



Transylvania Regional Hospital
Community Tele-forum
April 1, 2020

Moderator: [00:00:00] Good evening. Thank you for joining the Transylvania Regional Hospital virtual community forum hosted by Mission Health. Leading the discussion this evening, we have Transylvania Regional Hospital, CEO, CNO, Michelle Pilon as well as Dr. Bill Hathaway, Chief Medical Officer at Mission Hospital.

Moderator: Before opening the forum to Q&A, they'll be providing an update on Transylvania Regional Hospital, the hospital's coronavirus preparations, 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 time during the forum, please dial *3 and an operator will be available to assist you. The question prompt again is *3.

Moderator: I will now turn the call over to the host, Michelle Pilon, to begin the forum.

Michelle Pilon: Good evening everyone and welcome. Dr. Hathaway and myself [00:01:00] are happy that you joined us and that we have the opportunity to share what we've been doing to mitigate the Coronavirus and what our vision for the future is with the virus planning. So just to start, we have done several things, both at Transylvania Regional and within the Mission Health system to address the concerns of the community and to contain the spread of the virus.

Michelle Pilon: Couple of weeks ago, actually March 16th, we started our process and one of the first things that we did was limit our access points to the hospital. We now are down to two access points in the hospital. One being our ED entrance and the other being our registration entrance. Recently, about a week ago, we went to a level three visitor restrictions [00:02:00] which essentially allows no visitors in the building, except for a parent with a pediatric patient, a single parent with a pediatric patient should they come into the ED.

Michelle Pilon: The other things that we've done are cafeteria restrictions where we have grab and go, no self-serve items. On employee screening, we are actually starting an employee screening this evening, where we will actually be asking questions the way that we were doing for visitors a couple of weeks ago. And we'll be taking temperatures of employees so that contains the spread of the virus as well. Being that if anyone is running a temperature of a hundred degrees or more, we refer them to a physician to be or their needs to be addressed.

Michelle Pilon: Universal masking has been [00:03:00] implemented today. This is addressing on some of the concerns of our employees. It's also containing the spread of the virus if we cannot practice social distancing. Employees that are in patient care areas, they

are wearing masks, and for individual in non-patient care areas, if they cannot remain six feet apart from someone that they're dealing with, they need to wear a mask.

Michelle Pilon: Obviously, this contains the spread of the virus as well. So you can see we're doing everything to limit the flow within our hospital of outside visitors and patients. We're also taking precautions with our own employees.

Michelle Pilon: I talked about limiting the flow of patients a couple of weeks ago per the per the CMS recommendations, we are [00:04:00] not doing elective surgeries. Of course, you know, this is in dialogue with the surgeon and the surgeon makes the determination as to whether the surgery is really needed, but we are limiting most elective surgeries and not doing those if they're not necessary surgeries.

Michelle Pilon: We're doing the same with our imaging studies. So if you come in, if you're ordered a radiology test, it is because you really need the radiology test. And if it's something that can wait, we're asking that it waits. Again, to limit the flow of patients with our facility.

Michelle Pilon: On personal protective equipment, I'm sure you have all seen that in the news repeatedly. The Mission Health System, as well as Transylvania Regional, as well as the HCA enterprise, has a very robust PPE conservation process, and it involves centralizing all of our PPE, [00:05:00] reconciling and counting that PPE just to make sure that we have enough personal protective equipment for as long as we need to combat this virus.

Michelle Pilon: Our clinics, our physician clinics, have started doing virtual clinic visits, again to limit the flow of patients within the clinic, and therefore, to mitigate the risks of the disease of the virus spreading.

Michelle Pilon: And lastly, I'm working with the county in constant with them to plan now for the future, which is now surge planning. So if and when we get our patient surge, there will be a collaboration within the hospital as well as with the county to be able to handle the surge of patients that we are expecting.

Michelle Pilon: [00:06:00] So with that, I'll turn it over to Doctor Hathaway.

Dr. William Hathaway: Thanks a lot, Michelle. I think that was a really nice summary overview of sort of the main things that not only are we looking at Transylvania Hospital, but across all the hospitals in our local health system and across all of HCA. Let me sort of take a 50,000 foot overview to get everyone on the same page here before we dive into some of the more of the specifics of what of Michelle addressed and then we can also of course open it up for questions.

Dr. William Hathaway: Let me just give a little bit about myself to start out so you can appreciate my personal perspective as it pertains to Western North Carolina. My family and I have lived here since 1999. We moved here having been in Wisconsin for a few years before that was just my hometown. And we had, my wife and I met, she's an internist and we did our training at Duke [00:07:00] University in Durham. And actually had our honeymoon, of

all places, at the Grove park Inn, and that's how we first fell in love with this area in Western North Carolina.

