Angel Medical Center Community Tele-forum
Hosted by Mission Health

Participants

- Karen Gorby, chief executive officer, chief nursing officer at Angel Medical Center
- Dr. William Hathaway, chief medical officer at Mission Hospital

[Moderator]

"Good evening. Thank you for joining the Angel Medical Center Virtual Community Forum hosted by Mission Health. Leading the discussion this evening we have Angel Medical Center, CEO, CNO Karen Gorby, as well as Dr. Bill Hathaway, Chief Medical Officer at Mission Hospital. People will open the forum to Q&A. They'll be providing an update on Angel Medical Center, the hospitals' coronavirus preparation, our vision for the future. On the line we also have Nancy Lindell, a spokeswoman for the hospital. If you have a question at any point during the forum, please dial star 3 and an operator will be available to assist you. For questions, once again, it's star 3. I will now turn the call over to the host, Karen Gorby, to begin the forum.

[Karen Gorby]

"Thank you, and welcome to our call. So I know top of mind for everyone is really the preparation for the COVID-19 virus, and as always, Angel Medical Center is here to provide the necessary medical care for our community. As we looked at the trends for COVID, and started planning weeks ago, to prepare for any patient surge here at Angel Medical Center, the focus was really on, how do we care for our community, and how do we keep our patients and staff safe at Angel Medical Center so that they'll be here to care for our community as well. We've implemented a number of different strategies as far as keeping patients and staff safe and so I'm just going to go through a couple of those that we've already implemented, and a couple new ones that we've just implemented in the last couple of days. So, right away, we realized that we had to park down our hospitals to visitors and to outside participants such as our students and our volunteers. And as we started seeing the progression of the COVID virus, then we also put our hospital, which is on a level three visitor policy. So what that means is that our patients can come in but no visitor or family member with them. There are a couple of exceptions for that, and one is if we have pediatric patients in our ED. And the second is if we have patients who are in hospice or in a critical situation, that we want to make sure family gets to be with their loved ones during the death and dying process. So also, as we started limiting who could come in our hospital, we started elevating our staff entering the hospital as well. And a couple of new things that we've just actually done in the last few days, is started taking the temperature of all of our staff and divisions who come into Angel Medical Center and our surrounding clinics. We want to make sure that everybody who comes is healthy and we've asked staff if they aren't feeling well, to please stay home.

The second initiative we've just recently implemented again, focused on keeping our staff safe, is universal masking. So if you come in as a patient, you'll notice that everyone in a patient care area is wearing a mask. This is for their protection, as well as yours. And so, as we continue down this journey with, I think it's unknown path, with the coronavirus, we'll continue to access our practices and make changes, again, focused on our patients and our staff.

Some of the other things that we've been working on as well, is planning for a patient surge. So we partner with both our state and our local county officials and have daily and weekly calls with them so that we're all working together to make sure we can keep the residents of Macon County safe. A couple things that we've done, especially at the hospital, is prepare for what we call surge. And so we look at that in different phases. So when our ED gets busy, we have levels of surge that we will expand to, and we have adjacent spaces within the hospital as well as a building across from the hospital that we can use in case we get a huge volume out of ED and outpatient surging.

The other piece too, that's a real benefit for us being part of HCA, is that yesterday we were able to participate in a call for our national division that works for three different scenarios. So it really helps to have the prompts as far as, ok, how would you work through a scenario where you have 350% of the patients you normally have, and half of your staff are sick. And so it's really a benefit to have the resources with and through HCA to help us deal with this pandemic crisis. We've looked at the ED and also with our inpatient area and have plans if surge. We've looked at supplies. We've looked at staffing. We've looked at equipment and are ready to meet any of the surges that we've experienced – both from inpatient and ED perspective. Tomorrow we'll actually be participating in another call with our national division colleague, as far as our ICU surge. So as you've been watching the news, you'll see that most of those patients that come to us, either aren't very sick, and can be triaged and sent home for treatment, but the ones that come to us that need inpatient care are critically ill, and we have to be able to support them through ICU services and the use of ventilators and appropriate PPE.

