Russell Meyers, CEO of Midland Health

COVID-19 Public Briefing: Thursday, December 3rd, 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. The hospital census this morning is 239. We have 94 COVID patients. 28 of those in Critical Care, 65 in the Medical Units, and 1 in Labor and Delivery or I guess recently in Labor and Delivery now in our post-partum unit. The patients who are in Critical Care are aged 36 to 90; 18 of them are on ventilators—a total of 41 ventilators in use throughout the hospital.

Some good news on the ventilator front. We have finally received 16 of the ventilators that we purchased some months ago that we expected to receive in the spring, actually. The manufacturer told us not to expect them before March or April. They showed up a few days ago. We've commissioned them and put them to work allowing us to send back the borrowed ventilators that we had from the state. So, that's a good bit of news on the equipment front.

I mentioned the age range and I always do this, the age range of people in Critical Care. It's important I think to recognize that this is a disease that while it primarily targets the elderly and those with chronic conditions, we have consistently seen people at fairly young ages who are having to be hospitalized. Often times they do have comorbid conditions. The youngest in Critical Care is 36. The youngest in Medical is 25. One of the deaths we had recently was a 27-year-old who was morbidly obese and that's one of the most significant risk factors for people who contract COVID-19. All the deaths associated with this disease are tragic, but it's important to illustrate that they are not limited to the elderly and the infirmed. All kinds of people can be affected.

A number of other things to report today. The Emergency Department (ED) was reasonably busy yesterday at 143 patients. We do have the new tent that's been provided by the state. That's set up in our ambulance driveway area. We are appreciative of the county providing a portable toilet out there so that patients who will use that tent have a place to go. In the coming days we'll be testing out the tent for low acuity ED usage and as we expect our census to grow we are preparing to shift that work out of the building so that we can use the well-equipped ED spaces inside the building for higher acuity patients and even for inpatient overflow as that becomes necessary.

Speaking of inpatient capacity, the 9th floor, what we call the hook, the north wing of the 9th floor is now ready to go. As the census grows, we'll be expecting to put patients in that area. It is now fully equipped and ready to go to work.

The work force, we have 90 employees in quarantine right now. It's good to see that number go below 100. 50 of those are positive for COVID-19, another 40 have symptoms that are concerning enough that we've required them to stay home from work and quarantine. We have 146 employees who've had some level of exposure, but no symptoms and no positive test. They are continuing to work while self-monitoring and checking in with our employee health group on a regular basis.

Tasa, I'd like you to go ahead and bring up the infusion center flier. What you should be seeing on the screen is information about our infusion capability now. The new Eli Lilly monoclonal antibody drug

Bamlanivimab is available here. We have given several doses now to patients who meet the indications. The flier outlines what those indications are. They are pretty narrow right now. People who are newly diagnosed, have symptoms, but have not reached the point of needing to be hospitalized, either over 65 and/or have other chronic conditions that you'll see illustrated there. So, it's a fairly small group of people who are eligible, but we are actively promoting this to our medical community. Encouraging our doctors that if they have patients who meet these criteria, they should send them to us. There is good early indication that this medication will reduce hospitalization among those high-risk populations. It does require a 1 hour long IV infusion. It's not 1 simple injection, so we've set up a separate center isolating those patients from the rest of our population considering that they are all positive. These are outpatients. It's not indicated for people in the hospital. So, that's an important option that's now available to people that might help to reduce hospitalizations in the days ahead. We now have about 300 doses available of that particular drug and the similar drug, which is actually a 2-drug cocktail from Regeneron, that has also been released under the FDA's Emergency Use Authorization. We have 40 odd doses in hand of that medication as well and it will be given under very similar restrictive indications in the same infusion center as needed. So, that's 2 tools that are new and available to the people in our community and we are happy to provide them, but those must be ordered and directed by your physician.

There is new information from the CDC regarding, well actually there is some new information, but there's also some old information we'd like to emphasize. The CDC from back in July issued direction with regard to how people who have symptoms and have been caring for themselves at home may return to their normal activities including their work. Those guidelines are still in place going back to July. The main take away is that if there have been 10 days since your symptom onset, if 24 hours have passed since your fever has reduced without the use of aspirin or other fever reducing medications, and your other symptoms have improved if you meet those criteria then you can go back to normal activity without retesting. We continue to hear that there are employers locally who are demanding a retest. We have people who are calling us asking for a retest when they've met those symptom resolution criteria. We will not retest them. Our testing center does not consider those to be appropriate criteria for retesting so we will not give you an appointment for retesting if you meet those criteria to return to regular activities. There are new CDC guidelines that have just come out that modify some of the return to normal activity recommendations that they have. We are now in conversation with the health department and internally to try to figure out how to process and perhaps use those guidelines. They actually allow people to return to normal activity a little sooner. They may, in some cases, employ testing to get those people back to work or normal life sooner, so we are processing those, and we'll be able to talk about those in greater detail in all likelihood next week.

