Community Tele-forum Transcript: Thursday, March 19

[Moderator]

Okay.

Good evening. Thank you for joining the Highland Cashier's Hospital virtual community forum hosted by Mission Health. Leading the discussion this evening, we have Highlands Cashiers Hospital CEO, CNO, Tom Neal, as well as Dr. Bill Hathaway, Chief Medical Officer at Mission Hospital. Before opening the forum to Q&A, they'll be providing an update on Highlands Cashiers Hospital, the hospital's coronavirus preparation, as well as the vision for the future. On the line we also have Nancy Lindell, spokesperson for the hospital to help during the Q&A session. If you have a question at any point during the during the forum, please dial star three, and an operator will be available to assist you.

I will now turn the call over to the host, Mr. Tom Neal to begin the forum.

[Tom Neal]

Let me start by thanking each of you for taking time to participate and provide a brief introduction as I have not met many of you. My name is Tom Neal. I'm the CEO, CNO of Highlands Cashiers Hospital, and I've been serving here for about the last three months.

I've been married for 35 years to my wife, Robin. We have two children, two grandchildren. We are originally from Louisville, Kentucky, with my career having taken us to Hilton Head Island, South Carolina, West Virginia, and then Pennsylvania. I was very excited to be offered the opportunity to serve in this community as this is a location I could very well envision retiring in the future.

There are beautiful people here and it's a beautiful place. I am also a clinical executive. My experience started as an army medic. Then working for EMS, followed by seven years as an ED and critical care nurse, and with my last 20 years, I served as an administrator, virtually all hospital operations, strategic planning, and at the executive level for the last six years.

Also want to touch briefly on my experience with emergency management, given the national emergency we are also facing. My experience covers managing mass casualty situations, leadership during multiple infectious disease outbreak like SARS, Ebola, bird flu, as well as a hospital evacuation restoration on Hilton head Island during Hurricane Matthew.

I also have advanced training in a hospital instant command. This is training geared toward emergency management in the hospital setting that was provided to me by the Department of Homeland security at Anniston, Alabama. So let me start with my observations. When I

first arrived at Highlands Cashiers Hospitals three some three months ago, and now my response to most people I met was that I wanted to listen and learn more. From these conversations, I developed strategic priorities.

And my initial goal for this forum was to share these observations and the priorities for the organization. In light of the COVID-19 emergency we are facing, we have chosen to shift this forum to focus on the COVID-19. First, I want to share my observations, though. We are very fortunate to have a healthcare system in our community staffed by such caring and committed professionals that I would stand up against any professionals I have worked with over my 35-year career. They are among the best.

So, our first priority is to assure the quality and safety of the people we serve. Right now, our primary mission is to share the safety of our staff, patients, and visitors at our key locations.

This means you will see some key changes that are hospitals. First, we have shut down all entrances except for Warren. At this location, you will see trained staff wearing masks who are asking each visitor certain screening questions to identify if they are at risk. This includes both visitors, patients, as well as any vendor coming to the hospital.

The questions are, do you have a fever or cough? Did you have travel to a high-risk area? Have you had contact with anyone who has confirmed COVID-19?

Patients seeking treatment – they are immediately placed in a mask and placed in isolation. Visitation has also been restricted. We are currently allowing only one adult visitor per patient between 6 AM and 8 PM, but only if they have no signs or symptoms of illness or any of the risk factors already noted.

And again, our purpose is to keep our patients, our employees safe. Exceptions are made of course, for patients who are at end of life as we want to show compassion at this time. And the accurate living center, our 80-bed nursing home – we are not allowing any visitors. This is in full compliance with the directions from CMS or the Centers for Medicare and Medicaid Services.

Next, I want to discuss our priority of being a committed community's provider choice. The first point I outlined here was access to primary care providers. Since I arrived, I have heard repeatedly about the need for primary care physicians, and if you have not heard, we have a new family medicine position, Dr. Todd Detar, who will start in May.

However, I also want to speak to our surge plans. As you most likely know, President Trump issued a national emergency declaration this weekend. There's a lot of this declaration which will help us, specifically at Highlands Cashiers hospital. This included lifting the 96-hour length of stay restriction, 24 bed cap we normally operate under.

We have now emergency credentialing that we can allow for bringing on new providers, and we also have support for telemedicine. Our plans to surge are resources for primary care include this telemedicine option. We already have the equipment in place and we will also add providers as needed through utilization of our HCA resources, like telemedicine

providers that are already contracted with and utilization of temporary physicians are what we call locum tenants.

We are also calling for volunteers, which we may need. Our community has multiple retired positions and I am working with the foundation to identify retired positions who would be willing to serve as needed. The next point under being the provider of choice is access to a specialist. Here I will highlight one of the most important specialists we will be facing during a pandemic is the access to infectious disease physicians.