Dr. William Hathaway: We went back home and decided that we had enough of the snow and the snow shoveling in bad weather, and so made the decision to come back to North Carolina and chose Asheville to live in. We have loved living in Western North Carolina and know that many of you are long-time residents around and many of you are new like us in the sense that you selectively chosen Western North Carolina for your retirement. We fully consider ourselves Western North Carolinians at this time. Our kids were raised here, we had three adult children, now it's truly home.

Dr. William Hathaway: I've got to share I have a special affinity and love for Transylvania for a host of different reasons. Transylvania county, not the least of which are all [00:08:00] the waterfalls, and I've probably hiked as many as just about anybody. And I also taught my son to play golf at Glen Canyon golf course, so we have very many fond memories and we're fully and one hundred percent committed, not to just the health of the people at Asheville, but the entire region and treat them all like friends and family.

Dr. William Hathaway: I don't think any of us... One more comment, I guess first about my myself, but I've been in this leadership position as the Chief Medical Officer of Mission Health since 2013. I trained as a cardiologist and just stopped practicing cardiology in 2019, just last year in July. Two of my partners, Dr. Hansen and Dr. Usua are now serving your community and you couldn't be more blessed to have such talented clinicians there along with the other clinicians, primary care specialists in Transylvania, and also the nursing staff.

Dr. William Hathaway: [00:09:00] Transylvania is a gem of a hospital. It is a top 20 critical access hospital and I can't say enough of how pleased I am to have it as part of the system. It helps me saying to have it for you and your community. It's not often the small rural communities have access to such care in collaboration with a health system, like Mission.

Dr. William Hathaway: I don't think any of us could have imagined at all what we're facing today. While we read about it in books, and we saw movies that predicted things like this, and theoretically we knew that something like this could happen, the theoretical predictions and the reality are not the same.

Dr. William Hathaway: No one could have imagined, even in January we couldn't have imagined when we were hearing about what was happening in China, that this threat of a single virus could affect so many people in our community so seriously. [00:10:00] So it's been frankly just a crazy time for all of us as we're learning on-the-go and preparing for something that we hadn't anticipated.

Dr. William Hathaway: In 2009, we had a very large flu epidemic, and that was when a lot of our disaster preparedness kicked in because we realized that something like this might happen. And so, we had a lot of the skeletal infrastructure in place on how to respond to this epidemic in place, and I'm going to share some of that out with you in a little bit, but now is really when we put the meat on the bones for this.

Dr. William Hathaway: I think, you know, that the illness that we're talking about is COVID-19, that's the name of the illness. It is caused by a virus. The virus is a type of a Coronavirus. You've all heard that term, specifically it is SARS COVID-2 virus that causes this illness and is closely related to two viruses, which you may have heard of, the MERS virus and then the SARS virus.

Dr. William Hathaway: These were local outbreaks of Coronas in the Middle East, [00:11:00] and elsewhere which caused very, very severe illness. It was a very intense coronavirus that we're seeing, but it was nowhere near as highly transmissible as the SARS COVID-2 virus that causes COVID-19.

Dr. William Hathaway: What has been most amazing about this virus is two things. Number one it is highly contagious so loves of the human body as a host, and it gets transmitted from person to person. While it's mortality, we are estimating somewhere between 0.4 and 0.5 percent depending upon your age group, may seem like a relatively small percentage, when it affects so many, many, many people, millions and millions and millions of people, then two percent of millions and millions and millions of people, is a lot. And of those people who get infected, while most do very well, 80 to 90% it's hard to know exactly what the number is, do very well. There's a small real percentage of [00:12:00] people who get very, very sick and have very significant symptoms. And so those are the ones that are most concerning to us because when you take the many millions and millions that get infected in a small percentage, you get really sick and it's still a large number. We're working diligently to try to control the spread of this illness.

Dr. William Hathaway: It's an illness, which I think most of you are aware of, causes lower respiratory tract symptoms, that's sort of medical lingo for cough and shortness of breath and pneumonia. Those are the hallmarks signs and symptoms, but we're learning it's a really varied presentation, and some people have very mild symptoms and other people have much more classic symptoms.

Dr. William Hathaway: Fever is a hallmark of this illness. Most patients will have some kind of a fever above a hundred degrees, but not all. And we have recognized about the incubation period, the time from exposure from someone from the time to the onset is [00:13:00] typically somewhere between five and 11 days, usually around seven, eight or nine days after exposure that you'll start to manifest symptoms.

Dr. William Hathaway: A great deal of time and energy has been talking about testing for this virus and you probably aware that our recommendations and our guidance is across the board about testing has been just highly varied. We went from a point where we were trying to test as many people as possible to get an idea of where the virus was, to a period now where frankly, the testing recommendations are almost in a polar opposite direction.