A variety of other things to talk about today. Primary care is one. We are, as you all remember it's been a very long year, but this goes back to March really when we began to see the significant uptick in the disease, the shut downs of components of society, and the behavior change among people who are patients of our local physicians. So, now-- what we're 9 months in. We're rapidly moving toward a year's worth of activity in our current COVID situation and it really is a concern to our primary care providers and other physicians in the community that people continue not to follow up on their regular care. We want to do everything we can to encourage you, especially if you have a chronic disease, go see your primary care doctor on your regular schedule. If you've missed your annual physical, go do that. It's very important to manage all aspects of our health, especially in the midst of this pandemic.

The healthier you are the better chance you have obviously of withstanding the disease. So, if you have a primary care relationship, please go and see your primary care doctor if it's time for your physical, if you have a chronic disease to manage, if you have any other reason to go see them, please do that. If you need a primary care doctor, we have capacity available in Midland Health's primary care offices. You can find those providers at our website: www.MidlandHealth.org and look under Primary Care and we'll find you a physician. All of those offices, every Primary Care Provider we have is accepting new patients. So, it is not difficult to get in to see a Primary Care Provider. We would encourage you to do so if you have any need whatsoever.

Speaking of providers, I'm going to ask Tasa to put up the next flier on the screen. One of the concerns that we've had through this long ordeal has been the stress and anxiety associated with dealing with isolation, with the loss of work in some cases, with all the difficulties of managing this challenging disease. We have worked closely with Healthy Minds and our BasinMD Telemedicine app to create opportunities for counseling and other behavioral health services to help people manage those conditions of stress and anxiety in the days ahead. And Healthy Minds has secured grant funding so that that care can be provided on a limited basis for free. It's a little bit challenging to access it. You have to know a code and you have to work your way through the system, but fundamentally you can get a BasinMD counseling appointment and you can get that done for free under grants established by Healthy Minds. We would strongly encourage you to take advantage of that opportunity if you have any concerns about your own mental health or that of a family member, just have some stress and anxiety concerns to work through. In any of those cases, this free service is available to you and we would encourage you to take advantage of it.

One of the concerns that our team has raised here and there is the challenge of family communication. I think everyone knows that we have been now most of the time with the exception of a relatively short window throughout the pandemic we've had very limited visitation in the hospital. And that makes it very difficult to communicate with families. It doesn't make the family members of our patients any less interested in what's going on with their family member, any less desirous of good information on a timely basis, but it makes it a lot more difficult for us to deliver that information. Our staff are stretched pretty thin. And what we would like to ask our community, especially the families of those patients in the hospital is for your patience and understanding. Our team is trying to get into a regular routine with each patient of identifying a family member and communicating the patient's status on a regular scheduled basis with them so that the family can be kept informed. Where we are challenged is if multiple family members are calling in or are trying to reach us at all times of the day often times for the same update information. We simply don't have the time and the systems in place to accomplish that. So, we ask our families to identify a single communicator and to work on a scheduled basis with our team members to communicate everything that's needed to be known about the patient on a regular scheduled basis. And we would hope you can be understanding with us as we manage that. We recognize it's suboptimal. Nobody wants to minimize communication, but we are doing the best that we can to keep people informed without overwhelming our staff. So, thank you for that.

The vaccine update, that's exciting information. The FDA will meet a week from today to consider the application from Pfizer for Emergency Use Authorization of its vaccine. You've probably seen that Pfizer is positioning its vaccine doses all over the country to be prepared to deploy them just as soon as the FDA says go. We are going to be a distribution site here at Midland Memorial. We've ordered and

