



Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Thursday, December 10th, 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. I am Russell Meyers, CEO of Midland Health. And I'll start with today's hospital census. 244 total patients in the hospital. 89 of those are considered COVID patients. We've begun looking differently at our data here recently and recognize that there are long stay patients in the hospital who are subject to removal from the COVID unit. They are no longer infectious, but they are still in the hospital. We, according to the state's guidelines, should still be counting those as COVID patients because they were positive at some point. So, today we have 89 patients who are in the COVID units, considered currently positive and infectious. There are 9 more we've moved farther down the line and are no longer on COVID units but started out here as COVID patients for a total of 97. So, 89 active; 9 more who are in the recovery process. A total of 97. In the Critical Care Unit (CCU), there are 27 COVID patients; age range 36 to 91. 61 in the Medical Units; ages 25 to 96. There's one labor and delivery patient which has been the case fairly often throughout this process. Typically, we'll have an occasional positive mother come in and stay for a little bit.

The out of county occupancy is 24% of that COVID population. A few things happening that are interesting. Well, let me finish the hospital data. Ventilator patients: a total of 40. 19 of those are COVID patients and 21 a pretty large number of non-COVID patients on ventilators at this point. Emergency Department (ED) had 139 patients yesterday. Still continuing our pattern of being a little off of typical volumes for this time of year. Across our region, we're all tracking regional percentages of COVID patients to total hospital capacity. We are just down right above 15% in region "J" which includes Midland/Odessa and the vast rural area of West Texas. So, we've been consistently over 15% now for over 3 weeks but are slowly moving down toward that 15% number. The state's rules are once you reach 7 days below 15%, we can return to the 75% capacity. So, we're not really close to that yet, but headed in that direction and I'll talk more about that in a second.

As we look at the hospital, we have been shuffling patients around. We've completed the opening of the 9th floor. So, what we call the Universal Care Unit on the hook, the 12-bed unit on the north facing wing of the Scharbauer Tower on the 9th floor and that is now fully opened. The 9th floor is total devoted to COVID patients. 48 total beds, now all open and in use. We have cleared the COVID patients from our 7th floor where we were using the former oncology unit for that and so we're in the process of returning it to its normal purposes. We've also cleared the antepartum unit on the 3rd floor which is intended to be used for patients in pre-term labor or those that need to be evaluated as possibly starting labor and so we're holding those beds essentially as available for future overflow as needed here in the near term. So, pleased with the way the bed evolution has happened as the census has stayed in that low to mid 90s range pretty consistently and we've gotten construction equipment on hand so we can finish moving people around. That's all very good.

On the testing front, we've seen some declines in testing demand interestingly enough. We tested over 1,200 patients last week, 1,276. Through yesterday, we're on a pace to test 1,132 this week or an 11% decline. We have, with the city's help opened the 2nd testing center. We now have both our West



Campus and the MLK Center off Scharbauer Draw. Both sites are now open. MLK is afternoons only Monday through Friday. We saw 23 patients there yesterday on its first day of operation. I believe 5 of those were positive. So, testing numbers are down. The testing percentage that come back positive is holding steady around 28% and I think I am pleased that the hospital census hasn't spiked, the testing demand hasn't gone up which I hope is an indication, although we're not out of the woods yet, but it's an indication that people may have gotten the message, may have been careful around the Thanksgiving holidays, and done things that alleviated the possibility of a significant spike. A couple days too early to be out of the woods there, but it feels like something good happened and we're pleased with that and appreciate the community's response to the concerns we expressed about the holidays before Thanksgiving.

A few more data points here, among our workforce we have 87 total employees quarantined as of yesterday. 51 of those are COVID positive. We have 65 other employees who are self-monitoring because they've had exposures. They are still working but checking their temperatures and checking in with employee health every day. We are fortunate, we continue to see a few FEMA staff come in. We had 16 arrive earlier this week. The majority of them respiratory therapists who are much in need. With all those ventilators in use, we have to have respiratory therapists to operate and maintain them. So, that's a very important addition to our staff which we are really pleased to have with as many people out with the virus as we have currently.

The antibody infusions: we've had our infusion center open now for a few days. As of yesterday, we have done 26 patients. We have 5 more scheduled today. The infusion is kind of a lengthy process. We can do more than 5 a day, but the indications for the administration of the antibodies is very narrow. We've talked about those in the past, but the elderly, the obese, or those with other complicated conditions who are newly positive, have developed symptoms, but are not so severe as to need oxygen or hospitalization yet so it really narrows the field pretty significantly. Our team is talking about whether there's any wiggle room to expand those indications a little bit so we can give more of the drugs and still stay within the Emergency Use Authorization guidelines published by the FDA. Most likely if we expand those guidelines, it will be a little bit longer period of symptoms since the positive test, but we are talking about that and we will expand and communicate with our medical community whenever we make those decisions. This is basically a test that needs to be ordered by your doctor and is done by appointment only.

The vaccine story is coming along. We know today is the FDA's formal review of the Pfizer vaccine. The data that has come out so far has all been very positive. There's a good bit of leaked data that's already available and well known. The roll out began in Great Britain a few days ago. There's been some publicized reaction issue. Those were known risk, allergic reactions among people who have had allergic reactions in the past. Those are not indicated here. We are asking people who have any history of reactions to vaccines, allergic reactions not to take the vaccine. And so that really so far is the only known safety issue that's arisen with the Pfizer vaccine. We are looking forward to a positive report from the FDA and the possibility of having the vaccine in hand and ready to administer by Monday. We are prepared for that. By in large, the vaccine will go to our workforce first, the people who are on the front lines caring for patients. Beyond that we'll talk to other caregivers who don't have as ready access to the vaccine around the community and then see where we are. We have 1,950 doses that have been assigned to us which would be enough to cover our workforce if everybody is willing to take the vaccine,



but we know that there will be people who want to wait. We will be respectful of that. We are not mandating a vaccine. We will strongly encourage people to take it when it becomes available, but we will not require it and we will continue to promote it and encourage people to recognize that it's safe and effective so that the greatest number, not only of our workforce, but of the whole community eventually will take the vaccine. We are fortunate. Our ultra-low temperature freezer has arrived, has been put in service, is ready to receive the vaccine and store it in our pharmacy. It has a much greater quantity than the amount of vaccine we are likely to get, so we are really pleased that we've been able to put that in place.