Dr. William Hathaway: Specifically what we're recommending now, we are testing people, at least today, and this will change in the future, and I'll tell you have in a minute, but at least today, we're recommending testing only patients who have illness warranting a consideration of hospitalization, and that people were mild to moderate [00:14:00]

symptoms, should stay isolated in home quarantine for two weeks and don't have contact with other people.

Dr. William Hathaway: We are doing that, we changed that recommendation, not because we don't care that you have the illness or not, but it doesn't generate change our treatment for you. We don't have specific treatments yet for this illness, and I'll talk about that in a minute also, and so the guidance is, instead of testing, which is limited we don't have a lot of tests available at this point in time, and the testing requires consumption of personal protective equipment that is we have to swab and mask and all the stuff that we do to protect people, we're worried about that being limited. So that's sort of the current state about testing.

Dr. William Hathaway: Now I think that's going to change dramatically in the future because as you all know, there's a host of tests including a new test that was FDA approved by Abbott [00:15:00] Laboratories, which promises a very rapid turnaround, and that that testing becomes available, it's highly likely that we will change our recommendations and our guidance on who should be tested and when they should be tested.

Dr. William Hathaway: For now, if you get sick and you have symptoms of which you're worried about, the first thing I want you to do is call your doctor, call your primary care physician, if it's something that you otherwise would have call them for. If it's just a minor upper respiratory tract infection or lower respiratory tract infection and you're not that sick and just riding it out could be okay, but if you have any questions or if the symptoms worsen, first call your doctor and then get guidance on whether or not you need to be seen in his or her office or whether you need to be directed to an emergency department for further evaluation or a walk-in clinic for further evaluation.

Dr. William Hathaway: Like I said, as the testing becomes more widely available, we are working. [00:16:00] actively and aggressively on being able to do testing in our own laboratories at Mission. I am hopeful that that will be available within 7-14 days if things go according to our plans. We are waiting on reagents to be delivered to the hospital, but we have the equipment to run the test and that, again, as we were able to do that, that'll change our recommendations.

Dr. William Hathaway: We have been preparing for weeks, for this whole month actually, for the onset of this epidemic. To this point in time, we are blessed as a community and that the illness, while we see a scattering of additional cases each day, I think Buncombe County was up to 20, Henderson County at the 16 total cases, and I think there's two to four in Transylvania, I'm not even sure at this point in time, the numbers keep trickling slowly day by day. For those of you who have watched TV, and I'm sure that's almost everyone on here, it's impossible to escape the news we're being flooded with, it is clear [00:17:00] that we are behind the curve in terms of the up rise of the number of patients in our region.

Dr. William Hathaway: And that is a blessing because a couple of things, one, it hasn't overwhelmed by health system. And number two, it's allowed us to put in a number of social

measures in place that are designed to help us, and I'm sure, I hope you've all heard this phrase, flatten the curve. Our goal is to take the same number of patients who come into the health system, and instead of having them all present in a week or a month, to spread it out over time so that we can handle the onslaught of patients that will come to need our care.

Dr. William Hathaway: The analogy that I've given people relates to a school bus accident. If you had a school bus accident with a hundred children, who were all severely injured, and they came into your emergency room at once, that would be an overwhelming situation [00:18:00] for the emergency department.

Dr. William Hathaway: If on the other hand, you had a child come in with a motor vehicle accident, one child a week over a hundred weeks, we can handle that easily. That is our goal to flatten the curve.

Dr. William Hathaway: And of course we've been doing that, after the President issued his state of emergency preparedness and then the governor, and our counties have, we're restricting movement and asking people to socially distance and isolate themselves, and limit groups of greater than 10. Ideally, no groups greater than five.

Dr. William Hathaway: Limit the contact that you have with other people so that this virus, which is so highly transmissible, can be contained, and we'll just have a natural extinction in course rather than a spread like wildfire through our community.

Dr. William Hathaway: We are especially concerned about patients who are more vulnerable to the comorbidities and the illness as they get the virus, and that specifically is older people. After the age of [00:19:00] 60, the amount of impact the virus has on an individual rises considerably, and it also rises proportionally to the other illnesses that you may have, diabetes and lung disease and any other suppression from medications or cancer or cardiovascular disease. All of those make you especially vulnerable to the sequela of a viral infection and getting really, really sick. And so we want, especially for those groups of people, to be very cautious about how they interact in the community and to isolate this time while we're trying to flatten the curve, that is absolutely critical that we do this.

Dr. William Hathaway: I've been asked how long this will go on, and I certainly do not fancy myself as a predictor of things like this. I know that the President had previously said he was hoping it would all be washed away by Easter. I don't think any of us [00:20:00] harbors any fantasies that that will be the case. And of course, we've extended some of these stay in shelter guidelines towards the end of April.

