a percentage of total available beds in the region. That's very different in the larger hospitals in the region. But when you count all the beds in the region as the state does by region you don't get anywhere near the 15% number. So, it's a mixed bag of experience. The smaller hospitals having very few patients, the larger ones being very full and struggling to accept new transfers. So, that's where we are.

On the inpatient side, we have 20 patients on ventilators. 15 of them are COVID positive. 5 more who are non-COVID patients. That's as big a number of ventilator patients as we've seen in a while taxing our respiratory therapy resources a little bit. That's why we're particularly pleased to see a few respiratory therapists among that group that came in from the state. Those folks are in high demand as we see more patients on ventilators than we've seen in quite a while.



In the ER, 154 cases yesterday. Those numbers continue to slowly climb as the ER gets busier.

A few other things to report on today. Let's start with testing. We have been very busy at our 1 remaining drive through testing site at our West Campus. Each of the last 3 weeks the total volume of testing has gone up. Last week we tested 785 patients in 5 days at that site. Also, the percentage of those patients who are positive is going up. We've gone from 11.5 to 13.5 to over 16 percent positive last week. So, far this week over 20% of the people we've tested have been positive. So, while we are seeing a region wide increase in disease and in hospitalizations, we are not immune to that here in our own community as the numbers of exposures and the numbers of those patients tested who are positive continue to go up. We are testing every day at the West Campus and have been full; 100 patients or more every day. If you need a test, if you've been exposed, if you have symptoms, please do still call 68NURSE. We will get you in as soon as possible. We have stretched hours some days. We try to keep it to 9:00am to noon, but there have been days when we stretched into the afternoon because of demand. We are reducing the indications. For a while there we had intentionally tested just about anybody who thought that they needed a test. We are reducing that population to those with symptoms and to those who have had a recent exposure as of late last week because we simply couldn't handle the volume beyond that. There are other places where people without symptoms and without exposure can go for testing. Our 68NURSE staff is armed with a list of those places and can refer you if you don't meet the criteria for symptoms or for exposure.

We are hoping in the next few days to receive tests that with a single swab can test for both COVID-19 and the flu. There'll be more information on that as we learn it, but we know those single swab tests are on the way.

Ok, so returning to other news. With the census as high as it is and no real clearing of that in sight, we are on a day to day basis with regard to scheduling of inpatient surgeries. We had a pretty sizeable schedule yesterday that we managed to get done. Today is going ok I suppose and then as we look at the rest of the week, we're going to have to be reassessing essentially every day and into the future. So, while we haven't curtailed inpatient surgery just yet, that remains a possibility as full as we are and as difficult as it will be to find beds for post-surgical patients as those cases are done. So, we are assessing that right now. If there's any change in practice, we will have reviewed that with our surgeons and anesthesia providers and then get it out to the whole community as soon as such decisions are made. As of now, nothing's been decided, but it remains a possibility.

Let's see. On the good news side with regard to facilities we are essentially complete with the construction of our 9th floor. You may remember we've been working on a 9th floor buildout in the Scharbauer Tower. The original building had a shelled floor on the top and we've built that out now with the great support and assistance from the FMH Foundation and the Scharbauer Foundation to fund that construction. The work is done. We are in the process of installing equipment. We have a certificate of occupancy from the city for that area. We'll expect the state inspection that will allow those to become licensed beds and be used for whatever purpose we need them beginning at the beginning of next week. We don't have an exact date from the state yet, but sometime next week they'll be here, hopefully grant us permission to use those as inpatient beds. And once that's done, we'll get the units open the following week, the week of November 2nd and what's good about that is that these will then become the best environment we have for managing the Medical COVID population. Every room on that 48-bed floor has negative pressure capability, controlled room by room, area by area, and



so we're better equipped on that floor to care for COVID patients than anywhere else. So, as we get it opened we are planning to consolidate the COVID population to the 9th floor which will then allow for us to go back to more normal operations in other parts of the hospital into which we've been shuffling COVID patients on a regular basis. So, we'll be adding some stability, putting the COVID patient population in the best environment for them. Those who are critical, the Critical Care patients we expect to still be cared for on the 5th floor, but the rest of the 9th floor will become primarily our COVID location for the non-Critical Care COVID patients. So, we are looking forward to that. The week of November 2nd we expect to have that open and operational and very much appreciative not only of the 2 foundations and their gifts, but of the great work by the Layton Company who has been our general contractor, all the subcontractors that have worked for them, our own internal group in trying to get that accelerated buildout done so we can use those beds while we are in the throws of the pandemic. So, that's good news about the 9th floor.

Visitation, this is news that's not as good. We're not particularly happy to have to announce this, but we, because of the surge and the dramatic increase in disease in the community and the risk that that runs to everyone here, we are going to reduce our visitation back to the more restrictive terms that we had in place for most of the time we've been in the pandemic. This is all effective tomorrow morning. That means 1 visitor at a time for a pediatric patient, parents can switch out, 2 visitors for laboring mothers, a support person and a doula if they choose to have one, 1 visitor for patients who need someone to speak for them, for those who are in the process of dying right at the end of life we'll allow visitors there, otherwise outpatients, the rest of the inpatient population will not be allowed visitors beginning tomorrow and for the foreseeable future. We'll re-evaluate on a regular basis. Certainly, the opening of the 9th floor is cause for us to do a wholesale reevaluation of that which we will do by the time that that opening happens, but we can't say for sure when we will be reopening to more general visitation past tomorrow. So tomorrow, reduced visitation.