Most rural communities and most rural community hospitals do not have access to infectious disease doctors. In fact, the last two hospitals I led did not have access to infectious disease. But thanks to our relationship with Mission and HCA, we do at Highlands Cashiers hospital access through telemedicine.

The final point I will make here is related to community engagement. As we are prepared, we have been working closely with local community leaders, both public and private, to coordinate our planning. Our primary partner has been the health department. I want to emphasize that all plans we have made are in line with CDC guidance and supported by the local health department.

I also have been invited multiple times over the last several days to address community concerns. My message has been consistent. As a hospital system, we are prepared. We have activated their plans and continue to refine them as we learn more. I also want to state that once you get behind the screen or at the front door, it is business as usual with exception of new protocols for testing and treatment.

We have also modeled out the most likely scenarios to include a surgeon, both the ED and for admitted patients as well as clinic visits and an increase in the residents in the Eckerd living center. Our search plans include making sure we have adequate staff, supplies and equipment as well as plans to increase testing if needed.

I also want to emphasize our plans do not include opening an ICU with ventilators. We do not normally operate an ICU. Our plans are to stabilize the patient and transport to Mission in Asheville. As such, I will note that Mission Asheville has already purchased additional ventilators and added staff.

In fact, the ventilators they have now are three times their normal need. We also have a strong transport system that includes protocols I would consider best practice, and have access to MAMA, which is our helicopter transport. Our next priority is to be the employer of choice. As I have already shared, above all, our primary mission is to assure the safety of our people.

In addition to things I already shared, like assuring they have access to things like mask and gloves. This also includes assuring they are informed. We have been holding daily briefings to answer question, address concerns, and keep them up to date on the latest treatment protocols. I also frequently round on them and I can say with confidence that they feel prepared.

Our final priority, I'll speak to is sustainability. Prior to a few weeks ago, one of the most frequent questions I was asked was, what will happen to our hospital after the asset purchase agreement 10-year term is completed? My first response is that from the first interview I had until today, I have received nothing but support from HCA and the direction to make our hospital successful and drive growth.

In fact, I would not have come here if that was not the case. But today I will provide a different commentary. As much as you need this hospital, we need you. Without a strong community, the hospital will not also not be successful. So as we face COVID-19, my comments are take care of yourself. Hear the advice provided by the experts like the CDC and the health department.

These include, and I know I'm being repetitive, but there are messages that need to be heard and reinforced. Wash your hands frequently and appropriately. Wash between your fingers, wash your thumbs, wash the back of your hands, and scrub for 20 seconds. If you're using alcohol, again, make sure to wash all surfaces and allow the air-dry.

Don't wipe it off on your pants. Practice social distancing. Stay six feet away from people and don't shake hands. Don't hug, don't kiss and stay at home unless it's essential, like go into the grocery for food or the pharmacy for medicine. And I'll close with these comments. We are prepared and together we will manage whatever comes to our community.

I hope and pray it passes us, but most likely each of us will know someone who is affected, even if it's not an infection. It may be hard, it may be financial hardships or unemployment, but I do believe that we will be a stronger community after this has passed. When I was at Hilton head and we faced Hurricane Matthew, I was responsible for the evacuation and restoration of our hospital.

Our community was devastated, but we came together and we rebuilt. We were closer and we were stronger. I have already seen signs of this, whether it is volunteers offering to get groceries for our senior citizens, churches offering to care for the children of our hospital staff who are at home from school, or the multiple charitable organizations asking how we can help.

So I say thank you. And then with this, I will turn over the forum to Dr. Bill Hathaway, our division’s Chief Medical Officer.

[Dr. Bill Hathaway]

Thank you, Tom. I really appreciate that. It’s pleasure and a privilege to be able to share this forum with you and to speak to the community members who have chosen to spend an hour with us today. A little bit of my background, as many know, I have. I'm a cardiologist by training and have been in the Asheville area since 1999. I did my medical training at Duke University where I met my wife and then we moved back to our home state of Wisconsin for about four years before we decided snowblowers and snowmobiles were no longer for us, and we came down to the beautiful mountains of Western North Carolina where we actually had our honeymoon.

I practice cardiology with Asheville Cardiology, and Mission Health. Since that time, only relinquishing my practice last July to assume the role of full time Chief Medical Officer for the North Carolina division of HCA Health Care.

Six or seven years ago, however, I took on the role of Chief medical officer for Mission Health. And so I have the privilege of having some significant organizational and community and institutional history and the privilege of working with what has proven to be a tremendous team now that we have our partnership with HCA. I was involved, as many of, you know, in many community forums back when Mission first partnered with Highlands Cashiers-Hospital and had the opportunity to participate in the transition. Transitions are hard. They were hard when I sold my practice and we became an employed physician practice. They were hard when we had new Mission leadership in 2010.

