

Mission Hospital McDowell Townhall

Participants:

- Carol Wolfenbarger, CEO and CNO of Mission Hospital McDowell
- Dr. William (Bill) Hathaway, CMO at Mission Hospital

[Moderator]

“Good evening. Thank you for joining the Mission Hospital McDowell Virtual Community Forum hosted by Mission Health. Leading the discussion this evening, we have Mission Hospital McDowell CEO and CNO, Carol Wolfenbarger, 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 Mission Hospital McDowell, the hospital’s coronavirus preparation, as well as the 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 three, and an operator will be available to assist you. For questions, once again, star three. I will now turn the call over to host Carol Wolfenbarger, to begin the forum.

[Carol Wolfenbarger]

“Good evening. Thank you to the Mission Hospital McDowell Virtual Community Forum. I am so pleased to be with you here tonight. Again, I’m Carol Wolfenbarger, the Chief Executive Officer of Mission Hospital McDowell, and we are so glad you joined us. I have had the great opportunity to serve in this organization since 2015. My husband and I relocated to McDowell County that year, and were immediately embraced by the wonderful people of the McDowell County. We’re thrilled to call McDowell County home, and we’re enjoying, of course, the beautiful location that we’re blessed with. We have two great sons – all grown, Fess, who works and plays in Knoxville, Tennessee, and Gale, who lives and works here in McDowell, and we also have a sidekick Finley, who’s a Great Pyrenees who we love to play with every day. Working alongside the folks in McDowell County has been phenomenal and a great blessing. It was exciting and thrilling to oversee the replacement facility that we opened in 2018, and there’s so much that we have hoped for in the future here at Mission Hospital McDowell, and I have appreciated the great team I get to serve along with every day. Not only here in the hospital, but also in our community. In a moment, I will be sharing with you what we’re doing to prepare for a potential coronavirus outbreak. But first I want to introduce my esteemed cohost for the evening – Dr. Bill Hathaway, chief medical officer at Mission Health in the North Carolina Division of HCA.

[Dr. William Hathaway]

“Thanks a lot Carol, I appreciate that. It’s a pleasure to be here, and I look forward to sharing my thoughts about the conversation related to the virus and how it’s effecting our community, and then, also to specifically discuss what we’re doing to prepare for the virus as a healthcare system in Western North Carolina, and last but not least, most

importantly, to listen attentively to your questions and answer them to the best of our ability. Take it away, Carol.”

[Carol Wolfenbarger]

“Awesome. Thank you. We appreciate so much your leadership across Western North Carolina. So, as most of you know, COVID-19 is a public health crisis, and it’s such a preparedness activity which are all aimed at our sustainability to care for our community. It’s been in place for a while, and it’s focused on several things.

First and foremost, we want to assure the safety of our staff, patients and visitors preventing the spread of COVID-19 is where team members, hospital staff, physicians, providers, to ensure that our qualified and expert team is ready to care for our community is a priority. Also, we’re maximizing the ability to care for a high demand of patients – especially with critical care needs. And we continue to facilitate effective communication as the information and surveillance data change daily almost, requiring our response to be modified.

On March 17 of 2020, the vision of William Keller, our director of emergency services from McDowell County, we partially activated McDowell County Emergency Operations center to bring together public health with multiple key stakeholders in our community. I can not reiterate enough how important this collaboration for planning and response is to ensure we all effectively serve our community, and I applaud all of the entities that participate in this important process. The McDowell County EOC is established is the needed communication to ensure that our response is coordinated, responsive to changes and provides access to resources. Mission Hospital McDowell participates daily in the emergency operations center teleconferences. And it’s invaluable to ensure we address issues and concerns, while public health provides an update regarding the current status per incident of COVID-19.

Mission McDowell Hospital begins planning as part of HCA in the North Carolina Division as early as January, beginning with assessment of our bed capacity and equipment, and we’ve benefited from the proactive planning and resources we now have as part of HCA Healthcare. We’re supported by the HCA Corporate Emergency Operations Center, as well as the HCA North Carolina Division Emergency Operations Center. This allows us to move in tandem for supporting of team members and our community. Guidelines that are implemented are carefully crafted and based upon the most up to date recommendations of the CDC. On March 18, Mission Hospital McDowell established our formal incident command process to finalize the needed planning and response for the anticipated demand for patient care, and here’s what that means for our community.