Dr. William Hathaway: Most of the predictors that I have seen say that things should start to significantly taper off in June, July, and August, for sure, but I'm going to be honest with you, we learn about this every day and our ability to understand what the future holds changes momentarily. And so we will keep everyone informed.

Dr. William Hathaway: I am hopeful that what's in North Carolina we'll be fortunate for having been relatively isolated and will be late to see a rapid up rise in this illness and as a result, I'm hopeful that will be relatively less affected.

Dr. William Hathaway: One last thing I want to comment on before we take questions. There's been lots and lots of discussion [00:21:00] about things related to the hospitals, specifically about personal protective equipment, and that is the face masks, and the gowns, gloves, and all of the things that we use to not just protect ourselves from the virus or taking care of patients, but protects patients so we don't spread the virus from patient to patient. There is no doubt, you've seen the videos that are heart wrenching, from doctors in Italy and doctors in New York city and other places where they're concerned that they don't have enough equipment, and we've been very judicious in following what we call the Center for Disease Control guidelines, which are designed to really ensure that we appropriately use it for the patients who need it, and not inappropriately use it when it won't benefit us, like in high volume testing that uses a lot of PPE and I don't want to use that equipment right now when I don't know that I'll have it for when the patient comes to us.

Dr. William Hathaway: One At the same time, we have [00:22:00] to be absolutely sure that our staff and the visitors and the employees that come into our facilities are safe. And so we have, as Michelle pointed out, not only putting in restrictions for visitation, and that's to ensure the safety of our patients and of our staff, but we've also begun, we're beginning today a policy of universal masking where we will supply more masks, even in situations where we think the risk is relatively very low that may afford additional protection to our employees.

Dr. William Hathaway: And then last but not least, we are working, one of the beauties of being part of a large system with hospitals that are connected to each other to provide care is that high tech resources, such as we have at mission hospital, with our over 800 beds and over 100 ICU beds and access to some of the most top notch [00:23:00] physicians in the world.

Dr. William Hathaway: It's one of the reasons I chose to work here because of not just the quality of the medical staff and nursing staff, but they're absolutely 100% dedication and commitment and compassion with which they deliver their care, but that being connected in a system like Transylvania is to Mission and other hospitals in the region, Angel and McDowell and Blue Ridge and Highlands, and even the non-affiliated hospitals like, Pardee and Park Ridge, who are a part of separate systems, and Harrison, Swain and Hayward, we all work collaboratively to extend our resources and provide access to the most critical care for the most ill patients.

Dr. William Hathaway: So I want to assure you that we are planning daily and hourly for expansion of services, acquisition of additional equipment, triaging the patient to the appropriate locations, and all that we think is going to be necessary for us to weather the storm as we know, and as we do in so many other things [00:24:00] in life, we know that working together and collaboratively and cooperatively is a far better way to approach what might otherwise seem as an overwhelming problem.

Dr. William Hathaway: So I'll leave it at that for now and flip it back to our moderator and see if we have any questions at this point.

Moderator: Thank you, Dr. Hathaway and Ms. Pilon. The forum will now open to Q&A. If you have a question, please dial *3 and an operator will be able to assist you. The question prompt again is *3.

Moderator: To get started, we had several great questions submitted online, so we will start with one from Joe. Joe writes, "Is it ok to donate blood at this time?" Dr. Hathaway, we'll start with your response.

Dr. William Hathaway: That's a really good question, Joe. One of the things that, ya know, that Michelle alluded to is that we've dramatically reduced our number of what we call non-essential [00:25:00] surgeries. We think of all the procedures that we do are essential in the fact that they're needed, but some are needed in a more rapid time dependent fashion than others. For example, if you had ruptured aorta or infected gallbladder, we could not wait six weeks to take care of those. Those are going to happen regardless. On the other hand, if you have an elective knee replacement or a carpal tunnel surgery, those procedures can be reduced.

Dr. William Hathaway: All of our surgeries run the risk of requiring blood and other medical illnesses continued to go on that will require blood. So our need, while slightly reduced, is still there. So we need people to continue to donate blood at this point in time, we have no documented evidence that COVID-19 can be transmitted by a blood donation.

Dr. William Hathaway: We know that there is, obviously, we wouldn't let people with a fever or any signs [00:26:00] of potential infection or exposure donate blood. They will be screened away a process, but we still have our ongoing blood needs, and so when you see that a blood drive is going on, please, if you've been a donor, or you want to be a donor, see what you can do to participate. We still have those needs.

Moderator: Thank you, Doctor Hathaway. For those on the call, again, the question line is now open. If you have a question, please dial *3 and an operator will be able to assist you.