I think that's another question that is on everyone's mind is providing PPE for our staff, and we have a good supply and we can keep our patients safe and our staff safe, as well. And so, again that's another benefit for being part of HCA and the stores that they have and looking at a number of reports we use daily to make sure that our inventory is what it needs, should we have a surge. I think two, and we think about this virus, you know, it's really important, and we've talked about it a lot, for you to stay home and the county is in one of the stay-at-home orders, but if you do need us, to first reach out to your primary care physician, and then, upon their direction, come to our ED and we're here, ready to care for you and we'll have the supplies, equipment and staff to move it forward.

Dr. Hathaway, do you have any other comments about preparation or questions in general, regarding COVID-19?"

[Dr. William Hathaway]

"Thank you, Karen, I do. I really appreciate you kicking off the conversation with that summary of what you've done over in Angel and Franklin to get ready for this epidemic, or pandemic, as it comes to our community. Let me just start by saying a couple of things. I want to give a little bit of perspective about myself so you can appreciate where I'm coming from, as it relates to dealing with the illness and having been in our community, and then we'll talk a little bit of an overview, elaborating on some of the things that

you talked about, Karen, related to the virus and what we know about it, and focusing on some testing and some other things that I know people are going to have some questions about.

First and foremost, I have been in this community since 1999. I'm a cardiologist by my training, and moved my family here to live in Western North Carolina to join those of you who are lifelong residents, and many of you have also chosen North Carolina like I have in the Western part of the state to live, and it's been a privilege and a pleasure to live in such a friendly and warm community based in community. I came because of the excellent medical care that was delivered, not only here in Asheville, but all of the small member hospitals, and I had a privilege to get to know many of the providers throughout the region – both when I practiced as a cardiologist, and then when I took the role on as the chief medical officer of Mission Health back in 2012 – at the end of 2012 and the beginning of 2013. My family is raised here in, while I'm not a native North Carolinian per say, my wife and my children have taken on the community as having been raised here and so, the commitment that I have, and I know that Karen has, and the rest of the providers have, goes beyond just wanting to provide health care. It's wanting to provide health care for friends and our families, and the people that we love and care for so much in Western North Carolina.

I can honestly say that in my wildest dreams as a physician, and as a physician leader, I never imagined that we would be facing this kind of a challenge for our local health care systems, less to mention our national and global health care systems. While we knew, based on some flu epidemics – the historical influenza epidemic of 1917 and 18, we knew that there could be viruses that could spread the globe and wreak havoc. It just seemed like a historical fact and not something that was tangible.

In 2009 there was the H1N1 epidemic of flu that concerned us greatly and certainly caused us to look and evaluated our processes and protocols that we have in place for handling a pandemic. A pandemic is an epidemic that spans the globe. An epidemic is a disease outbreak that occurs within a community or local area, and while we knew that could happen, we put lots of policies and procedures in place, but didn't realize that we would have to implement them and that one small virus emanated from China could then spread out throughout Europe and throughout Asia and ultimately get to the United States, coming across both, coming across the Atlantic and Pacific Oceans.

The coronavirus is the type of a virus that is not new to us. It typically causes the common cold. There are many types of it – about six or seven types of common cold. And then we ran into two varies of this virus – recently one called the MERS epidemic, and the other called the SARS epidemic, and these were focal outbreaks which you probably heard about in the news, of a coronavirus that was less transmissible than the coronavirus we're dealing with now, and that virus is the SARS CoV-2 Virus, and it causes the COVID-19 illness, and if you hear COVID-19, that's the illness that is caused by the SARS CoV-2 Virus. While MERS and SARS were far less transmissible, but far more deadly at a much higher fatality rate. Upwards of 40% of the patients who got MERS passed away, and maybe 10% of SARS, and as we're looking at COVID-19, fortunately the mortality rates are far lower in terms of the percentage basis. It's in the neighborhood of somewhere between .5 and 2% depending on how we look at the populations. We're still trying to learn that information, but the fact that it can impact and be so easily transmitted means that millions and millions and millions of people across the globe have the opportunity to be infected by this and a small percentage of a large number means a large patients will get sick.