We’re engaged in detailed bed utilization planning to prepare for the epidemic using project impact data across all of Western North Carolina. We are daily reviewing the bed capacity, ICU availability, equipment availability, and supply-demand to ensure that we have positioned ourselves in the best possible way to respond. WE have developed

plans to support an increased demand for emergency care. Just this week, McDowell County Emergency Management set up two tents adjacent to our emergency department. That is in preparation for a surge of patients to our emergency department and it allows us time to practice the planned process before we actually seek patients through that process in those tents. And so it allows us the ability to increase our emergency care to our community. Suspension of non-essential surgeries has allowed us to free up beds – not only here at McDowell, but across Mission Health, and it will allow us to address the surge of patients should it occur. As needed, we are also able to access this additional bed capacity, by converting other hospital beds in a sister facility, as well as St. Joseph's into additional ICU or to keep care capacity. Locally, we're prepared to expand into several areas in the hospital to provide care for patients, and we continue to work with McDowell County Emergency Management on alternate care sites, creating additional beds and areas to serve patients, also means that we're focusing on the staffing plans to support these areas – including RNs, LPNs, certified nursing assistants, advanced providers, support team members, and physicians, including how to utilize innovative technology like telemedicine. Telemedicine has been key to supporting our patients in the past, and it will be key to supporting an influx of critical care patients. Currently, Mission Hospital McDowell uses telemedicine to support our emergency department, and inpatient settings, and we now have full access to be able to consult infectious disease through telemedicine linked to Mission Hospital, and we continue to have access to emergency providers, hospitalists, neurologists, oncologists, and behavioral health providers as needed. Just this week, our clinic implemented virtual care visits to be able to follow up with their patients, while maintaining the much-needed social distancing process. We have had in place for several years, Mission virtual care, which provides our community with virtual health training and connection to a provider safe within your own home. With prevention of spread of Covid-19 to our own team members, a key strategy, as we work to keep them healthy to care for this community, we have done several things. We've implemented level three visitors restrictions. Based upon the incidence of Covid-19 positive across Mission Health, level three restrictions means there's no visitors. The exception would be one visitor with a pediatric patient, and one with a laboring patient. We are screening our team members at this time at the time that they are taking their shift, including taking their temperature. This helps us prevent an inadvertent exposure while connecting our care team to resources for care. We require our patient facing team members to wear a mask at all times. Masks are optional for team members that are not caring for patients.

We have put in place a rigorous process to ensure that personal protective equipment is available, that it's used appropriately, and it's conserved for a future time when demand has significantly increased. This process follows the recommendations of the Centers for Disease Control. Supporting our team members for this crisis is also key. Departments who have reported closure or significantly reduced volume – they're being redeployed as possible, to assist with other roles and duties. Team members who are quarantined because of COVID-19 will be paid at 100%, regardless of where the exposure occurred. Team members who can not be redeployed will receive 70% of their base pay through May as part of our attempt to ensure our workforce is ready to go

when we move through this pandemic event. Scrub laundering will also be provided to team members as they care for COVID-19 patients. Our leadership at HCA Healthcare is working together with government leaders at every level, to access what our caregivers need, and collaborating with top experts and industry leaders, as part of the COVID-19 health care coalition to develop solutions to protect the safety of our patients, and front-line clinicians. Over the course of my 38-year health care career, there have been periods of time when public health and health care services faced pandemic threats. Some examples I can think of include what we call the bird flu, and then there was Ebola. At each juncture, we planned and we prepared and we considered the hard decisions. We're doing the same today. The pandemic facing us today is proving to be a bit different and it is palpable to our community, as we watch areas in New York and other parts of the nation and world unfold. AS our preparation activities unfolded as part of HCA, I have been so impressed with the support we've received from the Corporate and Division Emergency Operations Centers, as the leaders and experts reviewed and synthesized the changing recommendations and issues, while truly focusing on being proactive and planning a response that was save for our communities and team members. A key part of this is working diligently to ensure that assessments and appropriate controls were placed on personal protective equipment to ensure the availability of our team for the duration of the event. It is difficult to imagine going through this event without the resources we now have to support the event response across all of the hospitals that are part of HCA, and for this, I know that we are truly blessed. Another blessing of equal importance is how this community has reached out to offer support and encouragement for our health care workers, as well as donate supplies. Donation of personal protective equipment supplies can be dropped off at entrance two at Mission Hospital McDowell, Monday through Friday, from 8 a.m. to 5 p.m. We also deeply appreciate all offers of handmade masks and are happy to accept them for the possibility of future use. Alternatively, we would encourage people making these to connect with Western North Carolina Masks of Love. The email there is masksoflove.org to ensure that they can be distributed to other essential workers in the community who may need them more immediately. Just a reminder. I don't think we can say it enough. The symptoms of COVID-29 are fever, cough, shortness of breath. If you have those symptoms, the first thing to do is really call your provider. The symptoms may be mild and not require you to actually move up out of your home and to see a provider. However, if you think you are having difficulty breathing, we're here for you, from an emergency department standpoint. A reminder to keep your social distancing and to wash your hands. Just a couple of things I would love to share with you – the McDowell County Emergency Operations Center has a COVID-19 hotline that has been a phenomenal response to the questions that our community has. The phone number is 828-527-6687. And if you have a concern – not an emergency, a concern or a question about COVID-19, please take advantage of this resource.