Moderator: We'll take another question that was submitted online. Sheila writes, "Are the symptoms of COVID-19 different in children than adults?"

Dr. William Hathaway: Yeah, let me take that one again. So I think this is one of the things that's most interesting to me in terms of the science of this bug. So Coronavirus, [00:27:00] is not a new viral group. It's as old as the hills, and there are multiple different kinds of Coronaviruses, which along with the rhinoviruses and adenoviruses caused the majority of the common cold, and so children for reasons for which aren't clear, but probably related to the fact that they have immunity to these other Coronaviruses, aren't as affected in terms of highly symptomatic as are adults and older people. The likelihood of a child being severely ill or passing away, while not zero unfortunately, it's dramatically less than someone who's beyond the age of 80 and has multiple comorbidities.

Dr. William Hathaway: The risk of dying from this rises dramatically as you get older, and that's why we're really super attentive to try to keep [00:28:00] the elderly and infirm, you know, away from exposure. What we worry about with kids is that they just like they do when the common cold, they run around infect everybody in sight. And so we all know that

if you've had a grandchild or a child at home who's been to school and back from school or whatever, we get what they get. And so our biggest concern with kids is trying to keep them away from the elderly, if they have any likelihood of having been affected. They tend to present with less severe symptoms, atypical symptoms, and it's not we're learning more and more as we get surveillance studies on this population.

Moderator: Thank you, Doctor Hathaway.

Moderator: We've got one more question that was submitted online. Sarah writes, "What can the community do to support care providers in the weeks ahead?"

Moderator: Michelle, we'll start with your response.

Michelle Pilon: You know, I think one of the [00:29:00] main things is to adhere to the advice of the healthcare community when it comes to stopping the spread of the virus. You know, stay at home. You know, do maintain social distancing. Don't be in a crowd. Come the hospital when you have the symptoms and you feel you need to come to the hospital. So, I think that that's the first thing.

Michelle Pilon: The second thing, we've already gotten local restaurants in the area that have provided food to the hospital caregivers here. You know, I think just to say thank you to a coworker or a healthcare worker that lives in your community, you know, this is a small community. We're all neighbors. I think a thank you goes a long way. Healthcare workers are putting in long hours. They're working hard to prepare for the [00:30:00] surge of patients. So I think showing your thankfulness goes a long, long way.

Dr. William Hathaway: I want to echo that. Michelle, I think that is huge. We do what we do and went into healthcare because we wanted to served people, but little small notes of kindness those make my day. I can't even tell you how much. We've seen a ton of outpouring of people who are wanting to donate materials for us, especially protective equipment, and well, you know, we appreciate that.

Dr. William Hathaway: And I don't know if you're collecting anything, Michelle, I hope that we don't get to a point where we have to go to homemade cloth masks to protect ourselves, or if they've advocated in other areas, what's been especially heartwarming, and it might actually be more practical for us, is many manufacturing companies locally and nationally are converting their industries over to help provide us with [00:31:00] personal protective equipment and that also, not only as valuable needed, it's just at the same time.

Moderator: Thank you, Dr. Hathaway. Next, we've got a caller on the line. Alex has a question about medications that can be taken over the counter and things that should be avoided. Alex with the Transylvania Times, the line is now yours.

Alex (Call Participant from the Transylvania Times): Hi there. My name is Alex and my question is for the folks who may be sick at home with the Coronavirus in the future. Are there medications you recommend keeping stocked in the event that happens and or medications that you would request people avoid?

Dr. William Hathaway: [00:32:00] So just a quick follow up to that, is there any specific medication on the avoidance list that you're questioning?

Dr. William Hathaway: Ok, not there?

Dr. William Hathaway: So first and foremost, most of the symptoms are very flu like in their presentation and so we encourage the same thing that we encouraged people who get the flu. Medications to lower your temperature can be used, Tylenol and ibuprofen as examples of acetaminophen and ibuprofen. Lots of hydration.

Dr. William Hathaway: Some people questioned vitamin C. I don't think it will hurt. I'm not sure that it'll help. We've done numerous studies over time trying to prove that vitamin C has a demonstrable benefit in viral illnesses and not really proven to be effective. But you know, I'm sure there's at least half the people on the line who think I'm crazy, but they'll say [00:33:00] they take it and it works. And I say, do you think it works and it doesn't hurt you? And by all means, there's no harm in that and that would be great.

Dr. William Hathaway: There are some therapies that are being advocated for this. There are a number of our anti-malarial agents, which have been proposed as potentially beneficial, hydroxy chloroquine or a medication called Plaquenil and a few others that are derivatives of that azithromycin antibiotic.

