Mr. Meyers: Good morning. I am Russell Meyers, CEO of Midland Health. This is our Coronavirus update for Monday, May the 4th, 2020. This is Nurse’s Week across the US. Florence Nightingale’s birthday is this week. And it’s a particularly important time to recognize and thank the nurses here and within Midland Health and all over our country who are on the front lines and making the sacrifice every day to play out their calling to care for people in their times of greatest need. And, you know, we are particularly blessed to have a great nursing team here at Midland Health and we’ll be honoring them this week as Nurse’s Week unfolds.

A few numbers to start with today, Texas now has well over 31,000 confirmed positive COVID-19 cases. There have been 867 deaths across the state so far. In Midland County, we had 7 new cases that were confirmed over the weekend and so we are up to 89 now in the county. There have been 8 deaths. One of those occurred over this weekend as well. Here at the hospital, we have tested over 1,700 people so far. Our result turn around has gotten pretty good. We are down to only 43 outstanding results. And looking forward to that continuing. We do have some in house testing capability now, but it’s very limited and we are continuing to withhold that primarily for our hospital inpatients; patients who come to the ED and are possible positives. The hospital census is 118 this morning. We had 94 patients in the ED yesterday continuing our pattern of low utilization there. Five patients total are on ventilators. In our Critical Care Unit (CCU), we have 10 patients total. Four of those are PUIs for COVID-19. We have 13 PUIs in the Medical Surgical unit for a total of 17 in house. Ten of those are confirmed positive.

It’s been an eventful weekend as we have had a good bit of contact with the Midland Medical Lodge team over the weekend. We know that representatives of the Department of State Health Services have been there and advising the team as was reported in the MRT this morning. What’s occurred yesterday and will continue today is a significant number of transfers to the hospital from Midland Medical Lodge. There were 6 patients admitted yesterday from that facility. And we expect as many as 17 more today. All but 3 of those are known to be positives. The patients are coming either because they are known positives or because they are symptomatic. And as the day unfolds, we’ll be able to get a better sense of what’s happening and what the conditions of the patients who are coming to us from Midland Medical Lodge will be. There has been a good discussion through the weekend with the Midland Medical Lodge team, with the Health Department all with regard to what’s the best way to manage these patients as the crisis continues in that facility. Once these patients arrive and we determine if they are actually positive, we will do some retesting. Some of them will be PUIs and admitted to our COVID units. We expect that some of them may possibly be moved into non-COVID units as we confirm negative testing. All of that will unfold through the course of the day today.

This is obviously the biggest influx of patients we’ve had since this program began several weeks ago. We are actively performing elective procedures today as you know. The elective procedures will go forward today. We’ll be talking with our surgeons and other operators through the course of the day to determine as we see the schedule unfold what the inpatient demands will be. Will there be any changes that are related to the influx of admissions from the Medical Lodge? At this point we believe we are in good shape. We’ll be able to handle both our elective surgery schedule and new admissions. But as we
said when we first started this process every day, every week we’ll be evaluating our capability to handle elective cases going forward. And we have asked our surgeons and anesthesia providers especially to be flexible with us. And we’ve asked their patients to be flexible with us as well should anything change that requires us to alter that schedule. But as of now we think we are in good shape for the next couple of days. We’ll be evaluating the rest of the week as these admissions come in and we’ll be talking to our surgeons and their patients regarding any possible changes in schedule that may come of it.

At the Medical Lodge, just the last bit of information there are now 58 known positives, 23 staff members and 35 residents. So, that continues to be a source of some concern for us. We are actively engaged with their team and monitoring the situation for any potential impact on the hospital.

I’d like to close talking just a little bit about PPE. We’ve had a good addition of masks, N95 masks especially over the last week. We discontinued last week our decontamination process. We were using a UV system that we had on hand to clean patient rooms to decontaminate N95 masks. We have suspended that process and are hopeful that our supply of N95 masks will be adequate for the duration of the pandemic. Of course, we’re seeing a big influx of patients now, so we’ll be reevaluating that today as well. Certainly, reinstalling the UV disinfection is a possibility and we also have become aware of a couple of resources in the community or in the larger state that will decontaminate masks as well. So, we have options should our N95 and KN95 mask supply become tight.