I want this community to know that our care team is prepared and we will be ready for this defining moment should the situation escalate in McDowell County. We want you to know that we are standing together to respond, and we are looking forward to that day when we return to business as usual. And so, that's my wrap-up of our preparation, and speaking of business as usual, I just wanted to provide you with a few updates. One of

the key things we do from a hospital standpoint is make sure we have experts here in our community to provide that care, and over the past 12 months, we have welcomed five physicians – Alyssa Haynes, OBGYN, is part of Mission Women’s Care. Paul Fletcher is internal medicine pediatrics, and he joined Mission Community Medicine. Carol Delegarza is our physician in Mission Pediatrics. Ben Hyan is our family practitioner in Mission Community Medicine in Old Fort, and Dr. Richard Rubin is a hematologist who is part of Mission Cancer Services. And we welcome all of them. On Monday, we anticipate Dr. Terry Percy, a cardiologist, to begin rotating here in the cardiology practice here on campus and late this summer we will welcome Dr. Dan Martinez, who is joining Mission Surgery. Additionally, we continue to develop our services, including the addition of stereotactic imaging and performing MRIs of the breast. Another service that we will be opening as we move through this event is outpatient behavioral health program and I look forward to sharing more about that program in the future.

It is my sincere privilege to work alongside the Mission Hospital McDowell team of health care workers and providers, truly our compassionate care team. We’re here for you during this extremely challenging time. Again, I encourage you to stay at home, practice social distancing and wash your hands. I will now turn it over to Dr. Bill Hathaway, Chief Medical Officer of the North Carolina Division of HCA.”

[Dr. William Hathaway]

“Thanks a lot, Carol. That was really quite a nice summary of – a great overview of what we’re up against here, and I’ll just supplement that in a few ways before we turn it over to questions. As Carol introduced a little bit about herself, I just want you to know that I feel a special affection to all the people in Western North Carolina. My wife and I have been here now for 20 years. I was a practicing cardiologist up until last year with Asheville Cardiology, and had many patients from your counties and the other counties in Western North Carolina who I was privileged to be able to take care of. I’m originally from Wisconsin and we moved here in 1999 and raised our three kids who consider themselves natives – Western North Carolina natives, and for those of you who are truly natives, you are fortunate to have been raised in such a wonderful place and those of us who have adopted this as our home place couldn’t be happier to be welcomed by such a wonderful community that cares for each other, and I think we’re seeing that spirit of community, and rising up to support each other as we face this epidemic, so it’s a real privilege. I’ll start out with a little bit of background about what this virus is all about. You know a lot about it, but I’ll give you my two cents. In a brief period year, as we know, this is a virus that globally has been referred to as the coronavirus, but it’s a specific virus that’s – it’d be like calling something a car, but this is a specific kind of a car, like a Chevrolet, and this is the SARS CoV-2 virus in that family of viruses. And there’s a number of these kinds of viruses that are out there, and many of them we’ve know about for a long time. Some are fairly benign and are a common cause of the common cold, while two of them have a much more deadly profile – the MERS, or Middle Eastern Respiratory Syndrome, and the SARS, Severe Acute Respiratory Syndrome viruses that we’ve seen in the last 20 years which were a variance of this

coronavirus. And they had very focal outbreaks, infecting a few thousand people, but they were much more deadly with mortality rates of 40% or so for the MERS and about 10% for the SARS. So we learned a lot about them at that time. Fortunately, we were able to control those outbreaks. They weren't anywhere near as transmissible at this virus. This virus is one of the most easily spread viruses that we've seen in a long time, and that's why it's become a pandemic. You all know the phrase epidemic, which means an outbreak of a disease locally, but a pandemic means that it's spread across the globe. The virus had its origins in China and went to Italy. It went to Iran – and all across the globe, and that it's literally on every continent, perhaps, except of course Antarctica. And we've seen it here. It came to us both via direct transmission into the East Coast and on the West Coast, and now we've seen community transmission, which means it's being spread from neighbor to neighbor.

We fortunately, much to our extreme gratitude here in Western North Carolina, have been a little bit on the trailing edge of the epidemic, and for that, I think we should all be very grateful, where if we've seen many, many thousands, tens of thousands of cases in New York City, the state of North Carolina has far fewer, maybe between one and two thousand cases to this point in time.