Dr. William Hathaway: And frankly, none of those medications have been scientifically rigorously proven to be beneficial and they're all being evaluated in an experimental fashion. And I would encourage people not to stop stocking medications for an unknown future use. We have short supplies of these medications that exist, and if we have critically ill patients in the hospital, we need those medications to be used.

Dr. William Hathaway: If you're on these medications for other [00:34:00] illnesses, rheumatologic illnesses or something else, by all means continue to take those. But the hoarding or stockpiling of medications, that's just from a social justice point of view is just not the right thing to do. There are some pretty cool antiviral medications that are in trials for critically ill patients in the hospital, and we're trying to get involved in clinical trials here in the event that they're available.

Alex (Call Participant from the Transylvania Times): Thank you.

Moderator: Thank you, Dr. Hathaway. Next we've got another question submitted online. Bridget writes, "What type of training is taking place for back up hospital providers and nurses?"

Dr. William Hathaway: One thing we worry about is that our healthcare providers will get ill. You know, as much as they're super-human heroes in [00:35:00] so many ways, they're super-human and that they're just so susceptible to infection from the illness. And that's why we're so concerned about PPE and so many of the communities who haven't been as proactive as we have with the healthcare providers have seen some of their workforce get

disabled, or frankly, that the volume of patients just become so great that we need to recruit additional people into the workforce to help handle it.

Dr. William Hathaway: We are planning a tiered strategy towards getting our healthcare providers involved who may not be involved in active healthcare at this point in time. And specifically, what I mean is every doctor who's in the hospital now, if we get into very large surge numbers, we will shift his or her care to a higher level of care towards COVID-19 patients. For example, are critical care [00:36:00] pulmonology doctors and infectious disease doctors who take care of these that may not be a large enough workforce, so then we'll move our hospitals doctors to help out, we'll move our anesthesiologist, we'll move our CRNAs, we'll have the cardiologist shifting from cardiology care to this critical care, and we will mobilize all the people who are involved in hospital based care to the highest levels of their ability to take care of the sickest patients.

Dr. William Hathaway: That doesn't address the needs of the community who aren't going to be hospitalized, and those folks are going to need to have ongoing care. And it's my expectation that as we recruit people to take care of the COVID patients will need to backfill the lesser ill patients and we'll have to work towards getting the Ray Dunkelberger's and the other physicians you've loved in your community for so long who may not be practicing now to help us out back where they were practicing before, or the nurses who have recently retired, we may be able to bring them in.

Dr. William Hathaway: [00:37:00] We're closing down a lot of our elective surgeries, so we're moving those surgical nurses to the medical surgical floor. There are attempts of care. It's sort of a shifting, so you can vision it in your head, of the shifting up to higher level. And the less acute patients will work, the gap will be, and we're going to be trying to bring extra providers in that space as we need them. Michelle, do you have anything to add to that?

Michelle Pilon: No, no. You addressed the nursing shifts, and it's much the same that you spoke about with the physicians. You know, we're looking at who has the skillset to go where and may function in that greatest capacity. And so, it is much the same, but we're preparing with physicians and nurses to be able to handle the needs of the larger patient population.

Moderator: Thanks, Dr. Hathaway and Ms. Pilon. Next, we've got another question coming in from the line. Geraldine has a question about additional surge plans. Geraldine, the line is now yours.

Geraldine (Call Participant): [00:38:00] Thank you. This question is for both Ms. Pilon and Dr. Hathaway. People in this community are highly aware of how small our local hospital is. You know, the 69 beds, the number of five respirators, and that makes a lot of people nervous and puts a lot of people on edge. I would like for you to just talk a little bit about what the surge plans are for the physical capacity of our hospitals, and then also how you think we'll backfill from the Asheville campus for our local folks.

Michelle Pilon: Dr. Hathaway, do you want me to go first?

Dr. William Hathaway: Yeah. I want you to tell what you're doing locally and then I'll supplement.

Michelle Pilon: You know, as Dr. Hathaway talked about, you know, [00:39:00] is essential for the health care community to partner, and it's also essential for the health care community to also partner with their community leadership and their emergency management leadership.

Michelle Pilon: So with all of that said, what we're doing here at the hospital is first looking at increasing the capacity of the hospital or the patients by 29 beds. So essentially what we would do with to make all of our private room on our existing acute care unit, semi-private rooms, they're very large rooms, they're meant to hold two patients, so we would do that. We would look at alternative areas like our current cardiac stress lab, which actually was our old intensive care unit, there's room for three critical care patients [00:40:00] there. We would look at another alternative site, our sleep lab, which could have five patients which has been relocated to the hospital so those beds would be right within the hospital. So if you couple with what we've currently got, and you add those double occupancy, and then the three critical care beds from the cardiac stress lab, and the five beds in the sleep lab that will total 59 patients.