We've had challenges along the way, but the outcome of the transitions is always, in my opinion, very, very worthwhile and valuable. And I think now as we enter this really significant national crisis, where we're confronting, pandemic, the likes of which no one really knew could happen, but it was hard to imagine that it would happen.

I'm comforted by the fact that we have, I have HCA as a partner, as an employer to work with, to help care for the region. The unprecedented size of the organization being one of the largest healthcare delivery systems in the country with over 185 hospitals nationwide, has given us expertise and skills that we just didn't have as Mission Health System.

We were a very talented group. We're proud of the quality that we delivered, but the depth of the talent that we get to work with on this national scale is, is tremendous. Coupled with that, what we've seen, and I'll go into this a little bit more as we discussed the COVID-19 epidemic that we're faced with now. Doupled with that is that breadth of exposure across the country is a range of different experiences in different care settings that we can draw upon so we can learn how to deal with this crisis ourselves.

Let me just give a few minutes about a background of the crisis, because I think in addition to discussing the transition, there'll be a lot of questions about the COVID-19 issue. We, as you know, this virus, which is a Corona virus, a type of, six, one of six types of viruses of the Coronavirus family, similar to MERS and SARS and a variety of lesser variant lent or lesser pathogenic viruses that cause the common cold is a mutated strain, which originally came from some animals.

We're not exactly sure what the host was in this circumstance. It's not particularly relevant right now because we've seen widespread transmission across the globe in many continents, with easy transmissibility, thus defining the pandemic.

We have been a little bit late to the party in Western North Carolina, and I consider that a party that none of us really want to have to attend. And we're grateful that we have a little bit of delay before the virus hits our community.

That being said, I don't think there should be any illusions about whether it's going to come or not. We know it's going to come and we are doing everything that we can to prepare ourselves to handle the virus when it comes. Just to give a little bit of a state of the union,

the state of North Carolina overview – we have only four cases in Western North Carolina if you extend our region to what Targa County where there are two cases, Macon County, where there is a case, and Cherokee County where we heard of a case being diagnosed today. All of these patients, to my knowledge, have been under home isolation and are not hospitalized.

Across the Mission Health System, which includes five acute care hospitals, many of which are of course like Highlands, which is much smaller than Mission. Our critical access hospitals, we have a tested over a hundred patients to date. And the testing process has been a little bit slow in returning, but we have no positive tests.

We have about 50 to 60 patients in our facilities right now that we consider. Patients under investigation, which means they're being evaluated for the care that they're getting. And none of them have returned positive right now. So we are blessed in that while we have respiratory illnesses, which we have been suspicious about, we have, fortunately, not had any cases that we've had to take care of.

There's been a tremendous amount in the media, and I'm sure everyone has read, a substantial amount about the details of the virus and a host of different things. I'm going to avoid spending too much time duplicating what's been put out there that I'm sure you've all read about or heard about on both local and national news feeds.

Instead, I want to get a sense of what we have done locally as Mission Health System as mission health and HCA Healthcare. That is. To prepare our community to prepare us for when our community sees the virus. As you know, Mission is a license for approximately 800 beds here in Asheville.

And we are not trying to be immodest at all, but I think we provide world class health care across a variety of spectrums. We treat every illness that's out there. We do not do transplantations and we do not have burned care at this point in time, but short of that we have a very sophisticated and highly specialized medical staff.

We have some of the most unbelievably dedicated physicians, advanced practitioners, including PAs and nurse practitioners, pharmacy staff and nurses that I've ever had an opportunity to work with. And I couldn't be more proud of the technology and sophistication that we're able to offer, both from a plant and facility point of view.

And from frankly, the personnel. The personnel are just fantastic. We have, in those 800 beds, upwards of, I won't get the number right, but I'll give close – 70 plus intensive care unit beds, and as you may or may not know, we recently built a brand new $400 million bed tower in which every one of those beds in the hospital could be converted to an ICU.

We built them as multipurpose beds. So we have tremendous capacity and capability in terms of the services that we have. We moved most of our patients from the old St. Joe's campus into this new bed tower. And we have that St. Joe's campus as a potential, a reservoir for beds that we could bring up if we needed to, were are we to be tremendously overwhelmed by this infection.

And so I think as far as health systems across the country, or hospitals across the country, we are as well-equipped here in Asheville to handle this great unknown as anyone. Is that to say that we will be able to take it running and stride without any hiccups or hurdles to cross or stumbles?

It certainly is not. I don't want to provide anybody with a false sense of illusion, but I also don't want people to think that we're not prepared to handle this as best we can. We've been working actively with regional plans – both with Tom and his team up in Highlands and with our other staffs at the remaining facilities and at Angel and Transylvania and Blue Ridge and Spruce Pine and of course, McDowell and Marion.