And in Western North Carolina, our 18-county region, I'm estimating, I didn't honestly look at the numbers today, but I think we're still less than 50 total cases, and Mission Hospital, as an example, has only had five inpatients so far. So we've been lucky to be behind the curve, and one of the best things about being behind the curve is that we're learning through lots of other health systems, including health systems in our own company, HCA Healthcare, across the country about what are the best ways to prepare for this. So we've been on the preparedness track for many, many months of care alluded to. I don't know when the virus will get here in full force. I hesitate and shudder to suggest when will be our peak flow of patients, but lots of predictions have been made, and it's looking like it'll be late April, May sometime. We'll have to see the changes daily and a focal local outbreak could really change that. We could be protected because of the lockdown that we've been under. It just remains to be seen. We will definitely see more cases. There's no doubt about that. I want you all to be prepared about that. We'll try to let you know. We want to share as much information as we can.

Early on, there was a tremendous focus on testing, and I want to comment about that, because we're getting lots of questions and queries about what's the role of testing. Early on, we tried to test lots of people, but across the community, and tried to set up community centers for testing, but we learned from other health systems that testing – was a problem because of limited availability of testing early on. We didn't have enough tests to go around, and number two – the equipment required to do the testing, to protect the people who are getting the samples, was in short supply.

I think you've seen all the videos in New York City and in California, and of course, in Italy, early on, the desperate situations where health care providers did not have the masks and gloves and gowns and face shields they needed to protect themselves and

patients that they were caring for this, and so the state, a few weeks ago, made a decision to restrict testing in the sense that we wouldn't test outpatients per say, but we limit the inpatients, and that was really driven in large part by desire to preserve the protective equipment for when we get the patients, because we know we will desperately need it then, and so our recommendations now around testing are really if you're sick, and have an upper respiratory symptom or illness that's mild – maybe a slight cough, but you're not otherwise terribly ill, the guidance now is to call your healthcare provider if you think you need something, but for the most part, just stay at home, isolate, and not get into the community where you can spread the illness. Knowing whether it's coronavirus or not won't necessarily change anything at this point in time, but we're just asking you not to do anything, to go out. We don't feel testing is indicated right now. That will change as I tell you in a minute. The other thing that we're asking, is that if you do get sick, however, and you have problems, the first thing to do is call and let the emergency, to call your primary care doctor or use our virtual clinic, as Carol pointed out is available online, to get guidance as to what you should do. We don't want you to go out into the community inadvertently infecting others, and yet, we still don't want you suffering at home either. We want to strike that balance, and so, we think a phone call is the best first step.

And then, of course, we're prepared to take care of you in our hospitals and in our clinics if we need to be able to do that. I think the recommendation about testing is going to change in the next few weeks. As you've all heard, there's been a push to get testing more widely available. That would be the ideal state. And as we get more supplies and more testing kits available, and can readily test community members, that will change, but it hasn't changed quite yet, and we'll keep you up to date on that. You'll learn more about whether we think that's going to be valuable. There's a lot of new testing including a test released by Abbott last that really shows a lot of promise and we're hoping here at Mission to bring testing into our own facilities so we don't have to send it off to state labs to get results. And then the last thing I wanted to touch on was the whole issue of – first of all, protective equipment. We have, in the beginning we were not masking everyone who came into our hospitals because we had a little bit of trouble guaranteeing that we have enough masks going around. We now believe our supplies are adequate to do that, and so you'll see two things if you come to the hospital, and Carol's touched on both of these very nicely. One is that there are restrictions, and it's for patient safety and for staff safety and community safety that we're doing this. We want to decrease every activity that spreads the virus, and so, we're restricting visitation and those guidelines can be found when you go to the hospital.

But it's really one person for a pediatric patient and one for laboring. We have exceptions for laboring mothers and we know you have a beautiful laboring and delivering facility down there at McDowell. We've got Dr. Sullivan and her team and then we try to make some exceptions at end of life, but we know that can be difficult and we've just had to push that on a case by case basis and we just ask your understanding and your patience with that. We know how hard it is not to be with your loved ones when they're sick, but we don't want you to get sick, we don't want others to get sick,

and this is really a significant illness. The virus, because it infects so many people, although it's not as deadly as the other viruses that I've talked about. Even a small percentage of a large number of people can overwhelm our health care system. And that's why we're actively trying to keep people at home and not spread the disease so that when we get patients to come to our health care system, we can handle the volume. I've done this talk a few times this week and the analysis that I keep going back to, is imagine you're in an emergency department, and you get you get a busload of children who are in a terrible motor vehicle accident and 100 kids hit your ER at once. We are overwhelmed by that, and while we normally would have the resources to handle, we couldn't handle that. If on the other hand, if we had one car accident a week for 100 weeks, we could easily take care of those kids. That's what we're trying to do with this virus. We're trying to flatten the curve, decrease the volume of patients and number of patients who present to us in a rapid fashion. We could take the same number of patients over three, four months, as we could in two weeks, and do a much, much better job of being able to care for everyone. So when you hear that term, flatten the curve, that's what it means. Decrease how many we have to take care of in a given time, and decrease the total numbers of people overall. I think that's probably good given the time frame we're at.