About 80% of the patients who get this virus do very well, and have very mild symptoms, and do not have anything that requires hospitalization. About 20% have more severe symptoms and may require hospitalization. It's proportional to how old you are and how other many co-morbidities you have of what

your risk of having a severe illness is. Co-morbidities is a fancy term to say you have diabetes, or lung disease or heart disease. And then of that 20%, a small percentage gets really critically ill and we have to worry about those significantly.

I just pulled up some websites. I won't tell you which websites I go to, but the one I saw, at least for this, showed that we surpassed 200,000 cases today in the United States. We have seen the epidemic, of course began in Wuhan, China, and then the next great outbreak was in Italy, and we've seen the heart-wrenching videos and reports from those communities, detailing how they've been really overwhelmed by this virus, and in the last week or two, we've seen it come to our coasts. As you all know, there are certain hot-spots around the country, including New York City, and then out on the West Coast, Seattle Washington was the initial spot and then it's now more prevalent in California.

We have fortunately, to this point in time, spent on the trailing edge of the epidemic. We have seen some cases in our community and they continue to trickle in. I think Buncombe County's surpassed 20 cases right now, and there's been some cases in Macon, in Jackson County and a few others, but we're still probably less than 50 total cases in Western North Carolina. And the vast majority of these has not been hospitalized. We've had five patients hospitalized at Mission Hospital to date, and so we've been very fortunate. We have unfortunately had one patient pass away, which was not unexpected, given his age and other issues going on. Just to be honest, and not to create panic, but we will see more deaths in our community. That's what this virus does, but we're doing everything we can to prevent that and I think, as Karen pointed out appropriately, one of the most important things that you can do, and I think may serve us very well in our communities, is to stay home and stay safe so that we decrease the transmission rate and we can, as they say, and I'm sure you've all seen these curves, we can flatten the curve. We can decrease the number of patients who approach our health system and make that curve, instead of all the patients coming in at once, we can spread it out over time, decreasing the total number of patients and allowing our health systems to handle this surge of patients. I've used this analogy on some of the other calls and the reason this is so important is that if we had a busload of school children who were in an accident and they all came in with trauma, 100 children into our emergency department at once, we would be overwhelmed, and it would be a real challenge for us to handle all those 100 children if they came in a very short period of time. On the other hand, if we had 100 children who came in over a period of 10 weeks, in a spread out fashion, our resources would be more than adequate to handle these patients, and so all of our direct is on keeping people at home, and keeping people practicing all the safe practices that you've heard about – washing hands and staying six feet away from your neighbors, and being cautious about what you touch and where you're touching, etc. and no gatherings of more than 10 people.

Those are all designed to flatten the curve. It's to prevent the school bus from coming and make it a trickle of patients who come into our health systems. We know that the presentation typically for this illness, is what we call a lower respiratory tract infection. That's a deep cough, often associated with pneumonia and a fever. So the classic symptoms that we've seen early on are cough, shortness of breath, and fever. We do know, however, that not everyone presents the same way, and that the presentation can be highly variable. What we are asking people if they're wondering, do I have COVID-19, or not have COVID-19, is to – if you have normal sort of upper respiratory tract infection, or a cough or a cold that's mild to moderate in intensity, and it's not an illness that you otherwise would not have gone to see your doctor or your health care provider, we say, stay a home, ride it out, isolate yourself, take some cold and flu medicine to help you get through the symptoms, but there's not necessarily a need that presents to get care. What we're worried about is people who are not particularly sick going out and getting care, and that that'll inadvertently create

higher levels of transmission of the illness among members of our community, particularly those who are most vulnerable.

If your symptoms are worse or they're concerning, the first thing we ask that you do is either call your provider and get some guidance from them about what you should do to be seen. We do have a virtual clinic at MissionHealth.orgVirtualClinic/VirtualClinic that you can manage to get an online assessment and get some guidance. But if it's mild to moderate symptoms, and you have questions, call your provider.

That's a way to get triaged then to determine whether you should come in, at what point you should come in to be seen and be tested. Our testing – you've probably seen a lot of changes in the testing recommendations over time. It was not long ago that we were trying to do mass testings of people in our communities, but we've learned a couple things about that. One – we don't have a lot of testing available, and so when we test the walking well as it were, the people who are relatively not that sick, then the test results are not available for those who are much sicker.