As we continue to manage through the reopening of the state, we haven’t seen much of an influx that’s resulted from any increased activity in the community just yet. But we would like to remind people to remain vigilant, to stay home if you don’t have to go out, when you do go out to practice careful social distancing, to wear a mask, don’t succumb to the temptation to assume that this is all over, please do wash your hands, be careful about the surfaces you touch, keep your hands away from your face, wear a mask when you go out in public, maintain social distancing, and do everything you can to continue the good pattern of minimizing the spread that we’ve established here in our community. So, with that that’s the end of my remarks and I’ll be happy to take questions if there are any.

Tasa Richardson, Midland Health Public Relations Manager: We have a question from Facebook. Why are the residents at Midland Medical Lodge not being treated at the hospital?

Mr. Meyers: I think my announcement this morning was that many of the Midland Medical Lodge residents are being treated at the hospital. We’ve had a steady stream of symptomatic patients who have come into the hospital over the past several weeks. We are seeing a dramatic ramp up in those numbers yesterday and today. Some of those patients we suspect are still asymptomatic, but the Lodge has worked with the state and made a determination that their positive patients need to come into the hospital. And so, we are accepting them and dealing with that as they come. So, the premise of that question is not accurate. We are actively treating Midland Medical Lodge patients and have since the beginning of their outbreak.

Tasa: We have a question from Shane Battis from CBS 7. What challenges are brought on by bringing all of these Lodge residents into the hospital?

Mr. Meyers: Well, I think the biggest challenge is anytime you get a large number of admissions no matter what the source is we have short term staffing challenges. None of our units have enough people on them to suddenly take on 17 new admissions. And so, we will bring in staff, we’ll prepare
them for working with isolation patients if they haven’t before, we’ll repurpose people from other parts of the hospital and shuffle resources where we can. So, in the immediate term it’s a staffing challenge. We’ll get up to speed quickly on that. Our team will respond as they always do. We have a lot of confidence in our nursing team. They’ll step up and manage that. If we get all 17 patients, we will get pretty close to the maximum capacity of our Medical Surgical COVID unit and so should that be the case we’ll have to determine where the next unit will be to properly isolate those patients. Our nursing leadership team did develop a multi-stage plan early in this process and so we know where and how we will open additional beds if we need them and we are prepared to do that. So, those are the challenges. Staffing and then if the spaces we’ve assigned get filled up it will be reassigning spaces to allow us to take on the rest of that population.

Tasa: We have a similar question both from Mitch from Marfa Public Radio and Sammi Steele with Channel 9. Why was it decided that all the residents who have tested positive for COVID-19 should be moved to the hospital?

Mr. Meyers: We don’t have enough insight to answer that question. We began hearing from the Medical Lodge folks over the weekend. We have understood that they have been actively engaged with the Department of State Health Services in decision making regarding the outbreak there and how those patients should be handled, but the exact mindset there and the decision making with regard to moving patients to the hospital we’re not completely aware of that. We do have calls in to Senior Leadership at the Midland Medical Lodge’s ownership company and expect to have some dialogue with them as the day unfolds. But as of now, we’ve been asked to take on patients. Our job is to say yes and to help them as we’re requested and we’re stepping up to that challenge.

Tasa: We have a question from Caitlin from the MRT. Are there any employees from Midland Medical Lodge who were admitted yesterday or are going to be admitted or are they all residents?

Mr. Meyers: None were admitted yesterday and we’re not aware of any employees that are expecting to be admitted. The population that we are talking with them about and expecting are all residents.

Tasa: A question from Mitch. According to the city’s press release, Medical Center Hospital conducted some of the testing for the residents at Midland Medical Lodge. Why did MCH conduct the testing at the Lodge?

Mr. Meyers: It’s our understanding that Medical Center Health system has a laboratory testing contract with Foursquare, the company that owns Midland Medical Lodge and a couple of other homes in Midland and in Odessa. And so, because they are their contracted lab provider not only for COVID testing but a variety of other testing that those residents need is regularly conducted by Medical Center’s lab. And so, it’s not unusual to see them doing some of this testing.

Tasa: A question from Shane from CBS 7. Do we know how many of these new resident patients have symptoms?

Mr. Meyers: As of now I don’t think that we know the breakdown of the patients that are coming to us. We understand that they are either symptomatic or positive. But the breakdown between the two—Some will be symptomatic and positive of course. But we’ll assess them as they come over. We probably will also retest some of them so that we know to what extent they have to be isolated.
Tasa: A question from Mitch. Are individuals who previously tested negative at the Lodge now testing positive?