expect delivery at any moment an ultra-low temperature freezer to store large quantities of the vaccine here on site. We are expecting, and we want to manage expectations in the community. The vaccine is going to be intended for health care workers first. That direction has come from the CDC. The second population after health care workers will be in all likelihood nursing home patients, those who are very vulnerable to hospitalization and severe disease if they are positive. And then once the supplies are adequate to vaccinate health care workers and nursing home patients, we would expect to distribute it to the larger community. That's going to take several months to accomplish. The most immediate is going to be our effort to vaccinate the workers who take care of the patients in the hospital in the clinics, in the nursing homes every day. So, we'll again ask for your patience as the vaccine comes. We're expecting the likelihood of even getting enough vaccine initially to cover our whole workforce is not very high. We expect it to sort of trickle out over a little while. But we are prepared to accept whatever we can get and to deliver it timely and looking forward to a successful roll out of the vaccine very soon. There are other vaccines in the pipeline. You may have seen that Pfizer's vaccine was approved in Great Britain yesterday, so that's a very good sign. Moderna has now officially made its request to the FDA and they are about a week behind the Pfizer consideration. So, by the end of the year it's very likely that we'll have two approved vaccines and begin to administer those as broadly as we can as fast as we can.

A testing update, we tested fewer people during the holiday week as might be imagined. I don't want anybody to be lulled into a false sense of security about the smaller numbers, the lower numbers that were reported last week by the Health Department. Those bounced right back up on Monday. We are expecting a substantial, both testing volume and positive volume this week. We are still running right around that 30% level on a consistent basis and testing volumes are going back up. So, we'll watch that as time goes on. I'd love to see some positive results and indications that people actually did perform our social distancing as requested during the holiday period. That would be great news. The jury is still out on that and will be for a few days.

Interestingly enough, although COVID is rampant in our community, it was reported by our infection practitioner this morning that we still have yet to have the first confirmed flu case in the hospital. By this time of year, we almost always will have had substantial numbers of flu cases. We are hopeful that the mitigation that we are doing related to COVID: wearing masks, social distancing, etc. is actually reducing the spread of the flu so that's a nice side effect in this otherwise very difficult time.

Also, on the testing front, we are very thankful to the city for funding the establishment of a second testing site. That site will be up and running next Wednesday at the MLK Center on the Scharbauer Draw, well known, very accessible site. We're going to start testing Wednesday, December the 9th, Wednesday the 9th. The testing hours we've adjusted a little bit. We are going to be going 12:30pm to 4:30pm Monday through Friday. That will be our initial testing hours. We'll assess the demand, we'll expand those hours as needed, and we'll maintain the site at our West Campus with its longer hours Monday through Friday and its Saturday morning hours for the foreseeable future. So, come next Wednesday, we'll have testing available both at our West Campus and at the MLK Center. Different times of day, but the criteria will still be the same. You must have symptoms related to COVID-19 or have a recent, significant exposure. You must schedule your appointment for testing through our 68NURSE triage line and we will then test you. And those are essentially at no cost to the patient. If you have no insurance, it will be free. If you have insurance, we'll ask you to give us your information so we

can bill your insurance. We're asking no person who comes for testing to pay us at the time of the test. So that's an important point that we don't want to lose.

Alright, I think I have covered most of my points. I'll just make sure really quickly. Our staff and our Public Relations and Marketing team have put together what I think is a very powerful statement from many of the members of our staff that I think very well illustrates the reality of the disease we are dealing with and I'd like to have our team play that video for you now. It's just a little over 3 minutes long.

--Video clip—

That's a powerful statement from our team. We thank you all for giving us a moment to share it with you. And I'll be happy to take questions.

Moderator: Russell, the first question we have is from Scott Pickey at CBS7. He asks, "Has the hospital decided if the vaccine will be mandatory for staff?"

Mr. Meyers: We don't make the flu vaccine mandatory and we won't make the COVID vaccine mandatory. We will strongly encourage it. We will ask people to declare if they don't intend to take the vaccine, but at least be on record as having made a conscious decision. But we're going to strongly encourage it and I would expect our staff to be very much interested and very willing to take the vaccine once the FDA has approved it and our local Health Care Professionals have endorsed it.

Moderator: The next question comes from Feliz Romero and Big2. She asks, "When the hospital is at capacity, where will people get sent to?"

Mr. Meyers: Well, I hope we don't get to the point that we have to transfer patients out. We have had discussions. We have contingency plans for how we would do that. Once any hospital gets to a condition that prevents it taking any more patients of its own, when there's a patient in the ED that requires care that we can't deliver, we begin calling hospitals as near as we can looking for someone who's got the capacity to deal with that patient's particular concerns. We know that the reality in West Texas is that the places we normally send patients, mostly to Lubbock when we have a patient that needs to be transferred, those places are full and in some cases they are in worse shape than we are. So, we are going to be, if this happens, which it hasn't happened yet and we are not really close to seeing that condition just yet, we'll be calling Dallas, Austin, San Antonio, Houston, however distant we need to go to find someone who has the capacity to take that patient.