More recently, and in addition to that as we test people, we end up using a lot of our personal protective equipment – the masks and gowns and gloves that are so critically important to protect us and other patients. So we are concerned because of the shortages with, as I'm sure you've all heard about, in testing people that you may not have supplies at a later date.

Two things to be commented on about both the testing and the PPE. Number one is that testing is becoming more widely available, and we anticipate that we'll be able to test more people as time goes on, so be aware of that. And we're hopeful that in the next few weeks, our recommendations about that may change. And number two – the PPE still is a concern for us. We've seen the heart-wrenching videos – both from Italy and of New York City, of health care providers who are experiencing a shortage of the PPE, and so we've been very concerned about our supply. We are actively working with our resources at HCA, which is a large national company, over 185 hospitals throughout the country, to make sure that we have adequate purchasing power. And so we're getting better supplies on that, which is good, but there's still a certain amount of uncertainty, and the other thing which is heart-warming to me, is that many businesses and local companies are shifting their production lines over to help us provide for PPE in a safe fashion. And then we have many, many community members who are offering to donate. Large companies – Harbor Freight, is one who's donated many of their protective gear that was not necessarily designed for health care, but will work in this setting to us to use. So we're hopeful that we're going to maintain adequate supplies of PPE going forward, but that remains a concern of ours, and we're judicious in how we allocate it to make sure our patients and staff are safe. Our number one concern when you come to the hospital is that you're safe in this setting, without running out in the future when we get the onslaught of the patients.

I don't know how much we're going to see, and how much it will affect our community. It's very hard to predict this, so it's clear that it will come and affect us. Our goal and our hope, as I stated earlier, is that all this staying home and sheltering and being safe will lead to a blunted fall of patients in our health system that we'll be able to handle.

As Karen pointed out very nicely, we have been working as a system – both the HCA hospitals in Western North Carolina and then the non-HCA hospitals, such as Swain County and Harris in your communities and then Pardee in Hendersonville, and Park Ridge in Fletcher, and they're all as different health systems who coordinate our care and make sure that we are delivering care in a coordinated fashion to meet whatever surge we might need. We are looking at our bed availability. We're prepared here at Mission Health to take

on the sickest of the patients in Asheville, by converting our non-intensive care units into intensive care unit beds in a standing bed capacity so we can meet this unexpected surge. We have ample supply of ventilatory care right now that we think will be able to meet the need. It's unpredictable and we can't make promises, but I want people to feel reassured that we are working diligently on this daily to make sure that we have beds, we have ventilators, we have PPE, and we have staffing plans that will gear us up to help meet the surge, whatever it proves to be as we go forward.

I think that sort of summarizes the overview I wanted to give and then I think probably I'll turn it back over to the moderator and we can take some questions.

[Moderator]

"Thank you, Dr. Hathaway, Ms. Gorby. The townhall will now open to Q&A. If you have a question, please dial star, three, and an operator will be able to assist you. For questions, once again, it's star, three. To get started we have a question that was submitted online. Stephanie Wright – is it possible for someone to spread COVID-19 before they're showing symptoms? Dr. Hathaway, we'll start with your response.

[Dr. William Hathaway]

"So this really is to say our standard thought about infectious diseases and illnesses is that there's an exposure period, there's an incubation period where a patient has the virus but doesn't know it, and then there's the onset of symptoms. And the standard thought is that the spread of virus typically occurs after the onset of symptoms or is greatest during the onset of symptoms. What we're learning, in this case, is that there are definite circumstances where patients can spread asymptomatically. We do not believe that that's the major way by which this virus gets spread. Like the flu, it tends to be spread through droplets. Droplets are secretions from one patient, or one person to another. It could spread through a cough or a sneeze or a breeding particle that's in the air or taken in either by breathing in from the person's exposed, or by touching the surface where the droplets have been, and then that patient, that person touching their own mouth, or eyes, or other mucous membranes, and then inoculating themselves with the virus.

And so, the answer to Stephanie's question is yes, we think that happens, but we don't think it's a major form of transmission, but it's why we need to isolate people who have exposure before they have symptoms. The key is maintain that social distance by staying in small groups and not with people who are exposed, and when you're with people, stay at least six feet away, because that's the sort of guidance about how far we think those droplets typically are spread, and then practice good hygiene in your house, and wash your hands. Don't touch your face, and minimize the chance that you, yourself, will bring the virus into your own body."