We've been encouraged by the state to give all of this original round of vaccine dosages. We had some early concern that we couldn't count on a second round of deliveries so we might want to hold some back. We've had multiple different assurances now from the state that they actually have the vaccine in hand or will have it in hand and we'll wait until we've administered the first round and then essentially guarantee us the second round to come. And so, we will not be holding back. We'll give all the vaccine that we have as far as it goes and then expect the state to deliver the second round within 3 weeks or so.

I think the last thing I want to cover is something Tasa will put up on the screen now: quarantine guideline changes. We've hinted at these a little bit before. The CDC has published these already. This is guidelines for removal from quarantine of people who have been exposed, actively exposed to others with the disease and have been quarantined but have not tested positive themselves. Quarantine can end after day 10, as you see on the screen, without testing as long as there have been no symptoms during their daily monitoring, but if that's a household contact, somebody you live with it needs to be 7 days after the last day of that infected persons isolation. There's different rules for that. If diagnostic testing resources are available, that quarantine relief can start at day 7. So, that's an opportunity for us to get back to real life a little bit sooner under current CDC guidelines newly published. We would encourage all businesses and others to seriously consider those and utilize them if you can. I believe that's all that I have to say except I will be happy to take questions.

Moderator: Ok, media members remember you can use the raise your hand feature if that's easier than typing your questions out. Tasa, while we wait to see if they have any questions do you have any you need to ask?

Tasa Richardson, Midland Health Public Relations Manager: Yes, I do. Can you tell us where someone could go to be tested for antibodies and where they could go to donate as well if they have them present?

Mr. Meyers: To donate, you can contact Vitalant the local blood center. Just look them up online and give them a call. They'll accept your convalescent plasma donations. And then testing, we do the testing both here at our Main Campus and at the West Campus. You can call us and make an appointment. Those are available to anyone-- antibody testing. You have to pay for it. It's not free.

Tasa: Erin, that's all the questions I have at this time.

Moderator: The next question comes from Caitlin at the MRT. She says, "When would you say we are out of the woods for a spike from Thanksgiving?"

Mr. Meyers: 2 weeks post Thanksgiving. (Comments off camera, not able to be heard) Two more weeks, ah. So, today is 2 weeks post Thanksgiving. So, Dr. Wilson is telling me it's 2 more weeks. We're on the right path. I think that 4 full weeks is fully out of the woods, but it's already looking good. You would have expected the initial spike to come in the 10 to 14 day period and we are right at the end of that. So, reason for optimism.

Moderator: Tasa, you can ask your other questions.

Tasa: Have we seen much flu or RSV?

Mr. Meyers: No flu so far has been laboratory confirmed here at the hospital. I don't know, RSV? (Comments off camera, not able to be heard) Minimal. Yeah, it's-- Both have been reduced dramatically from normal levels at this time of year.

Tasa: Regarding the vaccine, what does injecting a sub-zero liquid into the body do to the tissue around the injection site?

Mr. Meyers: Well, it won't be sub-zero when it gets injected. We're not going to put you in the freezer with it. So, but there are clear indications that there will be reaction to the vaccine. There will be some soreness at the injection site. That's the most common reaction. People have reported some fatigue and aches the next day, some to the level of even requiring a day off of work. And we're trying to be really sensitive to that. (Comments off camera, not able to be heard). Right. Dr. Wilson is reminding me all of those things, the soreness, especially the fatigue and even a little bit of chills and fever are signs that the vaccine is having the impact that's desired. It mimics the body's reaction to the disease so that antibodies are created and grow. So, that's a good thing when you have at least a small reaction. We've heard that the reaction is much more likely to come after the second dose than the first, but we are going to be very honest and intentional as the vaccine becomes available telling our people and the whole community that these reactions are expected. They are normal. They are not dangerous. They subside typically within 24 hours. So, they may be uncomfortable, but it's a small price to pay for immunity from the disease and we will be encouraging people to push through those reactions. Recognizing there are a few people who can't get the vaccine. I'm sure those who have a history of allergic reactions to vaccines like the ones that have happened in Britain, pregnant people, the early indications are people who have had a positive test within the last 90 days, but we are thinking we might fudge on that a little bit, and children. The vaccine is not indicated for children. It hasn't been tested in children yet. That will come later. So, this is adults.

Tasa: When testing for COVID are we also testing for RSV or flu-like?

Mr. Meyers: We are not at this point. I know that at least one of our physicians who've been pretty thoughtful about this has suggested that COVID and flu symptoms have a lot of commonality between them and if you test someone for COVID and it comes back negative, they have those symptoms then you are going to treat the flu. So, you don't really need necessarily to have a separate test for the flu. The tests that are multiple disease, multiple virus tests are not in hand yet. We understand those are coming, but right now our testing site is doing COVID only.

Tasa: Erin, I think that's all the questions we have.

Moderator: And Russell, I don't have any more for you.



Mr. Meyers: Alright, thank you very much.