We want to make sure we have plenty of time for questions, so I'll throw it back to the moderator, and then we'll see what you have to say to us.”

[Moderator]

“Thank you, Dr. Hathaway and Ms. Wolfenbarger. The floor will now open to Q&A. If you have a question, please dial star three, and an operator will be available to assist you. For questions once again, is star three. To get started, we have a question that was submitted online. John Rice: Is there enough protective equipment available for the health care staff? And how are they being trained on proper use? Ms. Wolfenbarger, we can start with your response.”

[Carol Wolfenbarger]

“So I would tell you that through some proactive management from our supply chain across the corporation, from what we call a PPE czar, a personal protective equipment czar process, that allows our staff to have the PPE they need. It also makes sure they're using it accurately and appropriately, and it ensures we can serve our supply chain. Those steps have been a huge reason that we have what we need today. Now, from a corporation standpoint, we continue to also monitor what we call the burn rate of the personal protective equipment, so that it's available. We've done some innovative things around reprocessing our face shields, which we do through our still processing department here on sight, and it works beautifully. And so some very innovative ways of making sure that we've got the right supplies for our team when they need it, have been put in place, and will help us navigate this situation.”

[Moderator]

“Thank you, Ms. Wolfenbarger. Anything to add there, Dr. Hathaway?”

[Dr. William Hathaway]

“Carol, you did a nice job of summarizing that. The only thing that I would throw in there is that there are national guidelines and directives as to what needs to be done in different situations, and we believe that this virus is predominantly spread through droplets, meaning that if you cough or you sneeze, or you get any of your own secretions where someone can get their hands on it, or on a doorknob or something, and then touch it and get it into their face, that’s the predominant spread. And the CDC, or the Centers for Disease Control in Atlanta has very strict guidelines about what precautions are needed in what situations. And we follow those to the letters in those situations, all with the goal of appropriately using the PPE so we have it if we need it, and mostly, to protect our patients and our staff in these difficult situations.”

[Moderator]

“Thank you, Dr. Hathaway. As a reminder to the participants, the Q&A is now open. If you have a question, just dial star three, and the operator will be able to assist you. To question, once again, is star three. We’ll take another question that was submitted online. Nick Wright: I am a cancer survivor. Should I be worried about taking extra precaution to limit my risk of exposure to getting COVID-19? Dr. Hathaway, we can start with your response.”

[Dr. William Hathaway]

“Nick, I think you pointed out very accurately, that there are certain groups of people who are at higher risk – not necessarily to get the virus itself, but to have significant side effects from the virus, and we know that some cancer survivors, patients actually being treated for cancer actively may have a state of immune-compromise. That’s a fancy way to say the immune system is not as it normally would be if you’re healthy and younger. And so, in a sense, yes. We want you to be extra cautious, but I can’t emphasize enough that regardless of your state or status, you should all be doing the things that are necessary to protect ourselves, because in addition to being at higher risk for problems, transmitting the virus to other people who are at higher risk is important. So yes, wash your hands. Don’t touch your face. Keep socially isolated, but not socially disconnected. We want you to connect with your families and friends as much as possible in a virtual way during this state of high anxiety.

I think if you follow the guidelines to the letter, you’ll be well served.”

[Moderator]

“Thank you, Dr. Hathaway. Ms. Wolfenbarger, anything to add there?”

[Carol Wolfenbarger]

“No. I really don’t, because I believe Dr. Hathaway speaks with such an expertise regarding immune-compromised patients. I believe also that everything we have recommended as far as stay at home, social distancing – that protects our cancer patients as well. And please know that if and when a patient comes on site, our team will do exactly as they’ve always been trained to do to make sure we’re taking care of the immuno-compromised patients.”

[Dr. William Hathaway]

“You know, Carol. I heard something interesting today, as they said. We really don’t want social distancing, as much as we want physical distancing. We want people to stay away so they can’t transmit it. It’s that rule of thumb, that six-foot rule of staying away from people. But this is a time when we need to come together as a community, and so I have a friend who turned the phrase, and she called it, what we really need is distanced socializing so that we’re socializing with each other through ways that don’t allow us to share the virus. So I thought that was a nice way to put it.”

[Carol Wolfenbarger]

“No, that’s awesome, and truly captures what is really the intent.”