[Moderator]

"Thank you, Dr. Hathaway. Anything to add, Ms. Gorby?"

[Karen Gorby]

"No, I think Dr. Hathaway's thoughts are right on target, because it is about how you can protect yourself in this time, and washing your hands, again, using antiseptic wipes at home, and there's a lot on TV about when you go to the grocery store, how you unload your groceries, and if you get takeout or delivery, how do

you take the food out and discard the cardboard box? I think that there's a lot of information too that you can find on the CDC website, and also on the COVID-19 website in the state and nationally, that if you apply those practices, you reduce your limits of risk of you or your family getting COVID-19."

[Moderator]

"Thank you, Ms. Gorby. We've got another question submitted online. Michael Rice – what are some of the ways that the community has been supporting the hospitals and what can you do to in order to continue to support? What was your response, Ms. Gorby?"

[Karen Gorby]

"So the community has been great in offering to provide masks, and to help make homemade masks, and offer other supplies that have been donated, and so we're gathering all of those supplies, and have a warehouse area that we've collected, and we're really grateful for anyone who does that for us. And. You know we have, adequate supplies here, but if any point and time, we surge, we may need more. It's been great that the community has offered to do those services for us, and right now, we're not wearing any of the homemade masks, but it's good to have them just in case we get to that point, so we appreciate all that that the community's done. I know that some of the local groups have plans. They come and pray for our staff. And let us know they're thinking of us and supporting this great work that our staff does and so getting that support from the community is greatly appreciated."

[Moderator]

"Thank you, Ms. Gorby. We actually got a call on the line… He is inquiring about some specifics around sharing of patient – COVID-19 positive patients at facilities. We can take your question live about how that information can be shared with the health department. Reed, the line is now yours."

[Question]

"Yes, I couldn't quite hear all of that, but we did get a notification from the public health department here that the first community spread, I guess, that a patient has been diagnosed here and is being treated and quarantined at a local hospital – a hospital in the region I believe it said. And I just wanted to see if that person was indeed being treated at today's hospital."

[Karen Gorby]

"So I can share with you what was on the press release from our county health commissioners, that they are being treated at a local hospital, and we're all concerned that we have our first apparent acquired community positive patient, and, as with any type of patient, information that is protected under HIPAA, and where they're at is also protected, so aside from the press release that you received, we can't offer any more information."

[Dr. William Hathaway]

"Let me just add on, because this is a good segway to talk about what community-based transmission means. Early on in this part of an infectious disease like this, we are pretty easily and able to identify where

the patient came from and where their exposure history was. The first cases we had in Western North Carolina, but the first case we had was someone who had traveled into our community from New York. And so we were clear that was an acquired case from an exposure in New York. Once a virus, you know, each person – we think can transmit on average up to three different people or so, and then those three get three, and those three get three, and by the time you get down to the food chain of ways, that's when we hit a place of community transmission, and it's impossible to tracking of exposures in context to know where the illness emanated for that individual person, and so we are clearly in this country now in a state of community-based transmission. We're still behind the curve here in Western North Carolina, in that it's not that widespread. All of these stay home and stay safe campaigns – that's our biggest weapon against being overrun by the surge right now."

[Moderator]

"Thank you, Dr. Hathaway. Next we'll go to another question submitted online. And we've got a question from Susan, and Susan asks, what role will telemedicine play in helping slow the spread of the virus? Dr. Hathaway, we can start with your response."

[Dr. William Hathaway]

"I'm sorry I missed that part. What role will – ?"

[Moderator]

"Susan Rice – what role will telemedicine play in slowing the spread of the virus?"

[Dr. William Hathaway]

"So that's a great question, Susan. Telemedicine – this illness may be a turning point for our widespread use of telemedicine in the United States. The beauty of telemedicine is it allows an interaction between provider and patient without a potential exposure, and we've used telemedicine in lots of different ways now when we've had – as an example we had once, over a year now, had a telemedicine cardiac clinic where Asheville providers, cardiologists, are able to do advanced heart failure care for patients in the Franklin community. So they don't have to make that travel trip to Asheville, and that was a convenience for those patients to prevent sick patients from having to travel long distance and giving them access to the advanced care.