And we have a very coordinated effort to address the patients as they come in with standardized protocols from our visitor policies, as Tom has alluded to already, to our transfer policies and treatment policies. And so, I think as best we can, we will be, as prepared as we can. The community health effort across the 18 County region is critical to our ability to handle this.

We know that patients are coming. We know that we're going to see these patients, but our goal is to ebb the tide. We want gentle lapping waves on our shore. We do not want the grand tsunami of patients hitting our healthcare system, and many of you I'm sure are familiar with our reference to trying to flatten the curve.

We are trying to flatten the curve of how patients hit the health system. If we could take the same number of patients who might present in the course of a month versus over four or five months – we dramatically improve our ability to handle that type of a surge with the current capacity – both locally and nationally.

And so that's why we're, we're so aggressively promoting all the public health efforts, that you see, including governor Cooper's recommendations, and President Trump's declaration of a state of emergency. Those are not overreactions by any stretch of the imagination. And even here in Buncombe County, they put an edict out today just to tell you how seriously we're taking this, that there'll be no gatherings of more than 10 people together after 5:00 PM.

This is a serious event, but one that we're acting upon in the appropriate way so that we can handle the problem as it approaches us. I think that the other remaining issue I would like to address, because I know it's going to come up in our questions is the issue of testing and who should be tested for the presence of COVID-19 disease.

This is a challenging question. I'm going to be just straightforward with you all. The guidance on testing has changed over time and we have been limited, frankly, by a couple of things in our testing. One is the availability of supplies and lab test to do the testing.

Our turnaround times aren't where they need to be and the country is a rapidly gearing up efforts to make a wider availability of testing, as are we in HCA. And number two is that when the testing is performed, it has to be done with full protective gear to prevent transmission from the potentially infected person to the person who's obtaining the specimen.

And that testing consumes valuable needed, what we call PPE, or personal protective equipment – masks, face masks, gowns, gloves – these things that you've heard people are in short supply of in other health systems. And I think we'll be seeing some guidance changes on who should be tested and how we should be testing people as time goes on.

So we're a little bit more restrictive and we take people who are generally healthy or doing well with the illness and reserve testing for the more severely ill hospitalized patients. But that remains to be seen and we're actively keeping our eye on that. And finally, the last thing I want to talk about is just what happens when people get the disease.

I want you all to understand how this virus interacts with the body, and in simple terms. The hallmark symptoms, which I hope you all are aware of, is a lower respiratory tract infection and upper respiratory tract infection that affects your sinuses and your nasal passages. And the sore throat, kind of the, as I call them, the sniffles and snuffles, and then a lower respiratory tract infection gets deeper and causes bronchitis and pneumonia.

This virus causes the ladder. And that's why it's much more severe in terms of its morbidity and mortality for people. We screen people to determine testing and the risk of a test, of need for a test based on the presence of fever, cough and shortness of breath.

And no other identifiable cause of an illness, such as a lobar pneumonia or influenza. If we test for that, there may be clear cut other causes of the illness. And so if, if you fit those criteria, then we would consider you for testing depending upon the severity of your illness and the availability of testing materials, which were frankly just being apprehensive about.

We want to be sure that we can have enough equipment available for when patients become sick and we've learned in other HCA, locations, other communities where we have HCA facilities that frankly, widespread testing has left them shorthanded on the other end of the spectrum. And so that's a constant balance for us to weigh the risks and the benefits in these, in these circumstances.

The disease does not affect every individual the same way. I think we're aware that the – I hope we're aware that as you get older or have comorbid illness such as lung disease, cardiovascular disease, diabetes, or any other condition, which may cause immunosuppression or on immunosuppressive drugs, and as you get older, the effects are far more serious.

And so we are particularly concerned about our most vulnerable in our communities. Those, as Tom mentioned, might be in the Eckerd living center or in skilled nursing facilities here. We saw that much of this disease was transmitted early on cruise ships.

Because of the close proximity of people in the age of the people on the cruises. Well, I refer, and it's not meant to be trivializing. But the skilled nursing facilities and the retirement homes in our communities are in many ways similar to a stationary cruise ship. And so we really want to be attentive to a screening for visitation – no visitation in the nursing, skilled nursing facilities, limiting social context as much as possible until we can make sure that the wave of the epidemic passes us, because if we had a hundred nursing home residents affected versus a hundred college students, the results, the impact, to me as someone who's

trying to run a health system is dramatically different, and our ability to handle that is just, is just markedly, markedly different.

The overall mortality is in the range of one to two percent based on our best guests right now. But we also know clearly that that mortality in a 20 year-old is less than 0.1% and an 80 year old is probably greater than 10%. So it's a very different disease across the spectrum. And that's why we're really encouraging the most vulnerable in the community to be taken care of by other community members, maintain their social isolation and keep them from being exposed. I'm going to leave it at that because I'm sure that there's a host of questions that people want to ask. I'll flip it back to our moderator to help facilitate the process.