Michelle Pilon: Like I said, that would increase our capacity by about 29 beds. Then of course, you know, we would have all the equipment, you know, we've got that would give us nine critical care beds.

Michelle Pilon: And so we would have the resources available to us. A blessing of being part of a larger system is the resources that we have available to us, the resources that we have right here in the division [00:41:00] within the hospitals that comprise the Mission Health system, the division, and then the fact that we're part of ACA and the resources and the best practices that they bring to the table in terms of surge planning and what worked in our hospitals, what's not worked in our hospitals.

Michelle Pilon: So Geraldine, all of your questions, or did you need more?

Moderator: Geraldine is actually muted on the line.

Geraldine (Call Participant): I just want to clarify so the additional 29 beds in addition to the 59 beds?

Michelle Pilon: No, no. It's 29 additional beds. Part of the total of 59 beds.

Geraldine (Call Participant): OK so we are looking at a total of 59 beds. [00:42:00] There are rumors out there, and I hate rumors, so I'm just going to ask you, are there plans for a tent facility on the hospital grounds?

Michelle Pilon: So we will be erecting a tent jerks outside of the walk-in entrance to the ED. It will strictly, that tent will be erected on Friday by the way, that tent will strictly be used to triage ED patients if we have the need. So if we find that our ED starts to get really overwhelmed with patients and we have to overflow to an internal space here within the

hospital, we'd earmark our outpatient area as our overflow area for the emergency department, then we will shift our triage process to do that outside tent and once we do a quick assessment of patients and determine if they need to stay our main [00:43:00] ED because they're infectious or they're really, really sick, or if they're less sick and can go to a less acute part of the ED, we'll forward them to our outpatient area. So that is what the tent is being used for. We actually did some tabletop drills within our HCA today, so that will be the tent scenario.

Dr. William Hathaway: Yeah. Let me amplify on that if I can, Michelle. So it's really critical to emphasize that while you see tents being constructed in other areas where they just don't have enough beds. We've been in touch with all of the facilities in Western North Carolina. I mean, Mission right now has 800 beds in operation, and without going into detail level assessment and how many beds we can get, we can get well, well, well over a thousand beds total.

Dr. William Hathaway: And the strategy as we coordinate and collaborate on the [00:44:00] care would be to get the sickest patient to Mission. Okay, just like we always would have. I mean, the sickest patients who have all the problems needs, the specialty care, not that the doctors and staff at Transylvania are, you know, incapable of handling some pretty sick patients, but just by the nature of what we can offer for specialty services and technology that just can't be offered at a critical access hospital, we're still try to do that.

Dr. William Hathaway: And there's even a possibility that we would shift the less ill patients, if we got into a real bad scenario where we could shift less patients, you know, to our sister facilities to offload the critical care that needs to be delivered here. Again, that speaks towards that beauty that Michelle was alluding to about the benefits of being part of a larger system.

Dr. William Hathaway: And we just don't know. You know, we're praying that it'll be a slow, gentle lapping waves on the shore instead of a tsunami. But [00:45:00] again, we don't know. And so we're contingency planning for everything. And so I think we should be reassured by the level of cooperation that we have with one another.

Moderator: Thank you, Dr. Hathaway. Next, we'll go to another question that was submitted online. Michael writes, "If you've have COVID-19 once, is it possible to be infected with the COVID-19 virus a second time?"

Dr. William Hathaway: That's a good question. I'm not sure I know the answer. I know that there's been lots of speculation about that and I've been reading so much about preparedness that I haven't read to see whether we've actually shown that can or can't happen. We certainly know one thing, and that's with influenza you can be infected every year. The difference between the Coronavirus and influenza, however, is that the influenza virus is a master mutator and it changes. It has the ability to [00:46:00] change itself, to evade our body's natural defenses and infect us. When we get the vaccination, that's the other difference, we don't have a vaccine for the Coronavirus yet. The vaccine is specific to the kind of virus that we saw the year prior and we're guessing that it will be effective for the one for this year, but it may mutate and change.

Dr. William Hathaway: What we don't know about the Coronaviruses is how good the immunity that people build up is how long that lasts over time and whether you can be infected. I am hopeful, just like everyone else is, that it won't be the case or that the second wave of illness will be more like the mild flu as opposed to the potential for mortality like we've seen.

Moderator: Thank you, Dr. Hathaway. Once again for the participants on the line, if you have a question, just dial *3 and an operator will be available to assist you. [00:47:00] The question prompt again is *3.

Moderator: Next, we'll go to a caller on the line. Luca has a question about the potential for immunity test for those who are not experiencing symptoms. Luca, the line is now yours.