Now we can demonstrate the beauty of this in terms of local care and providing care visits, and that it'll afford almost everything the patient needs except for the physical exam portion of the visit, and it'll decrease the transmissibility, so things like wellness visits and the variety of other less critical visits that can be done over the phone will prevent both the patients themselves from exposing themselves to the illness, and if they have the illness, it'll prevent them from going in to the community health care center, whether it's a clinic or a hospital, and then inadvertently transmitting the disease. So it is a critical element in our ability to slow the spread. In addition to virtual clinics, so if you don't have a provider, if you're not having a visit with your individual provider, that you could get access remotely, via the internet."

[Karen Gorby]

“And here at Angel Primary Care offices, we are using our telemedicine, and the physicians are contacting and other providers are contacting patients at home. One of the other avenues that we use in telemedicine is our infectious disease, so as we look at rolling out patients who could potentially have COVID-19, we can contact our infection prevention physicians and actually, they can do a tele-visit, with a patient and help guide the carrier’s patients remotely from Asheville. We’ve used telemedicine a lot of different ways here at Angel Medical Center, and at our clinics, and I agree with Dr. Hathaway. I think it is opening the door for us to use it even more, and part of it is now with some changes from the federal government, we’re able to do those phone visits through telemedicine for primary care so that patients don’t have to come out and can stay at home.”

[Moderator]

“Thank you, Ms. Gorby. Next we have a question on the line, but before we take that, just a reminder to all the participants – if you have a question that you would like to ask, please dial star three, and an operator will be available to assist you. That prompt again is star three.

Next we have Elaine, who has a question about the protection that may or not be received from a pneumonia shot. Elaine, the line is now yours.”

[Question]

“I was just wondering, if you have a pneumonia shot, could that protect you from getting pneumonia when you’ve got this virus?”

[Dr. William Hathaway]

“Let me take that one on. That’s a really good question. The pneumonia shot – well, first of all, let’s talk about vaccines in general. How does a vaccine work? A vaccine typically takes either a portion of a bacteria or a virus, and puts it in a fashion that won’t result in an infection in the human body. We give it to the patients and then that patient, by having those vaccine particles in the body develop antibodies which are designed to fight off the specific virus or bacteria that is being a part of the vaccine. Specifically, let’s talk about influenza. We know that the influenza virus, each year, we encourage people to get vaccines. It takes portions of that virus that stimulates antibody protection and it’s specific to that virus and we hope that those antibodies will then prevent infection.

What’s unique or interesting about the influenza virus, is that it changes every year. It has an ability to mutate, and so we base our vaccines on what the strains for the prior year, and that’s why it’s not always 100% effective. There are pneumonia vaccinations, which are designed specifically to fight off the pneumococcal bacteria. The streptococcus pneumonia bacteria that causes a great majority of pneumonias in people, and if you get that vaccination, you will be protected, not 100%, but fairly protected against getting bacterial pneumonia from the pneumococcal bacteria. So in corona, or in COVID-19, while pneumonia is a part of that illness – pneumonia means an infection in the lungs – we can get pneumonia from bacteria. We can get pneumonia from fungus. We can get pneumonia from virus particles. We can even get pneumonia – chemical pneumonias. These are – the pneumococcal vaccines offers no protection, nor does the influenza vaccine, against this virus. The SARS COV-2 virus is the cause of COVID-19.

We are hopeful and actively investigating a series of different studies around the globe to see if we can develop a vaccine for this, but frankly the timeframe in which those trials will take place in development of that vaccine is going to happen is not going to help us in this epidemic. It will be a minimum of a year to a year and a half before any are really available or proven to be effective the way vaccines work."

[Moderator]

"Thank you, Dr. Hathaway. Anything to add there, Ms. Gorby?"

[Karen Gorby]

"No. I think Dr. Hathaway did a good job differentiating the virus vs. bacterial, and I think we all look forward to the time when we can get a vaccination against COVID-19. But I think that we're just going to have to weather this storm with it this time and learn and be able to be better prepared in the future."