Moderator: The next question comes from Stewart at the MRT. He says, "Did you say there had been as many as a hundred hospital staff quarantined at one time for COVID-19?"

Mr. Meyers: Yes, a great deal of the time recently we've had over a hundred. Getting below a hundred has been a real positive. So, it's still 90. It's still a huge number. Not all of those have tested positive, but all 90 of them have enough symptoms to make us concerned enough to cause them to stay home from work and quarantine until they get better.

Moderator: Ok, and now Tasa has some Facebook questions for you, Russell.

Mr. Meyers: Ok.

Tasa Richardson, Midland Health Public Relations Manager: How does obesity translate to a higher risk of COVID complications? Is it because of weaker heart and lungs?

Mr. Meyers: I'm going to ask Kit Bredimus our Chief Nursing Officer to come and address that. That's a good question.

Dr. Kit Bredimus (Vice President of Nursing, Chief Nursing Officer): Yes, so obesity is actually going to put you at a higher risk of complications to any disease. Specifically, when we are talking about COVID, the fact that obesity is going to lower your lung capacity and lower some of your pulmonary reserves to be able to breathe. This primarily affects your respiratory tract, so that is one of the reasons that you will get hospitalized. The CDC actually put out some data that if you do have COVID and you are obese, you are about 3x more likely to get hospitalized because of it. So, there's multiple complications that can come from that. Just a larger body habitus will create issues for multiple disease, heart disease. Not necessarily weak heart and lungs, but you just have limited capacity. So, I hope that answers that.

Mr. Meyers: So, for patients who are, or individuals in the community who are obese who have high Body Mass Indexes, it's particularly important that you recognize that that's a risk factor. Just like having diabetes or COPD or anything else and behave accordingly. Be particularly careful to stay out of crowds and avoid conditions where you might be exposed. You're much like an elderly person with a chronic disease, and you should act accordingly.

Tasa: Thank you. Are you aware of what the city is planning on doing with CARES Act money and how much has the hospital received?

Mr. Meyers: Well, I'm aware of what we've discussed, and the city has approved for hospital uses. They gave us $100,000 initially to expand hours at our original testing site and most recently have granted us a little over $1.3 million for multiple purposes to establish the additional testing site at MLK Center, to help pay the labor cost of the infusion center. We're getting the Bamlanivimab and the Regeneron drugs at no cost, but we have to pay people to administer them. It's actually a pretty high-level staff commitment there. So, they are helping with that funding. They are helping us with some equipment that was required to finish building out and opening the 9th floor and then there's a grant to assist with some supplemental physician staffing. We're particularly concerned about our intensivist, our Critical Care doctors who are in very small numbers and have been really on duty for the entire duration of the pandemic and we need to get them some relief. So, the city has been very, very helpful to us so far. They do have some additional funds that have come from the CARES Act. We've had discussions about what the next projects might be that they could help us to fund. Vaccine administration may be one of those. But you know, we don't have enough information just yet to make the next ask. But the city's been very cooperative, very willing to consider helping us with some of those extraordinary items.

Tasa: What is the likelihood that endo outpatients can have their procedures preformed in January time frame if not a colonoscopy?

Mr. Meyers: If I could predict January—I'm not sure I can predict tomorrow. But as of today, endoscopy patients are still being done. We are testing people now and have been for a while. So, if you have a scheduled endoscopy procedure, we're going to test you for COVID before you have it, but you're most likely going to get it. Not get the disease, get the procedure done. And we're continuing to evaluate that. If we get to the point that we need to redeploy the resources we use in endoscopy and outpatient

surgery and other elective outpatient functions and those resources are necessary to care for COVID inpatients, then that's the point at which we'll reconsider those elective outpatient procedures, but we're not at that point today. So, you know, if conditions are the same in January, as I presume this a question from someone who has a procedure that they want to have done in January. If the conditions are the same as they are today, then your procedure will likely go forward. If they worsen, I can't make any promises. That's still several weeks away and a lot can happen especially as we go through another holiday period.

Tasa: Thank you. When someone is swabbed for COVID are they also being tested for flu and strep as well?

Mr. Meyers: Not yet. There are combined tests that are on the way, but we're doing pure COVID testing still today.

Tasa: And will housekeeping and maintenance workers and other hospital staff be vaccinated too, that aren't doctors and nurses?