[Moderator]

Thank you, Dr Hathaway. Mr. Neal, the forum will now open to Q and A. If you have a question, please dial star three and an operator will be available to assist you. Again, that number is star three.

To get started, we have a question that was submitted online.

[Question]

They're right watching the news about the Corona virus. My family has been praying for everyone at the hospital. What can the community do to support care providers in the weeks ahead? Mr. Neal, we'll start with your response.

[Mr. Neal]

Thank you very much. We actually had this question come up earlier and I'm going to say one thing that I think may not be necessarily what you're thinking about, but stay well, if you can keep yourself from becoming one of the patients we may have to treat in the future by doing the things I've talked about with this hand-washing, social distancing – that is the most important thing that you could do for us right now.

And the other things, the non-clinical people – support your community members. So if you have an elderly neighbor who needs groceries, offer to help them out. If the hospital at some point might need childcare, that may be another thing that we may look on in the future. But right now, the overarching message I would say is that, you know, support the hospital by staying well and support your community members that are maybe more vulnerable by helping take care of their needs, whether it's getting groceries or medicine.

[Moderator]

Thank you, Mr. Neal. Dr. Hathaway, anything to add there?

[Dr. Hathaway]

No, Tom, you are spot on. I mean, we have, and especially in communities like Highlands where you're so bound to one another in such a wonderful way. I've noticed that in my

seven or eight years that I've been on the board up there, it's been really joyous to see how tight that community is and Cashiers.

The desire to go out and help sometimes may be not what's needed right now, so as Tom said, the most important thing is to take care of yourselves and not become patient. And then as, as he alluded to, find ways to help the vulnerable, without being yourself becoming too exposed.

So think of creative ways to help neighbors with groceries and things like that when they may be in a situation where they shouldn't be exposed.

[Moderator]

Thank you. Next we have a question. We've got Joe looking for recommendations about steps to take if once shows symptoms. Joe, the line will now be open to you.

[Question]

Before formally what first steps somebody should take if they're experiencing COVID-19 symptoms?

[Dr. Hathaway]

That's a really good question, Joe. In those symptoms, typically it starts with an upper respiratory and lower respiratory signs and symptoms and it's always, it's scary because people get colds. I mean, just because we have Corona virus doesn't mean the common cold and influenza and other illnesses aren't out there.

The first thing we want you to do is to isolate. Okay? Take care of yourself, isolate.

The second thing is to reach out to your primary care provider and seek guidance. Okay? So call your primary care provider. Talk about your symptoms and get guidance, sort of a telephone triage to understand what you need to do, if anything.

And we don't need to have our emergency departments flooded with people who are in mild to moderate states of illness. But moderate to severe – we definitely want to see you if you if that's the condition, but we think a triage through your primary care provider is the first step. If you don't have a primary care provider or you're providing primary care providers in another location, you can still call them because the advice will be the same.

But we have a platform at Mission Health. A virtual platform where you can actually get an online screening. It's available at our website, MissionHealth.org/virtual clinic, and after going through a few simple steps, you can get a screening and that helps to be triaged.

I suspect over time we may be setting up additional phone lines for four in-person triage, but we haven't quite gotten those activated at this point in time.

[Moderator]

Thank you, Dr Hathaway.

Next, we've got a question from Patrick. Okay. Who would like to express gratitude for the hospital? She was great. So let's turn the line opened up. Patrick.

[Question/Comment]

CEO of Holland Cashers Hospital, Tom Neal for his proactive leadership and making sure that the hospital is prepared to address this crisis.

Also, want to thank all the hospital staff for the work they have done and will be doing and dealing with his virus situation. They will truly be on the frontline of this battle against the COVID-19 virus. In times of emergency like this, it's, it's really gratifying to know that we have a first-rate community hospital that will serve and minister to the residents of this community. I just wanted to say thank you so much and we really look forward to partnering with you and addressing this crisis.

[Mr. Neal]

Okay. And this is Tom. I just, I think I recognize that voice Mayor, and I want to say thank you for those kind words. We do truly have great people. It's what makes this place really work. The level of caring and commit and commitment to this community is just phenomenal. But I also want to say thank you to your leadership as well as the town's leadership and the actions you've taken recently.

This is truly times where we're called to make decisions that are tough and we appreciate your leadership as well. But thank you for those kinds of words. I'll make sure to pass that along to our team, your remarks. We will get through this crisis working together. So thank you so much.

[Dr. Hathaway]

I want to add one thing. Return thanks to the community. One for that level of support, but also for the years of support that put the facility as, I guess as you all say, I'm trying to get used to this up on the plateau there.