Mr. Meyers: I don’t know the answer to that question. We believe that at least a couple of them may have.

Tasa: We have a question from Facebook. Are you still suggesting face masks be worn in public?

Mr. Meyers: Yes, strongly suggesting that. I have my mask here. I wore it into this room, and I’ll wear it back out when I’m finished speaking. The rest of the people in this room with me are masked. Throughout the hospital we are asking our employees to wear masks unless they are working by themselves. That is the strongest recommendation we can make about people going out in public. Not everyone is following that but remember the purpose of a mask, a cloth mask like the one that I wear everywhere that I go is to protect others. Should I be positive but asymptomatic I can be shedding virus, I can be the source of infection for other folks around me especially those with weakened immune systems, and if I wear a mask it’s much less likely that I will infect someone else. That’s true of all of us in the community. And so, we strongly encourage people to continue wearing a mask when you go out in public. It’s a great tool for enhancing the social distancing that is going to keep us from spreading this virus any further. So, strongly recommend that.

Tasa: We have a question from Facebook. We were told that the state was already at Midland Medical Lodge. Is this latest news something new?

Mr. Meyers: Well, I would say it’s an evolving situation and we are not as well informed about what all has happened there as we will be as the day goes on. But we know that the state was there last week. I think the health department informed us of that, there was some review of infection control practices, etc. Through the weekend that situation was enhanced. And we began to hear about there being a desire for more testing and then as yesterday unfolded the admission of a significant number of patients from the Medical Lodge. We believe that the state is part of that conversation, but we don’t really know exactly the extent of their involvement.

Tasa: Another question from Facebook. Since the same company that manages Midland Medical Lodge also owns Ashton Medical, is the state or the health department monitoring Ashton as well?

Mr. Meyers: I don’t know the answer to that. I’m not aware of any activity at Ashton Medical Lodge nor of any positive patients there, but you’d have to ask them what the situation is at Ashton.

Tasa: Another question from Facebook. Are patients still not allowed to have a companion when visiting Midland Memorial Hospital?

Mr. Meyers: That’s a good question. The visitation model has not been modified here at Midland Memorial. So, for several weeks now we have been restricting visitation. If you are an adult who needs a caregiver and decision maker with you then that person can come into the hospital. If you’re a pediatric patient, then one parent can come and be with the child. A laboring mother can have 1 person with her during labor a husband or a significant other whomever she chooses. And then patients who are actively dying who are at the very end of life can have 1 family member with them. Beyond that we have not expanded the visiting rules. And until we are given direction by the state which has not relaxed
its expectations with regard to visitation then we expect to keep those in place as they are for the time being.

Tasa: We have a question from Shane from CBS 7. Does this influx in patients regarding Midland Medical Lodge cause any strain on your staffing and will this redirect some of the staff from doing elective procedures?

Mr. Meyers: Those are 2 different questions. Does it cause a strain on our staffing? Yes, it does. As I said earlier anytime, under any circumstances if we get an influx of patients of that size it’s going to temporarily strain staffing. It’s going to require us to pull resources from other areas to staff up for the evening and overnight shift as the patients come in. It’s pretty uncommon to have 17 admissions in a day from 1 source with 1 set of needs going all to 1 unit. So, yes, it’s a challenge but our people are up to it. And as the day goes on, we will meet the challenge and be prepared to handle them as long as they need to be here. Does it impact the elective procedures that are scheduled? As of now, it does not. But as the patients arrive as we see what their needs are, as we understand better what cases need to be done either electively or urgently as this week goes on we remain flexible and have asked all of our providers to remain flexible so that day to day we can assess our ability to handle the elective schedule and modify it if it’s needed. We don’t believe it’s needed as of now, but that is a fluid situation and we’ll continue to assess it each day.

Tasa: We have a question from Mitch. Since HHSC has sent in a rapid response team, does that indicate that Midland Medical Lodge was not doing enough to mitigate the spread of the coronavirus?

Mr. Meyers: I don’t know the answer to that. I am not familiar with the state’s rapid response program for nursing homes. I don’t know the reasoning behind their entry into the Midland Medical Lodge. And you would have to ask the state or the Midland Medical Lodge folks about that. We would only be speculating.