Mr. Meyers: That is our intention. But we are going to have to see what the timing of that is. Depending on the number of doses we get. Remember that 1,000 doses of the vaccine will treat 500 people. It's a 2-step process and so we've got to be very thoughtful about prioritizing even within our team and getting the frontline caregivers and those who directly support them vaccinated first. If we get enough vaccine for everybody, we'll vaccinate everybody. But that's still an unknown.

Tasa: If I've had COVID-19 can I get it again?

Mr. Meyers: Yes. We don't think it's common, but there are enough anecdotes out there of reinfection that we can't say for sure that you won't get it again and we know several people who have gotten it a second time.

Tasa: When the vaccine supplies are sufficient for general public are there any plans in place for distribution?

Mr. Meyers: Well, there's the beginnings of plans. What we don't know is which vaccines will come and what time frame, what the expectation will be about, you know, who are the public we're serving. We know that the government has made some arrangements with national pharmacy chains for distribution of medication and so we have to wait for information from the FDA with regard to distribution and then determine how we're going to handle it. We have the beginnings of a plan, but there's too little information yet to know for sure exactly how that's going to go

Tasa: That's all the Facebook questions we have, but I believe Erin has a few other media questions to ask.

Mr. Meyers: Ok.

Moderator: This next one comes from Caitlin Randle from the MRT. She asks, "What other common underlying conditions are you seeing in COVID patients?"

Mr. Meyers: Common underlying conditions? Diabetes, congestive heart failure, chronic obstructive pulmonary disease. The common chronic conditions that you see that are debilitating to people.

Anything else, Kit that comes to mind? (Asking Kit off camera, response not heard) Heart failure, COPD, diabetes, obesity. Those are the big ones. Of course, any kind of chronic lung disease makes people particularly at risk.

Moderator: This next one comes from Caitlin as well. She asks, "Regarding the comment about no confirmed flu cases at the hospital, why would mitigation efforts be preventing the flu, but COVID cases are still rising? Is the flu less contagious?"

Mr. Meyers: Yes. The flu is less contagious.

Moderator: This comes from Mitch Borden with Marfa Public Radio. He says, "When you say MMH is not close to reaching capacity at this time, could you be more specific concerning how many more patients you can care for before looking at transferring patients to other hospitals?"

Mr. Meyers: That's kind of a moving target. You know, honestly if you'd asked me the question 2 months ago, I would have told you that at 93 patients that we'd be over capacity already. And our team has been smart and creative, and we've gotten support from the state and from FEMA with both equipment and personnel. So, we continue to push out that maximum number. We are, you know at 93 patients today, we're not using the new 12 beds on the 9th floor, so we know we can fill those. We still have a handful of additional beds. We have been pretty close to the limits on Critical Care capacity several times. But you know we're probably 20 or 25 patients away from even exhausting our existing resources. After that, you know we have more creative ideas that we can potentially use. Redeploying recovery rooms and other well-equipped patient care environments that are not intended for inpatients but can be repurposed in the short run for a little while to hold a patient before they can be moved into an appropriate bed. We've got the ER capacity to hold patients for a while as well. The tent we put on site supplements that and makes it easier to hold people there. So, I think we are still a good distance from being at a point where we cannot come up with another solution internally. That's really important that we maximize our internal capability because transferring patients is a lot easier said than done. There's no nearby place to transfer people to. As the days go on, we are hearing about the big cities in the eastern half of the state seeing increases and being increasingly concerned. They are not as bad off as West Texas is, but they are on the same path we are on. So, transferring is never going to be a good solution for us. We are going to do everything possible, not to have to.

Moderator: The next question is from Mitch as well. He says, "How many coronavirus patients is MMH currently treating from outside of Midland County?"

Mr. Meyers: You know, it's been running about 25% of the population for a while now. I don't have the exact number today, but that's a pretty good guess. So, it's in the low 20s and for the most part, you know we have rarely accepted a transfer in the last several weeks. These are in general people who have come who happen to have addresses in other communities but have come to our ED for care on their own. We're rarely accepting transfers. (Comments off camera not heard) Say that again. Oh, ok. We denied 78% of the transfer requests. Kit just gave me some data which I think is pretty telling. Last week, we denied 78% of the transfer requests we got from small hospitals around the region and that's been pretty typical for a while. Other questions?

Moderator: We'll give them just a few seconds and see if there's any others. Russell, thank you.

Mr. Meyers: Thank you.