We will still keep the 2 entrances open. Correct? (asking someone off camera) The ED entrance is primarily for patients who are on their way to the Emergency Department (ED). The entrance into the main lobby of the Scharbauer Tower is for other inpatients and outpatients and the few visitors that we will have under the more restrictive rules. Both sites will remain open. The main lobby area 5:00am to 5:00pm. The ED entrance 24 hours a day. That's all effective tomorrow.

There is a study that was announced yesterday or within the last couple of days that The University of Texas is performing with state sponsorship, a broad, state-wide study intended to capture the likely spread of the disease across the state from a historical perspective. They are going to be testing 100,000 people across the state chosen from a representative sample of professions and genders and races and geographic areas to establish how many of those folks have antibodies that never tested positive for the disease to assess how many asymptomatic people and how wide the spread was in the state. That's an interesting study which may be very helpful in future public health decision making. I would encourage you to take a look at it if you are interested in participating you can. And Tasa has posted the press release that the UT system put out a couple of days ago with the details on who to contact if you would like to participate.

I think I've gone through—No, I think the last thing is vaccines. Let me talk about that a little bit. Still a lot of news. Not anything definitive just yet, but there is a lot of development of vaccines going on. 6 different companies or consortiums are developing possible vaccines. A couple of those studies have



been temporarily shut down as they've had adverse reactions and need to study those to be sure the vaccine is safe, but at least a couple of them are promising for perhaps being approved before the end of this year, maybe being available in small quantities for targeted populations like healthcare workers sometime this fall or before the end of the year and then later next year large numbers available across the county to be more widely distributed. We are listening and trying to prepare as best we can. I know Dr. Wilson was on a call yesterday that discussed some of the state's plans for how a vaccine will be distributed. We here at the hospital have signed up to be a vaccine storage location and distributor or a vaccinator if that's a word. We have put an order in for an ultra-low temperature freezer to be kept in the pharmacy to store vaccine. Some of these vaccines require storage at -20° centigrade. At least one of them requires -70° centigrade which is very difficult to manage, but there are freezers available that will store that and so we've bought one to be sure we're ready when the vaccines become available. We do expect to be a delivery site one way or another of significant quantities of vaccine certainly to our own work force and then we'll be planning for how to get that to the whole community as we understand which vaccines are available and in what quantity and what their protocol is going to be for delivery. Most of them are 2 stage vaccines as we understand it. One and then a second shot that's 4 weeks or so later. So, it will be a fair amount of logistical challenge to get those distributed broadly throughout the community, but we're trying to be prepared for that and as soon as we know more about it we will get that information out. I think now I am actually finished, so I'll be happy to take questions if anybody has one.

Tasa Richardson, Midland Health Public Relations Manager: We have some questions on Facebook. For the COVID-19 patients that are in house, are those coming through the ER or are they direct admits to the COVID ward?

Mr. Meyers: I think they're some of both. Depends on where they're coming from. If they're transferred in, they are more than likely going direct. As long as they have a positive, confirmed test. Some of them—There's been a handful at least that needed to be transferred, but they weren't certain, or they weren't able to test before they got here so those go the ER first. Really, depends on the path by which the patient gets here, but the answer's both.

Tasa: What is our current total hospital bed capacity until the 9th floor beds are available?

Mr. Meyers: We've been working on that and I need to have that number committed to memory. I think it's 245. Is that right? (asking someone off camera) Yeah, 245 total beds and that includes some beds that we are not going to put a COVID patient in like our NICU is included in that number. There's 18 NICU beds. That's really the only one I guess that's really completely off limits. Our post-partum beds are in there as well. We're very unlikely to put a sick patient there, but a total of 245 inpatient beds. Once the 9th floor project is finished and the state has given us its blessing, that will go to 303. Right? (asking someone off camera) 293. 293, that's right. It was 303 and then we figured out that we didn't need to license our Labor and Delivery beds, so it's actually going to be 293. I've got to get that right.

Tasa: We have a question from Stewart from the MRT. From September 12th – 18th we have less than 80 Coronavirus cases in the community that week. Yesterday, the Health Department reported more than 100. What do you think has changed?