Luca (Call Participant): Oh, hi. Early research out of Iceland and from the Princess cruise indicated that there could be 15-30% of the population that is asymptomatic. Is there going to be any antibody testing for those to know whether they're immune to the Coronavirus?

Dr. William Hathaway: So that's a really good question and I'm impressed with your level of information. We do know for sure that many patients appear to be asymptomatic, it's hard to know just how many because we haven't done widespread testing of populations, but we're trying to get that information.

Dr. William Hathaway: When the body gets infected by a virus or bacteria, the [00:48:00] body's natural responses for the white blood cells to fight off the infection, and one of the mechanisms they do that is by producing antibodies. Antibodies are proteins that recognize parts of the whatever the virus is and they kill off or protect the body against that infection that's the whole premise of a vaccine.

Dr. William Hathaway: It stimulates antibody production. There's two kinds of antibodies. One is called IGG and the other is called the IGM. They're produced in different timeframes. IGM can be measured and showed relatively recent infection. It comes shortly after the infection then fades over time, and then IGG is prevalent in the body for years and years, and so we can use that to detect prior infection. We use these antibodies tests in a host of other illnesses to determine immunity. For example, to see if you've ever been infected with chickenpox or whether you have immunity or hepatitis [00:49:00] antigens. We test this all the time. There are early tests that are looking at the IGG antibody test right now.

Dr. William Hathaway: I personally don't find them very clinically useful because I'm more concerned about whether you're acutely infected. And so our other tests actually measure certain other parts of the virus that are in the system when you're acutely infected. So the short answer to a long answer that I just gave, yes, there are tests that are coming this way, how they'll be useful, is not clear.

Moderator: Thanks, Dr. Hathaway. Next, we'll go to another question that was submitted online. Lauren writes, "What are some of the best ways to prevent exposure to the virus?"

Moderator: Michelle, we'll start with your response.

Michelle Pilon: Can you repeat that please?

Moderator: Of course.

Moderator: [00:50:00] Lauren writes, "What are some of the best ways to prevent exposure to the virus?"

Michelle Pilon: I think first and foremost, as Dr. Hathaway and I have talked about many times during the course of this forum. If you are experiencing mild symptoms, low grade fever, you know, anything less than a hundred degrees without chest discomfort or shortness of breath or cough, stay at home. Treat your symptoms. As Dr. Hathaway said, the treatment protocol there is not going to change.

Michelle Pilon: You're going to treat your symptoms by staying at home and self-quarantine for 14 days to definitely stop the potential for spread of the virus. Social distancing has been proven across the country. Staying within six feet of someone, has been proven across the country to decrease the spread of the virus. [00:51:00] Not being in groups of 10 or more. That stops the spread of the virus. Washing hands, first and foremost, washing your hands and not touching your face. And if you feel like you need to come into the emergency department because you're very, very ill, we're not discouraging that, but the things that I just talked about or some of the main way of stopping the spread of the virus. Dr. Hathaway, I don't know if you had anything else?

Dr. William Hathaway: Not a thing that was completely comprehensive. The importance of staying isolated is not only to protect yourself, but also of course, to protect others. The question was asked, what can we do to help healthcare providers? And the simple answer is, don't become a patient. It's not always possible to avoid it, but anything you can do to minimize the risk is appreciated.

Moderator: [00:52:00] Thank you, Dr. Hathaway. That is all the questions we have time for this evening. For daily updates, please follow Transylvania Regional Hospital on Facebook or stay on the line to leave a message with your email with questions or comments. I will now turn the call over to Ms. Pilon for closing remarks.

Michelle Pilon: As I said, Dr. Hathaway and myself are extremely happy that we've been able to share information with the community. I know it's a scary time for all of us. It's a challenging time for all of us, and the more information that we can have and the more that we can communicate with the communities that we serve, the better. And we are happy to do that. Thank you for allowing us this time to share information.

Dr. William Hathaway: Nothing else to add except to echo [00:53:00] the thoughts of just how uncertain these times are and how anxiety provoking and scary can be for all of us. There's a lot of uncertainty and I think we have some degree of control by the measures we've put into place, but as much as we're socially distancing right now, I think we need to also make sure that, and a friend of mine coined this phrase or at least introduced this to me, was we can do distanced socializing and we must stay connected to each other. That's what makes us. So stay in touch with your friends and family virtually in any way you can. Reach out to those people who need your support in helping the community and you can do

shopping for them and keep them out of harm's way, please offer that while staying safe for yourself.

And then just know that you're blessed to have Michelle and her team and your community. They're tremendously dedicated and competent [00:54:00] professionals. It's a privilege and all it has been to work with them. And it's a privilege for me to have the providers here in Asheville to back up the care, you know, as we all would have, whatever happens in our communities, we will take it head on and do the best we can and we'll get to this together.