We recognize that that was a community investment in so many ways and continues to be an investment into the community by the community. So our appreciation back to the community.

[Moderator]

Next, we have a question from Richard who is looking for recommended information about the screening process that is taking place or entering the hospital. Richard's online is now yours.

[Question]

For Tom. I know you said that when visitors present to the hospital, they are asked a series of screening questions, and if they answer yes to any of them, then they are isolated. Of

course. My question is if they answer no, are we still asking them to wear a mask while they are on the hospital property?

[Mr. Neal]

Yeah. Let me make sure I understood the question. But you asked about visitors and the question you referred to I think is referring to patients. So let me just speak to both of those. So for our patients that come in, they are screened and if they do not screen in, meaning that they're not identified as at risk because of the either lack of symptoms, lack of contact, or lack of travel, they are not asked to wear a mask for visitors that are not seeking treatment, they are also not wearing a mask. And I want to emphasize one thing here too, that I don't think we touched on. We do have adequate, what they call PPE, or personal protective equipment. But we are preparing that this could become a very serious crisis that taxes to hospitals and we want to make sure we're conserving our supplies.

So if there's not an indication to wear a mask, we are not putting a mask on either the patients, our employees for that matter. So that is something that, you know, we have put in place. And that's the reason. The other thing I want to emphasize too is that everything we're doing here is either based upon best practices identified from HCA hospitals.

And I want to mention HCA is the largest healthcare system in the country. We just surpassed the VA earlier this year. We have hospitals in California, hospitals in Florida, and it is a string. We've learned lessons from our hospitals that are on the front lines right now. So we do understand how PPE or the mass you're talking about can quickly become a resource that's very valuable.

So we really are looking at that, but we also follow the guidance of the CDC. If the CDC says you need to wear a basic surgical mask, who is a bare basic surgical mask, it says, wear what they call an N95 and I think everybody that's been following this knows the difference.

They're special masks. They have extra filtration properties that will wear those, but we don't wear an N95 mask would. It's not indicated so. To answer your question again, if you do not have the symptoms, the risk factors in your patient, you are not asked to wear a mask.

[Dr. Hathaway]

And before we go on, let me just add one more comment about the restricted visitor visitation policy. We actually have a series of levels of restriction. Level one was what you experienced before. We had a case in Western North Carolina. We're currently at level two. We are not checking temperatures, but we may escalate that for visitors as the disease becomes more prevalent in the community.

And then level three, which would be the highest level, involves much more severe restrictions on if and when anybody can come in. So it's well-defined with clear cut triggers, for implementation.

[Moderator]

Thank you. Next, we have a question from Robert about high risk patients and steps and concerns about exposure. Robert, we've got you last.

[Question]

Hello? I'm concerned because my wife has three high risk factors and we want to know what level of concern should we have and what precautions we should take in dealing with bringing in the mail and Amazon package deliveries.

[Dr. Hathaway]

I'll take that one. That's a really interesting question, and one that I've heard a couple of times in different forums in which I've participated. So the more risk factors you have, you're absolutely right. The need and the reason to be concerned. It's not to say that everyone shouldn't be concerned, and we should all practice the same hand hygiene and social distancing and coughing into our elbows, and you know, all the things that we've heard about so many times, but especially in that circumstance.

And the fewer things that you touch, the less likely you are to pick up the acquisition.

Now, to be clear, we think that most of this virus is spread by what we call droplet factors, meaning people cough or sneeze and their secretions turn into droplets. And then those get into other people's hands, face on tables, and they touch with their hands and they'll get it on their face.

We do know, we're learning a lot about the virus and, and you know, you may read different exact data on this, but we know that the virus can be on inanimate surfaces for some time.

I think it's highly unlikely that it would, the long time that it takes a package to be delivered from a destination to where it is unless the person delivering it had the contagion on their body. I think it's very unlikely that that would be a high-risk source of exposure, but we should be cautious, right?

Don't touch anything you don't really need to touch and be cautious and wash your hands. If you do touch it, then wash your hands after you're done interacting with the package. And the big thing, and this is hard, if you really pay attention to yourself or you pay attention to others, I've noticed it myself more recently is that, you know, we, we touch things and then we touch our face.

We are as creatures of habit. We're touching our eyes and our nose and our mouth, and that's how the virus gets into our bodies. It's not absorbable through the skin. It’s you know, it's, it's really through those mucous membranes.

And so, good hand hygiene, touch few things and don't touch your face.

Thank you.

[Moderator]

Thank you. Next we have a question from Juliet Towne.

[Question]

Yes. Hey, I just have a quick question in regards to ibuprofen and elderberry because I've been reading mixed data in regards to it, or yes, you should take ibuprofen and then no, you shouldn't. And the same with the elderberry. And so I just kind of want to find out if you guys have any information on either one of those on products.

