



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Tuesday, November 24th, 2020

Transcribed from a previously recorded live event.

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

Mr. Meyers: Thank you, Erin. Good morning everyone. I'm Russell Meyers, CEO of Midland Health and we are here to tell you what's going on today with regard to Coronavirus. In the hospital, our census today is 238. We have 101 COVID patients. 27 of those in Critical Care; 74 in the Medical Surgical Units. We have 47 patients on ventilators. We have a total of 61 ventilators available including those we've been allowed to borrow from the state. There's good news on ventilators. We have had a purchase in line for several months and did not expect any of those new ventilators to arrive before April. We are now told that later this week or early next week we will get the first 16 of those purchased ventilators from the HAMILTON company. And so, we'll be able to put our own ventilators on line and give back some of those that have been loaned to us by the state so that others can use them in other areas of the state that need them. So, that's good news on ventilators.

The ED saw 158 patients yesterday continuing to get a little busier there. Testing, we have been testing about 200 patients a day since we expanded hours. We are going now until 8:00pm weeknights. We have Saturday hours now from 9:00am – 1:00pm. This week only, we'll be closed on Thursday for Thanksgiving Day, but the testing site will be open all the other normal days with normal hours. As I said, we're testing typically 200 patients a day. Last week, for the full week we were down to 27% positive on the testing population. So, far this week we are right at that same number. So, a very minimal decline from the 30% positives we had been seeing for a while, but we'll take anything we can get that's encouraging.

I think you all probably have seen the joint press release from the County and the City and the School District and Midland Health recognizing that yesterday, Monday was the 7th straight day that hospital COVID patients exceeded 15% of capacity across the Trauma Service Area "J" which we are a part of. This is Midland and Odessa and the vast rural region around us. So, after crossing that 7-day threshold, the Governor's order requires that we reduce to 50% of capacity in businesses, that bars close, that hospitals return to careful consideration of any elective procedure that would tend to reduce its capacity to care for COVID patients. For us here in Midland, that means very little really. We have, at least as far as the hospital's concerned, we are in the 3rd or 4th week, I believe, of restricting inpatient elective surgery, surgeries that require an inpatient stay after the case is done. We have continued and will continue to do outpatient procedures as long as we can. We've evaluated that regularly and determined that there really isn't any damage in doing outpatient procedures. That doesn't take away from our capability of managing COVID inpatients and so we'll continue with outpatient elective surgery, endoscopy, and other procedures of that sort for the time being. We are certainly reconsidering that on a regular basis.

Several other things happening at the hospital. We have asked for and received from the state a tent, a medical tent that's climate controlled and it is being set up now on the ED driveway, the area where ambulances would normally come in. It's a large tent which could have as many as 16 spaces of capacity. Our plan at this time is to use it for low acuity emergency patients. So, we can decompress



the ED and use its considerable resources to help with the management of inpatients as that overflow occurs. So, we think the tent will be a nice asset. We have to equip it and prepare our staff to use it, so it's probably going to be next week before it's getting any real use. But it is on site and it's going to be a nice adjunct to what we can offer.

We hope that by Monday, the remainder of the 9th floor, the 12 beds on the North facing short wing of the Tower, what we call the hook, that area will be fully equipped, and we believe will be open Monday helped by the arrival of a number of new nurses from FEMA and the state. The preliminary report was as many as 22 nurses, 10 respiratory therapists, and another physician are on their way to come and help us with our staffing needs as we grow our patient population over the coming days. That's really important because we have 107 of our regular employees who are quarantined at this time. 71 of those are positive for COVID-19 and we have another 138 employees who are self-monitoring, who've been exposed, who have the potential to get sick, but so far simply have an exposure and are not yet testing positive.