Tasa: We have a question from Facebook. Exactly how accurate are the tests that are being given for the virus?

Mr. Meyers: If you’re talking about the test for the virus itself, that’s been a popular topic throughout the pandemic and the tests are accurate as long as there is an adequate sample. So, throughout we’ve talked a good bit about the difficulty in getting an adequate sample. It’s an uncomfortable process to put a swab up the nose and all the way to the pharynx and so it’s challenging and it isn’t always successful in gaining a good sample that’s got an adequate supply of mucus on it, of the product that’s intended to be sampled and sent to the lab. So, if the lab gets a good sample the test results are pretty accurate. The question is will they always get a good sample. And throughout this process we’ve had a handful of patients who have tested negative and then later tested positive or the other way around, but as it’s been explained to me from the beginning it’s got more to do with the quality of the sample than the test itself.

Tasa: Another question from Facebook. Does the hospital have plenty of PPE now or do you have a shortage?

Mr. Meyers: Plenty is not a word that I would ever use with regard to PPE I don’t think. But we have significantly more than we’ve had throughout the process. We have begun to see our vendors of PPE
come through with some of our orders. We are particularly concerned about isolation gowns now. Not one of the things that we would have expected to be a problem from the beginning, but isolation gowns have become the one item that has been difficult to get and we’ve gone through a lot of them. We are working now on some reuse policies for those and trying to stretch that supply. But certainly, our N95 mask supply has gotten materially better. But the one thing to remind ourselves of and everybody who cares about this situation, as we get more patients who are in isolation, we will use more masks. So, we’ll be carefully assessing what the burn rate of that PPE is and whether or not we need to adjust our practices. As I told you earlier, just last week we have determined that we could stop the UV disinfection of our N95 masks, but we didn’t give up the ability to do that. We have a special room set up that allows us to do that if we choose to. We also know that there are vendors who are available to do that in the state and so that may be something we return to as we see how great an extent the isolated patients are in the days ahead. And how much N95—How much the burn rate goes up as we have more patients in the hospital.

Tasa: We have a follow up question to the PPE. Does that Lodge have plenty of PPE or do they have a shortage? And will MMH make available if needed?

Mr. Meyers: I don’t know what the Lodge’s current situation is with regard to PPE. We have been in touch with a variety of providers in the community about making some of our surplus PPE available should they be in difficult situations. Our Materials Management folks actually published an offering last week for physician offices and nursing homes locally to request items of PPE and if we have an adequate supply that we would provide some or all of their needs. That was funded by a grant from the Abell-Hangar Foundation. We can replenish what we give to other providers in the community. That process is playing out this week. So, we’ll be able to help a little bit, but I don’t know specifically about Midland Medical Lodge and their supply of PPE. If they have needs, we’ll certainly work with them to try to help.

Tasa: Another question from Facebook. How long does it take to get antibody test results back?

Mr. Meyers: The antibody tests I believe are turning around in 24-48 hours. But I’m not absolutely certain about that.

Tasa: We have a question from Mitch from Marfa Public Radio. Has Midland Medical Lodge been open with MMH about the situation at the facility or do better lines of communication need to be established about the coronavirus situation?

Mr. Meyers: As far as I know, there’s been a pretty good open communication. I know Dr. Wilson has spoken with their medical director on a daily basis. We’ve been in touch with the leadership at the Midland Medical Lodge. I think we’ve known, and we’ve reported pretty frequently from this podium the numbers of infected patients, the numbers of infected staff so I don’t know that there’s been a great deal of secrecy or any communication challenge there. Clearly, they’ve had some difficulty getting the infection corralled in that site, but I don’t have any reason to believe that they have not been forthcoming with us about the situation they are facing.

Tasa: I believe that’s all the questions we have today.
Mr. Meyers: Ok, well as this day unfolds, as this week comes together we’ll know more about the situation and the increased volume that's come from the Medical Lodge and is now going to be cared for in the hospital, we’ll be assessing whether or not to do further briefings as the rest of this week unfolds and we will let the press know and post those to our Facebook site should we determine that we need to schedule more. But as of now, our regular schedule is going to be Mondays only at 10:00am, unless we call a special briefing. I will be back in front of you next Monday at 10:00am. Thank you very much.