[Moderator]

“Thank you. Just a reminder to the participants on the call – the Q&A is now open. If you have a question, please dial star three, and an operator will be able to assist you. The question call is star three. Next we’ll go to a call-in question. Pam would like your recommendations on what to do if you do not have a primary physician but think that you might be experiencing symptoms of COVID-19. Pam the line is now yours.”

[Question]

“Yes. I’m on the line now. Thank you.”

[Dr. William Hathaway]

“What’s your question, Pam?”

[Question]

“I had a question – right now I do not have a primary doctor, so if I were having symptoms of this COVID-19, where would, or how would I actually contact, as I do not have a primary doctor because I have not been seen in over a year from them, and when I did contact them, they said that I would have to fill out paperwork and it could take over a month before I would even get processed again in their system.”

[Dr. William Hathaway]

“Let me start out with the symptoms, or when to go, and Carol can fill in the where to go in the community there, as she has those resources. Again, if it’s mild symptoms and not anything that warrants that you need attention, we’re really asking that you don’t need to do anything if it’s a typical kind of cold-like symptoms, except isolate for two about weeks. If, on the other hand, you do need care, I know that we have virtual clinics. MissionHealth/VirtualClinic is our website for that where you can get an online guidance, which is probably not what you’re referring to now, and then Carol can fill in about the closest resources in the county there.”

[Carol Wolfenbarger]

“Absolutely. So we have available to you, a walk-in clinic. My Care Now, as Dr. Hathaway spoke to, the Mission Virtual Clinic which will allow you to have that piece of mind by doing the screening process, and connecting virtually with a provider so that you can navigate how you’re feeling and make sure you’re doing what you need to do to take care of yourself. Within the McDowell County Emergency Operations Center, they’ve also established a virtual screening that is available. If you are really concerned about your symptoms, of course, the Health Department is also there to help you navigate. We have an entire army of primary care providers, and should you be trying to access one of those, and we would love to get you into one of their primary care physicians, please let us know.”

[Dr. William Hathaway]

“I’ve got to add one thing. I came across. I came across a really interesting website on the CDC website. I won’t have it on the top of my head. I’m madly trying to find it as we talk here. But there’s on the CDC website. There’s a symptom or status checker where you can input your symptoms. They guide you through a series of questions of your risk. And then it actually makes a little bit of a recommendation based on what you’re going through, as to whether you should be seen urgently, or call your provider, or what needs to be done. I thought was a really clever website. That’s the CDC website out of Atlanta. CDC.gov.”

[Carol Wolfenbarger]

“I did see this last night, too Bill, and it is really a great tool that the public can access.”

[Moderator]

“Thank you, Dr. Hathaway, Ms. Wolfenbarger. Next we’ve got another question that was submitted online. Katie Wright: I’m interested in volunteering for Mission Hospital McDowell. Is that an option right now? And if so, how can I accomplish that now or in the future?”

[Carol Wolfenbarger]

“So from an emergency preparedness standpoint, we are interested in any type of health care worker that might be available to assist us or during any type of increase in volumes of patients. So if that person has that credential, as an RN, as a physician, as an advanced provider, certainly we can look to get you into the pool to help us care for our community, should our volume increase drastically. And so we would certainly embrace that. Volunteering right now, we have actually requested that our volunteers stay at home because their safety is very important to us. But again, if you have a skill that we can utilize clinically, that would be something that we would absolutely want to talk to you about. And so we’re happy to connect you with the right resources. You can contact me here at the hospital and we can talk about what the possibilities are.”

[Moderator]

“Thank you Ms. Wolfenbarger. Anything to add there, Dr. Hathaway?”

[Dr. William Hathaway]

“No, it's just the appreciation for this. That's what I referred to in my opening comments, was that “we're all in this together” attitude and it's just heartwarming to hear that. For everyone's safety right now, now its not the time to bring volunteers into the hospital, but that spirit is heartwarming.”

[Moderator]

“Thank you. As a reminder to the participants on the call, if you have a question, dial star three, and an operator will be available to assist you. To make a call, it’s star three. We’ll next go to a question with a caller on the line. John is inquiring about antibody testing and anti-virals that might be ready for treatment in McDowell County. John, the line is now yours.”

[Question]

“Yes. I was wondering, with the antibody tests that are coming out, is that going to be readily available in McDowell County? And then, if you did happen to get COVID-19, is some of the new antiviral treatments that are being used in other states an option for us in McDowell County?”

[Dr. William Hathaway]

“I’ll take that one, Carol. John, that’s a that's a great question and really an interesting topic. So it gets back to the different kinds of testing that we have, not just for this virus in particular, but for a host of infectious diseases. The testing that we're doing right now to assess and determine whether patients have active disease is not an antibody test

per se, but it actually swabs what we call the nasal pharynx or your sinus passages to pick up active virus in your nose per se.