I told you about the ventilators, testing is closed on Thursday. Good news on the treatment front. We have set up an infusion center so that we can safely administer Bamlanivimab which is the new Eli Lilly monoclonal antibody treatment. It's possible that we could have patients as soon as today or tomorrow in kind of a soft opening of that facility, but it's important to recognize that the indications for use of this treatment are very limited. We have about 300 doses available. And I'll give you a sense of the criteria. The patients have to have tested positive, have to have some level of symptoms for less than 4 days, they have to have been tested positive within the last 3 days, and they have to have one of a long list of complicating criteria: Body Mass Index greater than 35, so the patient's obese, kidney disease, diabetes, immunosuppressed diseases of various kinds, over 65 with cardiovascular disease, hypertension or COPD, and the patient can't be hospitalized, they have to be pre-hospitalized, so they have to have symptoms, but they are minor, they can't require oxygen therapy, and they can't require an increase in their baseline oxygen. So, pretty narrow criteria for administration and access to this new medication will come only via physicians. So, if you believe you qualify, if you'd like to try the infusion therapy, you can contact your physician. We've been in touch with physicians in the community and given them instructions as to how to access, order, and get you to the infusion center if you qualify. It was very important to us that we set this up as a separate entity recognizing that every patient who comes to the infusion center will be positive and newly diagnosed and newly symptomatic for COVID-19, so that's a population we don't need to mix with anyone else. It is a site near the hospital and as you're scheduled for infusion if you qualify, we'll tell you where it is. It's very convenient, but it is separated from our regular patient care spaces.

Let's see, finally I'd like to express our thanks. Yesterday we had meetings of both the Commissioner's Court and City Council. I was able to participate by Zoom in both of those. Dr. Wilson was at City Council. We appreciate the interest of the Commissioner's Court and their engagement, especially as we move now into a further reduction of business capacities. At the city, the council spent a good bit of time talking about various strategies for reducing the spread of virus. They began the meeting by granting Midland Health over \$1.3 million to help with expanded testing, with administration of the Bamlanivimab infusions, with some new equipment to help us to get the 9th floor open, and also with funding to bring in temporary intensivist resources. The physicians who are caring especially for our Critical Care patients are truly exhausted. It's a small group and they've been at this for a very long



time, so getting them some relief will be helpful. All that money will come from the city's CARES Act funding and we are extraordinarily appreciative of the efforts of the city. Councilman Robnett will be on in a little while, was particularly involved, and a powerful voice on behalf of the hospital. We appreciate his and Mayor's and the entire council's support. The council also passed a resolution yesterday after considering a variety of mask mandate options. They set a long resolution in favor of and encouraging people to wear masks, social distance, and perform all the behaviors that we've been talking about for so many weeks that actually can help to mitigate the spread of the disease. All the council's work is very much appreciated. Without question, these are very difficult questions. They've inspired a lot of emotion in the community, and I think the council was courageous and very appropriate in its actions and I think they're going to help as we begin to try to turn this around and reduce the spread of the disease.

I think that is all the remarks that I have to make, and I will be happy to take questions before turning over the floor to someone else.

Moderator: OK, I don't have any in the chat yet and we'll give them a second if they need to raise their hand. Tasa, do you have any that you need to ask?

Tasa Richardson, Midland Health Public Relations Manager: I do. Can you hear me?

Mr. Meyers: Yes.

Moderator: Yes.

Tasa: Ok. Are most COVID patients being treated local or is Midland accepting patients from other areas?

Mr. Meyers: As of this morning, we had 28% of our COVID population was from other counties. We are, as I think we've talked about before, we consider it our obligation to be open to transfers when we can be which of late for the past few weeks has been very rare. Our team assesses our ability to accept transfers several times a day and if we have a window where we can accept a transfer then we will open and accept the transfer whether it's a medical patient, critical care. We divide depending on what our capability is. We also have clearly people can show up in our ED. It doesn't matter where they come from. We are going to provide them treatment. If they need to be hospitalized, they will be hospitalized as long as we have capacity. So, I think most of the patients we have from out of town have come via that path, directly to our ER and not via transfer, but when the opportunity to accept a transfer from a small hospital with limited capability arises and we have the capacity, we will accept them.

Tasa: Perfect. I have one more question. Can the West Campus be used?