Mr. Meyers: Well, I can speculate. We've become a much more open society for one thing. You know, we are back in school in most cases to pretty full schedules. People are back in college. Most business are open at least partially. Bars are open. Restaurants are open at 75%. We've gone back to a great extent to what we normally do. I think you've heard some national commentators talk about fatigue or COVID fatigue. We've heard about people getting tired of the restrictions and restless. We certainly heard anecdotes about people being less likely to be masked in some locations even around our own community. Those things are happening. It's important that we use these opportunities to reinforce the importance of doing the things that got us to those low numbers in September. Wearing a mask everywhere, staying out of crowds, avoiding poorly ventilated spaces, washing your hands frequently, staying home when you can, all of those things have worked and as we do less of them, as we slow down or reduce our vigilance, you know outbreaks comeback. We still don't have an effective—we don't have any vaccine. We don't have a treatment that is known to be effective in the early stages that will keep people from getting sick and hospitalized. We have some treatments that work in the hospital. We've been able to send a lot of people home healthy, but if you get to the hospital, you know, you're sick. And so, we would rather prevent the disease if we could. I think our preventive activities have probably waned some and we've got to double down on our efforts to achieve that prevention that we were able to achieve earlier in the fall.

Tasa: We have a question from Facebook. Are you concerned about this increase in cases in our local community?

Mr. Meyers: I'm extremely concerned. I think, you know, the primary concern that I've had frankly is how many cases have come from outside our community. But as we are dealing with those, we are also seeing a slow and steady climb in our own community. And so, if you think all those positive tests we had last week, a healthy number of those are going to get sick and end up in the hospital next week. We really don't see an end in sight immediately to this growth in the hospitalized patient population. We can and frequently are now closing to transfers, so while we have a moral and an ethical and a legal obligation to accept transfers when we have the ability and the capacity to deal with what they need. When we don't have that capacity, it is perfectly fine and appropriate to say no to those transfers. We are saying no to many of them now, but you know as soon as the transfer volume decreases, our own local community is probably going to pick it back up. So, we still need to emphasize all of those things that we've done that work to prevent the spread and really reinvigorate those efforts.

Tasa: We have a comment followed by a question on Facebook. I'm a bit perplexed in regards to the uptick in cases. I rarely see anyone without a mask. So, should we be more concerned about eating out since that's where masks are removed during eating?

Mr. Meyers: I think you need to be concerned about any place where people are unmasked, where ventilation is weak, where large crowds are gathered. Sure. You know, I think if you're going to a restaurant where people are not adequately distanced, if you're considering having a gathering with people that you don't live with, it might be a good time to reconsider that. If there was—Whatever you were doing when things were at their worst, it's probably time to do that now. Stay home more than you might have otherwise because there is no question it's in the community and it's spreading.

Tasa: We have a couple questions on Facebook as well as one of our media outlets. They missed the stats and numbers at the first of the press conference, if you could repeat those.



Mr. Meyers: I think probably what people are most interested in is the hospital's census. We are at 206 total patients which is very high. We are very full right now. 47 COVID patients. 19 of those in Critical Care. 28 in Medical. Of the 19 in Critical Care, 10 are from outside the county. Of the 28 in Medical, 15 are from outside the county. A total of 25 out of the 47 total came from somewhere besides Midland County.

Tasa: Thank you. We have another question from Facebook. Does blood type play a factor in how sick someone will become?

Mr. Meyers: You know, I've seen some of that information. I don't know how reliable it is. We've heard that what is it, type O patients are less likely to get sick and types A and AB might be more likely. I don't know really how much certainty there is around those data, but we've certainly seen some studies that have indicated those trends.

Tasa: Thank you. We have a question from Scott Pickey from CBS 7. Where do transfers go if Midland, Odessa, and Lubbock are closed?

Mr. Meyers: Yeah, that's a really important question. They go wherever they can find a spot. I would think, typically when you are trying to transfer a patient you go to the nearest facility, ideally, that has the capability to do what that patient needs and if that one's not able to take them, you move to the next one. So, as the circle around Midland, Odessa is full, then you move a little farther out to San Angelo and Austin. Certainly, El Paso is not a destination. Amarillo is not right now. Lubbock is not. San Angelo, Austin, Dallas/Ft. Worth, Houston, I mean those—What we've seen here recently has been the outbreak has been worse in West Texas than it has been in the eastern half of the state. Whether that continues to be the case into the future, nobody knows, but for now we are talking about moving farther and farther east essentially to parts of the state that are not hit quite as hard.

Tasa: We have another question on Facebook regarding the cost of a COVID-19 test. How much does it cost, and do we offer free testing for low income?

Mr. Meyers: We are not asking for any payment up front. We will take your insurance information and file that. If you don't have insurance, we'll do your test for free. Now, that's not walk up traffic. We are talking about people who work with 68NURSE to make an appointment and we're only making appointments at this time for people with symptoms or with a recent exposure.

Tasa: Thank you. For the higher number of testing that we are doing, do we believe that there's a correlation to school age children being tested?

Mr. Meyers: I don't know the answer to that. I'm sorry. (comments off camera not able to be heard) It's mostly adults. Yeah, so I don't think so. Don't have hard numbers on that. But I don't believe so.

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

Mr. Meyers: Ok, well things are obviously heating up and I think all of us owe it to ourselves to be extra careful here for this foreseeable future and maybe that this is our reality as long as the society is open and active and until vaccines and effective treatments are in place. So, we could be facing very high volumes for several months into the future. I think we all need to act accordingly. Wear your mask,



wash your hands, stay out of crowds, stay home if you can. Default to more risk averse behaviors here in the short run while we're peaking in the community and stay safe. Thanks.