[Moderator]

"Thank you, Ms. Gorby. Next we've got a question coming out of the line, and Denise is asking about potential over-the-counter drug interactions that might impact the efficacy of the virus. Denise, are you there? Denise, the line is now yours."

[Question]

"Okay, I'm so sorry about that. What I had a question about was an ACE-inhibitor. I've read that can substantiate the lung complications. I was wondering if there was any truth behind that?"

[Dr. William Hathaway]

"That's early and developing science. We believe that the area's an affinity of the virus for the – it's a complicated story, so I'll try to make it as straightforward as I can, but Angiotensin is a receptor that – it's a protein that's on the cells within the lungs, and there are reasons to believe that the virus has an affinity for these, and that it can somehow interact and cause, potentiate the transmissibility of infection. And so, lots of science is being looked into right now about the role of ACE-inhibitors in this setting, but it's still very preliminary, and we don't have any definitive guidance about it at this point in time.

Most people who are on ACE-inhibitors need those ace-inhibitors for heart disease. They're very valuable for blood pressure control and for treating congestive heart failure. They're life-saving therapies, and so the jury is still out on what our guidance is going to be long-term about that."

[Moderator]

"Thank you, Dr. Hathaway. Any additions there, Ms. Gorby?"

[Karen Gorby]

“No. I think Dr. Hathaway covered that very well. I think there’s a lot out in – I’ll say the internet— that talks about different medications, but I think it’s really too early to know if you should or should not take certain medications to prevent, or when you’re symptomatic from the COVID.”

[Dr. William Hathaway]

“Let me just elaborate on that, with respect to treatment. As in any new and evolving therapy, we’re learning something, or illness, we’re learning something about the therapy every day. Historically, and this has changed since the advent of the HIV virus – our ability to treat bacteria with antibiotics has been much better and much more effective across the board than our ability to treat viral illness with anti-viral therapies. We have used a host of medications to blunt the symptoms. Tamiflu is one example of the influenza infection, but frankly, they limit symptoms frequently and can serve as a prophylaxis to prevention from getting infected, but it’s nowhere near as effective as antibiotics for bacterial infections.

We have some – what we call “anecdotal data” – meaning it’s not rigorously tested, and as people say they’ve tried certain things and it seems to work, that look like some medications including Remdesivir, which is an intravenous anti-viral, and some other therapies, actually, some anti-malarial therapies. Hydroxychloroquine may be beneficial in treating this illness and even what is traditionally a bacterial antibiotic called Azithromycin may be beneficial, but we are advising in no way at this point in time for anybody to take any of these medications on their own, and we’re trying to reduce the use of these for patients who are severely ill. I even saw a story, just to guard against self-medicating, where a couple took some medication they had used for their fish tank, which was a chloroquine-based medication to clear their water, and they had severe toxicity and died. So no home therapy for this, despite what you read. Get only guidance from your doctors, and please, just be very, very cautious. The harm of doing something on hope, and a guess, is far greater than any potential benefit at this point in time.”

[Moderator]

“Thank you, Dr. Hathaway. A reminder to the participants – for those who would like to ask a question, just dial star three, and an operator will be available to assist you. This question, prompt again, is star three. We’ll take another question that was submitted online. Phil Rice: How do I know it’s safe to discontinue self-isolation? Ms. Gorby, we can start with your response.”

[Karen Gorby]

“As far as we know, and this is true, really the CDC’s guidance is that we’re recommending that anyone who self-isolates does it for 14 days. Now, I think each individual situation is different, because it depends on if you have symptoms or you don’t have symptoms. If you are experiencing some of the symptoms, and continue to have like a high fever or a deep cough, you really need to get in touch with your primary care physician to find out what is actually the cause. If you’re not having symptoms, then, typically we’re saying 14 days.”

[Dr. William Hathaway]

“I think that’s exactly right, Karen. The 14-day guideline is the best – there’s some more detailed complicated assessments of duration of symptoms, time of fever, etc., etc. But clearly anyone who remains symptomatic is within that 14-day window. Please stay away as much as you can.”