Mr. Meyers: Not without a lot of work. The West Campus has not been a licensed hospital since we opened the Scharbauer Tower in 2012. So, we are right at 8 years now since it's been used as a licensed acute care hospital. The capacity at the West Campus has been repurposed. There's an entire floor of former inpatient space that was converted to the pediatric clinic for Midland Community Healthcare Services. There's another entire floor, the 2nd that's in use for temporary housing for healthcare workers and others. So, there's very little of the inpatient space there that could readily be made available. There's no infrastructure there. There's no laboratory. There's only a single x-ray machine, none of the specialty ancillary staff are there, the kitchen's closed. That's really not a hospital facility. Not any



longer. As we need to expand capacity, we are focused on our main campus and we still have other options there presuming we can staff those options. The first is the 9th floor hook as I talked about before. That's an additional 12 beds that we expect to open next week. Once you get beyond that, we have spaces that have monitoring capability and are reasonably well suited to care for patients in the hospital in recovery rooms, in the ER really since we've opened the tent or will be opening the tent. So there are a variety of less than ideal, but workable spaces that can be opened in the main hospital and if we focus just on those then all those patients still have access to our laboratory, our full service imaging capabilities, to all the specialists who are so stretched thin right now that don't need to be going to other buildings. We feel like we are much better off maximizing our capability within the Illinois or the 400 Rosalind Redfern Grover site as long as we possibly can. All of that's, of course, dependent on our ability to staff any of those spaces. But we don't intend to use the West Campus. It would be a last resort to ask the state to set up a hospital tent operation which again would have to be equipped and staffed. So, we're very much focused on maximizing what we can do inside the walls of our existing building.

Tasa: Thank you. We have a question from Caitlin Randle with the MRT. Can you talk about how the hospital is preparing for a possible spike after Thanksgiving?

Mr. Meyers: Everything we do every day is preparing for that. We've asked for and received a tent from the state in anticipation that we'll continue to see high numbers. Those could go up. We're going to have the 9th floor fully opened and equipped by next week, right after Thanksgiving so that timing has worked out well. We still have some more monitoring devices and some more ventilators to be delivered. So, that will enhance our capability. We continue to receive additional staff from the state and from FEMA and our requests continue. We still believe that we will need more people. We are continuing to ask for more people. Hopefully, they'll come in. As the census potentially grows, we'll do as much as we can do with the people and the space that we have. We even have begun working on contingency plans for what happens if we are full and we have to begin to think about transferring patients out of our ED to other hospitals. We think that's a very last resort, but it could happen and if we have to do that they're probably going to be transferred pretty far from here because our entire region is in the same condition we are. So, we are talking about looking to the east, to Austin, Dallas, Houston, and beyond. We're several steps away from that, but we're prepared to do that if we need to.

Tasa: We have another question. Are there unlimited supplies or resources from FEMA or the state?

Mr. Meyers: No, there are not unlimited supplies of anything. We have been very fortunate that FEMA and the state have been very responsive to us. But our typical situation, especially with staffing, is we'll make a request, it will be partially filled a few days later often with no notice. It's not uncommon for a bus load of staff to arrive that we didn't know were coming. We're thrilled to have them. It takes a little while to process them and get them to work, but not too long. Our people have gotten to be pretty good at that. But usually, the resources we request are not as available as we would like. I think the state and FEMA are doing a phenomenal job. They are helping El Paso and Amarillo and Lubbock even to a greater extent than they are us. But they are continuing to respond to our requests, doing so pretty timely, being very cooperative, but their resources are not unlimited. The staff they are getting they are procuring from agencies. These are contract workers that are not on the payroll of FEMA or the state. They are going out to the marketplace and procuring them and then sending them to us as they



can get them. So, we are very appreciative of all the extensive help we've received, but it is not unlimited, and we have to be cognizant of that.

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

Moderator: Alright, thank you, Tasa. Thank you, Russell.

Mr. Meyers: Thanks, Erin.