And that's a test that looks at RNA, which is a nucleic acid particle within the virus that we can identify and it's unique and specific to the virus.

That's the testing we do now. The antibody testing that you're referring to, it was really interesting to me because it's not really beneficial in determining whether you have active disease, but it is beneficial in assessing whether you might have developed immunity to the disease, if you were injected previously. There's two different types of antibodies.

One is called an IgM antibody and the other is called an IgG antibody. The names don't matter so much except to know that the IgM is what our body first produces to fight off the infection. It's that first set of white cell work there that we weighed against the virus and our body produces these to immediately attack the infection. And those are common, then they go away.

So we can assess to see how recently someone was infected by the presence or absence of those. And IgG. That's sort of like your long-term worker against that gives you immunity over time. And we're hopeful, but we don't know that the IgG antibody will hang around in our bloodstream long enough so that they can fight off infection next year or long-term.

We don't know for sure. Did you know that influenza is another virus that we battle every year and what happens with influenza, it that we get antibiotics for certain portions of the influenza virus that hits our communities? That virus mutates very rapidly, and so each year it changes a little bit.

And those IgGs just may not be good enough to get next year's virus. So that's why we have to get a vaccine every year for the influenza.

We're hoping that the IgGs we produce now are going to be good for next year and the year after that. And for long-term. But we're still learning a lot about this virus so we'll have to see what happens with that.

It's really not ready for prime time yet, so with respect to the question of will it be available? All that stuff will be available eventually, but from a practical, you know, treatments or use point of view right now. It's not really helpful unless we're trying to assess how much presence there's been in the community."

[Moderator]

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

[Carol Wolfenbarger]

“Bill is definitely the expert. I do think within our system, we have access to reference labs that sometimes stand up some of this testing. It wonderfully, and again, Mission Health continues to work on that. So I think that we have the infrastructure in place that will help us respond to those needs as those things are available.”

[Moderator]

“Thank you. As a reminder to participants, on the call, if you have a question, just dial star three and an operator will be available to you. That question again is star three. Next we have a question that was submitted online. Sean asks, how has the hospital been coordinating with local authorities in the county and the state? Ms. Wolfenbarger, we can start with your response.”

[Carol Wolfenbarger]

“Absolutely. I think as I was addressing right at the beginning, this was one of the most important steps in our preparation, was to be connected immediately with McDowell County Emergency Operations Center. We had an early on meeting with William Keller, who is the director of Karen Powell, who is the Health District Executive, myself and the County management, just to talk through, you know, what might need to happen. And it was very soon after that, but we were able to kick into the partial activation of the emergency operations center. So I would tell you, we're connected at the hip. We speak daily on what we're doing. We speak daily on what the resource needs are.

We talk about plans and potential responses to different scenarios and we couldn't do it without the great McDowell partnership we have here.

Through that process, we're all still attached to the state as the EM, the EM department here in the county has called as well with the state, and so from the hospital standpoint, same point, in addition to being connected to the county, we're also connected to our division and to our corporate office, and all of that together is really a solid foundation for our response here at Mission Hospital McDowell.”

[Moderator]

“Thank you, Ms. Wolfenbarger. Dr. Hathaway, anything to add there?”

[Dr. William Hathaway]

“Not much except to say that the connectedness to the local resources at a large facility like Mission is really critical, and not just in this outbreak, but in all kinds of health journeys. I think we all appreciate that McDowell Hospital is a wonderful facility with talented clinicians, a fantastic nursing staff, but by nature of its size and the breadth, the depth of the specialty care, it just isn't designed or shouldn't be expected to handle

some of the most severe illnesses, and so we have lots of transport systems arranged to get the sickest patients up here to Mission when they need to get here.

And then through our connections, as we've talked to a number of times across the country and the fact that we're around the trailing edge of this, we're learning, we have lots of learnings from other folks who have been battling the illness and disease that helped us to put systems in place to make sure that everybody gets the care that they need.

[Moderator]

“Thank you, Dr Hathaway. We've got another question that was submitted online. Nick Wright: What are some of the recommendations that you have to avoid panicking and feel better during social distancing? Ms. Wolfenbarger, we can start with your response.”

[Carol Wolfenbarger]

“You know, last night, I recognized the social distancing has a sense of loneliness in it, doesn't it? But there is so much technology out there that can connect us. We can go back to the telephone. We have text messaging. We have Skype. We have Facebook. We have a FaceTime. There's so many ways to actually have a virtual connection with people, and I think that Dr. Hathaway actually expressed it in a different way, that physical distancing is really what we're talking about. I have been personally inspired by some of the snapshots I see on media around, you know, songs breaking out in big cities from the windows and people standing on their sidewalks, appropriate distancing and been doing some things together while they're connecting.