[Moderator]

“Thank you, Dr. Hathaway. We’ve got one more question that was submitted online, and Jill Rice: Should I wear masks to protect myself? Dr. Hathaway, we can start with your response.”

[Dr. William Hathaway]

“So this is a good question. I think physical barriers for the droplets are always a beneficial thing. The problem that we’ve run into of course, is that there’s just simply not enough masks for everyone to be masked all the time, and we want to reserve and keep our masks, and certainly the medical masks, available for the highest risk situations. We’ve gone, as Karen alluded to, from masking our providers in the hospital and anyone who comes into the hospital, because we have enough availability in that circumstance. I certainly would – if you have a mask, I wouldn’t say don’t wear it, but I think that the other measures of social distancing and being alone are priorities right now. And the other problem of course, is that the masks lose their effectiveness overtime, and if you’re not used to wearing a mask, oftentimes people find themselves fiddling with the mask, touching their face, rubbing their nose, and that actually has the inadvertent or unanticipated effect of potentially increasing your exposure if you’re touching as much. It’s a balancing act at all times to say the least.”

[Moderator]

“Thank you, Dr. Hathaway. Ms. Gorby, anything to add on that?”

[Karen Gorby]

“Sure, a couple of things. One – in fact, we’ve just recently used this with our team here today is, if you wear a mask, there’s a different way you have to take it off. So, as Dr. Hathaway said, it collects the particles and so you don’t want to take the mask off and accidentally have yourself be infected with anything that could be potentially in the particles. And then the other piece too is a lot of people need, are looking at the N95. One is not equal to the other they have actually three different sizes we use, and with those you can’t really have any facial hair. So sometimes people say “Oh I have this N95 at home, I’m going to wear it, and then they could actually cause more harm to themselves than help themselves by wearing an N95 that isn’t the right one for them.”

[Moderator]

“Thank you, Ms. Gorby. That is all the questions we have time for this evening. For daily updates, please follow Angel Medical Center 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 Ms. Gorby for closing remarks.”

[Karen Gorby]

“Thank you. So, in the midst of us dealing with COVID-19 and planning for our community in case we do have an influx of patients, I just wanted to let you know that we’re continuing to plan for our new hospital, and so, if you remember, we’re planning on building our 30-bed hospital… and also five observation steads. We’ll also in the new hospital have all the different diagnostic and specialty areas that we offer in the current Angel Medical Center. And we really looked at, when we decided to build the new hospital, it was really driven on the data from the community to make a decision on how to build it, and where to build it, and so… if you’re not aware, planning to build it off 441, and the easiest way to think about that is it’s right across the street from the new Bojangles. And so, we’ve been doing a lot of work on the new hospital. A lot has to happen either before we either return the shovels and dirt, and that includes getting all of the permits, doing our designs, and we have just finished doing what’s called our detailed design at the new hospital. The hospital will be a two story building, and all the outpatient services will be on that main entrance, so, when you walk in, you’ll see a person who will register you, and if you go to their right, that’s where our perioperative services will be. To the left of that, that’s where emergency services will be, and in the center their diagnostic services. So all of your outpatient care will get taken care of on that first level. The inpatient care will be on the second level, so that will provide an increased area for our inpatients to be here for an extended period of time. That’s a quiet, not stimulated environment that we can provide care in. A couple of things that when we looked at the design of the hospital, we really kept the town of Franklin in mind. And so, some of the things that are about Franklin when you drive down Main Street, you can see the red brick buildings, and outside of the hospital, the red brick. There’s a strong Scottish heritage in our community, and so, you’ll see plaid being used in the furniture.

One of the other key elements of the design we looked at is one of the things that the community has engaged and just rebuilt was the Fire Tower, Wyah Bald, and all the stone, and so we have a stone wall that represents the fire tower there. And then we’ll have the glass etchings of the mountains, and so we’re taking elements that are part of the Franklin community and weaving those through our new hospital.

And so we’re excited about getting ready to start breaking some ground. The first thing that you’ll see happen is we’re going to relocate the road that goes through that property, and we hope to be started in that process this summer, and potentially have some structure started later in the fall. So we just want to let you know that in the midst of our crisis that we’re facing throughout the country and our community, we’re still working on our plan to build our new hospital.”

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