[Dr. Hathaway]

Yeah, so thank you for that question. I'm laughing here as I sit on the other end of this phone. You can't see the smile on my face because I don't know how many of you watched WLOS this morning, but I did a few questions on there and I got that same question. And it didn't make any sense to me.

And I got off the phone. And my wife, who is an internist, promptly told me that it's all over the internet that, you know, you should or shouldn't be taking elderberry or ibuprofen. What I subsequently have learned is that came out of a strange report out of France and was picked up and sort of went a little bit viral, especially about the ibuprofen.

And we don't have data to say do or don't take ibuprofen. We know that that steroids can prolonged viral shedding. So we aren't using steroids as we, um, as we treat patients. Sometimes we use steroids. It gets severe lung disease, but we're not doing it in, and we're not recommending that that be done in these patients.

And so ibuprofen is great for aches and pains when you have a fever and you have a viral syndrome and that's what this is. And so the guidance that I saw subject to any new information, there's no scientific basis for that right now. I I can say nothing about elderberry except that in all the official material that I've looked at, and I've looked at a lot – that has not come across on the CDC websites or on any national guidance that we've gotten through HCA.

[Question]

What if you're on Prednisone already?

[Dr. Hathaway]

Well, that's a drug. That's a really good question because of course, Prednisone is a very strong anti-inflammatory agent. It's used for a host of different diseases from rheumatoid arthritis to CLPD, to you name it. There's a host of different disorders, blood disorders, and a variety of things.

And that does make your body a little bit immunosuppressed. So that puts you in a risk group that makes you a little more susceptible to the sequelae of the illness and getting it. What we don't recommend. Absolutely do not stop your prednisone. That's not the guidance by any stretch of the imagination.

You're certainly on it for a reason and stopping it would have far more detrimental effects to then can then the risk of increased susceptibility by continuing it.

[Moderator]

Thank you. Next, we've got Michael with a question about availability or where someone can receive testing. Michael, the line is now yours.

[Question]

Thank you for taking my call. Just curious, you mentioned the scarcity of tests earlier. If I live in Highlands Castro's area, can I get tested up there?

[Mr. Neal]

You know, Dr Hathaway, I think I'll refer to you on maybe the protocol. I'll just speak quickly at this point. You know, the only testing we're done is under the direction of the health department after we've ruled out other illnesses, and we do that in our emergency department. Short of that, the health department and Franklin is, is conducting testing, and to be clear, that's specimen collection.

Actual testing is done at a remote lab that's not in the County. So, but I think Dr. Hathaway could speak much better to kind of the protocols to go around the testing.

[Dr. Hathaway]

Yeah, it's an ever-changing guidance for us. There's no doubt about that. I would say seven to ten days ago, we had to get state approval for all testing, and due to the extreme limited availability of, of the tests, and the test turnaround time was four or five days, so it frankly was not exceptionally helpful to us.

Now there is a little bit increased availability, but we're still limited in certain regards with respect to the PPE. That's that personal protective equipment and we have caution and concerns about limiting the testing to those who need it.

I think the best way to answer this is you need to talk to your doctor and then have your doctor decide whether or not you need the testing. It would be guided by, again, the symptoms of high suspicion for disease based on symptomatology and then you would be referred. We can get the testing done in Highlands if it's necessary.

One of the things that I really want to point out as I'm, as I'm thinking about it is there's been a lot of concern about the fact that there's reports now that they think asymptomatic people may be capable of transmitting the illness and that, while it may be true, I think it's not common by any stretch of the imagination.

And we know that that the sicker you are and the higher your fever, the more likely you are to be in a state of high transmissibility or high infection for others, risk for others. There is zero indication at all ever to test asymptomatic people. And so while you may see that certain people in the press are being tested, it's really not, it’s not recommended by any of the national societies, the World Health Organization or the CDC.

And if you think about it, if you've been exposed to someone, and you have no symptoms and I test you today, there's no guarantee. I don't know how long it takes before you'll test positive. And so the value of a test in that circumstance is very low because I would need to test you today and tomorrow and the next day to absolutely rule it out.

And that would deplete valuable resources, would not change what we would recommend, which is just go isolate yourself if you've been exposed. And of course then we would be short on personal protective equipment. Of course, we all, you know, we're, we're approaching this as a community, so we need a community minded approach, not just a – we're Americans, and so we tend to be rugged individualists. That's what our country was founded on.

But we also founded this country on the belief that we can do things better together than we can independently. And so I think a judicious thought process along those lines about the value of testing and who should be testing is how we should be approaching this.

[Moderator]

Thank you. Next we'll go to Dan is with the, actually with the Highlander, who's got a question about what the community can expect as far as duration. Dan, the line’s now yours.