Definitely it is a challenging time, but again, if we'll just do some different things around having social interaction, I believe that that will assist all of us to navigate this. I do think that there's a wealth of information and resources that are available on the web.

Last night I was googling something about happiness. I was, I was really looking to encourage somebody that had, had not the best day ever, and I was amazed at what you can pull up and that would inspire you in that moment. And this morning on the radio we actually shared, when I was little and there was a snow storm, I literally was looking forward to my three hour game of monopoly, and so maybe it's time we also revert back to some of those things that aren't technology driven, whether they're family members, if they're available.

[Moderator]

“Thank you, Ms. Wolfenbarger. Dr. Hathaway?”

[Dr. William Hathaway]

“Just to add that this has become very personal for me, I have a son who lives in New York City, and he traveled to California when the outbreak took place. Forgive me. So it’s been important that we connected virtually.”

[Carol Wolfenbarger]

“And likewise, my friend who's in Knoxville that I shared with you, his business actually put him at home, and he's working remotely now.

This is my friend who really likes the social thing. And so it's very challenging for him. And so one of the things I do daily is call him, just to irritate him partially, but you know, to make sure that he has connection beyond just his work and the walls of his apartment.”

[Dr. William Hathaway]

“Yeah. We found that the group Facetime where you can get all family members on the same screen is particularly good for, for that kind of connection. It's been exceptionally valuable in these trying times.”

[Moderator]

“Thank you. Well, you know, we've got a great follow up question that was also submitted online from Michael and Michael Wright.

How are your team doing at the hospital and how can the community support them? Ms. Wolfenbarger, we can start.”

[Ms. Wolfenbarger]

“Oh, sorry. I was ready to jump in. You know, we're humbled by the outreach that our community has had to our hospital.

I'll remind our team daily, because I know this is happening, but they are thought about often and that they're prayed for, because I hear that in the community all the time.

And so, some businesses have done some nice little treats for our staff, which we greatly appreciate. But as people are looking at this stay at home, executive order, which is critically important to preventing the transmission of the disease, it is really key that they take care of themselves.

So while they're thinking of this, of us, or of the providers, cards of encouragement would be phenomenal, because sometimes in the hecticness of taking care of patients, we have providers and nursing staff that absolutely will give all to take care of their patients and having those little memories of a thank you is a precious thing.

And so if there's cards of encouragement or notes of encouragement, we would certainly embrace all of that. I think the other thing that helps us feel supported, is actually paying attention to that guidance out there. You know, wash your hands, take care of yourself, and together we can make a huge difference for our community.”

[Dr. William Hathaway]

“Yeah. Those little words of encouragement and tokens of appreciation are what keep an exhausted staff going for sure. And they are true heroes. I mean, they are putting themselves – our nurses and our frontline caregivers are leaning in like they've never leaned in before. And the simple act of recognition. It's all they need.

That's why we're here. But those go such a long way towards giving them the extra energy and encouragement to carry on in this situation.”

[Moderator]

“That is all the questions that have time for this evening. For daily updates, please follow Mission Hospital McDowell on Facebook or remain on the line to leave a message with your email and questions or comments. I will now turn the call over to Ms. Wolfenbarger for closing remarks.”

[Carol Wolfenbarger]

“I'm sitting here in my office and I'm looking around at lots of papers that need to be addressed and filed.

But beyond that, I also see a couple of things. I see pictures of family. I've seen the documents that I earned through school, but one flag that's most important is I'm still learning. I see a courage, have courage, and then I have lots of work to inspire me. My favorite little book on leadership is entitled “Together is Better,” by Simon Sinek.

If any of my team is listening now, I know they're smiling because they hear the quote from this book fairly consistently, consistently, and I do thank them for putting up with me. The words pinned in this book are short but powerful, and there's one part that truly inspires me in this moment, and I hope it does you as well.

And this is how it goes. The more we practice working to consider the lives of others, even if it comes at the expense of our interests, the better we get at it.

Like a muscle – the more we practice this, the stronger we get. More important, the stronger we get, the stronger those around us become too.

It is at this point that the overwhelming challenges we face as individuals, as if our magic becomes simple to solve for the team.

Our team practices daily this part – how we consider the lives of others and solving problems as a team.

We actively seek the force of our physicians, nurses, and team members. That's true of Mission Hospital McDowell, Mission Health and HCA. And I am so confident that this practice is helping us make the best possible decisions and plans in crisis together.

And additionally, we have McDowell County Emergency Operations Center and all of that is woven together beautifully to make sure our response is maximized. We're standing together with our community and we will get through this. I thank you for your time this evening.”

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