[Dr. Hathaway]

So Dan is not going to ask the question. Okay. It's going to take a second. My crystal ball is in the closet and I'm going to have to go dust it off on this one. That we don't know. I mean, I've heard the dream for me would be that it would be longer than shorter.

And while that sounds crazy, as I talked to you before about the curves, if it comes really fast and goes away fast, then we'll be overwhelmed by the health system.

If it takes too long, then we're going to be burdened by this for too long. So I don't know. I've heard projections just as you all have heard that it could be eighteen months, that we’re affected by this nationwide. It's not clear. It could be four to five months. If you look at what's happening in China, they're already on the decline, although they’re certainly not out of the woods.

So I guess, you know, from any of our point of view, let's look closely at how it's affecting other countries and other nations based on what they've done. And maybe that'll illuminate my crystal ball better than anything else.

[Moderator]

Thank you. Next we'll go to John, who has a question about the hospital contingency plans should they experience a patient surge? John, the line is now yours.

[Question]

Out of respect, the facilities and physicians admission in Asheville, we have a question about what would happen if the facilities there were staffed – particularly the ICU area, perhaps, for example, for a lack of ventilators or to be overwhelmed by the coronavirus. What contingency plans are there?

[Mr. Neal]

Yeah, thanks for the question. Surge planning is one of those things that it's really projecting what will happen if, and how will you build resources to meet that need.

First, I've mentioned this, but I'm going to reiterate, we do not have an ICU.

We have no plans to start an ICU. We do have ventilators on hand, but these are only on hand long enough to stabilize a patient so we can transfer them to Mission Hospital. So, uh, that has never been in our plans. But we do have a capacity, and again, I mentioned the, the president's declaration. That does gives us some freedom to add additional capacity.

So, we would add potentially up to additional 18 to 20 beds that we could use for medical patients that are, they're sick, but not sick enough to be on a ventilator. The other piece of that, obviously, is how do you staff it?

How do you go through and make sure you have enough equipment and supplies? So, we've identified what we need. We have also worked with different staffing agencies. We have, this is another strength of HCA. HCA actually has its own staffing agency to help us with times like this. So those are all things we look at.

The ED, same thing we have looked at once our current space is full, how do we add additional beds? So we have identified where we can add additional ADR beds, the clinics, I mentioned this as well, but you know, using telemedicine is a great option right now – for two reasons. One, it allows us to pull providers in and be more efficient with the clinic, is how we're seeing patients, but more importantly we're minimizing exposure.

So we're not actually bringing a patient that may be infectious into a waiting room, past receptionists and pass the other staff in the and the clinic. So those are all things we've looked at to make sure we're prepared for a surge. So I will say this, that every hospital in our system, and I'm sure in our region and across the country, is looking at the same thing.

So, I've been through a few of these, and I can tell you that, you know, it's where people really come together. Nurses are great, doctors are great too. I wouldn't want to miss Dr. Hathaway, but nurses are really great at times like this and that they really care. And when there's really a need, they step up and I've seen it over and over again.

[Dr Hathaway]

Yup. Tom, you're spot on. The one thing I would add, you nailed it. So there's really not much.

Number one. Nurses are great. My daughter, Megan is a nurse. I gotta give her a shout out.

Makes me proud as anything. But the one thing I would add is that with our system, while Highlands might not be able to take on the most severely ill patients, if we truly hit a very, very troublesome scenario, we could transfer and relocate lesser sick patients so that we could have capacity at places where we may be able better to care for them.

Cohort the very ill in one hospital and move others elsewhere if they still needed care so that they got what they needed. That's the advantage of scale. That's the beauty of, of size and having a system of hospitals in the region that can support one another.

[Moderator]

Thank you. That is all the questions we have time for this evening for daily updates. Please follow Highland Cashier's Hospital on Facebook or remain on the line to leave a message with your email and question or comment.

I will now turn the call over to Mr. Neal for closing remarks.

[Mr. Neal]

Well, again, I just want to reiterate much of what I've said already.

First, I want to thank you for your interest and participation and taking time from your evening. I also want to thank everybody in this community for their support of the hospital. And also for many of you, support of transition as and my wife and I moved to this community. I will again reinforce, please take care of yourself.

You know, this is a great community. We care about each other. And while this seem real far away, when we were talking about China or Iran, or Italy, it's getting close. We have a patient that does have COVID-19 now in Macon County. So. Let's make sure we take care of ourselves. And again, I look forward to getting to know each of you better during times when we aren't social distancing.

I may not be a hugger or a kisser, but I do like to shake hands and I've had to learn a new habit here with the elbow bump. But I really do thank everybody for their time and for their support and also want to thank Dr. Hathaway for joining me to take some of those questions. I don’t know if I could have answered that elderberry ibuprofen question.

[Dr. Hathaway]

It's my pleasure. Tom.