



Community Tele-forum Transcript March 26, 2020

Moderator: Good evening. Thank you for joining the Highlands-Cashiers Hospital virtual community forum hosted by Mission Health. Leading the discussion this evening we have Highlands-Cashier Hospital, CEO, CNO, Tom Neal as well as Doctor Bill Hathaway, Chief Medical Officer at Mission Hospital. Before opening the forum to Q&A, they'll be providing an update Highlands-Cashiers Hospital, the hospital's Coronavirus preparations as well as the vision for the future. One 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 *3 and an operator will be available to assist you. The question prompt again is *3. I will now turn the call over to the host, Mr. Tom Neal, to begin the forum.

Mr. Tom Neal: Well, let me start by thanking you for participating and provide a brief introduction. My name is Tom Neal, CEO, CNO of Highlands-Cashier Hospital.

Mr. Tom Neal: [00:01:00] I've been married for 35 years to my wife, Robin, and we have two children and two grandchildren. We are originally from Louisville, Kentucky with my career having taken us to Hilton Head Island, South Carolina, West Virginia, and then Pennsylvania. I was very excited to be offered the opportunity to serve in this community, this is a location I could very well envision retiring in the future.

Mr. Tom Neal: I am also a clinical executive. I started working as an Army medic then working EMF followed by seven years as an ED and critical care nurse, and with my last 20 plus years of serving as an administrator virtually all hospital operations, strategic planning, and at the executive level for the last six years.

Mr. Tom Neal: I also want to touch briefly on experience with emergency management given the national emergency we are also facing. My experience covers mass casualty situations, leadership during multiple infectious disease [00:02:00] outbreaks like SARS, Ebola, and the bird flu, as well as hospital evacuation restoration during hurricane Matthew. I also had advanced training in hospital instant command, which is training geared toward emergency management that provided by the department of Homeland security at Anderson, Alabama.

Mr. Tom Neal: When I first arrived at Highlands-Cashier Hospital some three months ago, my first response to most people I met was that I wanted to listen and learn more. From these conversations, I developed strategic priorities and my initial goal for this forum was share these observations and the priorities for the organization. In light of the COVID-19 emergency we are facing, we have chosen to shift this forum to discuss COVID-19.

Mr. Tom Neal: But first, I do want to share my observations. We are very fortunate for having a health care system here that is staffed by such caring and committed professionals that I would stand up against any professionals I have worked with in my last 35 year career.

[00:03:00] They are among the best. Our first priority is to assure quality and safety. Right now, our primary mission is to assure the safety of our staff, patients and visitors at our key locations. This means you will see some changes at our hospital. First, we have shut down all entrances except one to the hospital and at this location you will see train staff who are wearing masks asking screening questions to identify visitors and patients at risk. This is for your safety, the safety of our staff and the safety of all people coming to the hospital campus. They'll ask you if you have a fever or cough and traveled to high risk areas or have had contact with anybody who has COVID-19.

Mr. Tom Neal: Patients seeking treatment or identified at risk are immediately placed in a mask and isolation. At this time, we have restricted all visitation. We are level three visitation. We do make exceptions, however, for pediatric patients or patients who are at the end of life.

[00:04:00] **Mr. Tom Neal:** The next priority I want to discuss is our priority to be the community's provider choice. The first point here is to act as primary care providers. Since I arrived, I have heard repeatedly about the need for primary care physicians, and if you have not heard, we have a new family medicine physician, Dr. Todd Guitar, who will start in May.

Mr. Tom Neal: However, I also want to speak to our surge plans. As you know, President Trump issued a national emergency declaration, there's a lot of this declaration which will help us. For us specifically at Highlands-Cashiers Hospital, this includes lifting the 96 hour length-of-stay restriction and 24 bed cap also allowing emergency credentialing for providers and support of telemedicine. Our plans to surge of resources for primary care include seeing up telemedicine. We have the equipment in place. We also have resources through ACA, which includes telemedicine providers that are already in place and temporary physicians.

Mr. Tom Neal: We are [00:05:00] also calling for volunteer physicians and nurses, our community does have multiple retired physicians and we are working with the foundation to identify retired physicians who would be willing to serve if needed.

Mr. Tom Neal: The next point here is doctors to specialists, I will highlight them were the most important specialist during the pandemic is infectious disease doctors. Most rural communities do not have access to infectious disease doctors. In fact, the last two hospitals I served at did not have access. Thanks to our relationship with Mission and HCA we do have access to telemedicine.

Mr. Tom Neal: The final point I will make yours related to engagement. As we have prepared, we have been working closely with the local community leaders, both public and private, to coordinate our planning. Our primary partner has been the health department. I also want to emphasize our plans are aligned with the CDC guidance and are supported by the health department.

Mr. Tom Neal: Also been invited multiple times over the last several days to [00:06:00] address community concerns. My message here has been consistent. As a hospital system, we are prepared. We have activated our plans and continue to refine them as we learn

more. I also want to share the, once you get behind the screen or the front door, it is business as usual with the exception of new protocols for testing and treatment.

Mr. Tom Neal: I do want to highlight one thing, this has come up multiple times, but at this time, unless you are being treated in the emergency department and are sick enough, we are not offering outpatient testing for COVID-19. The reason is there is an actual shortage of PPE and even though we have adequate supplies at Highlands-Cashiers Hospital and across the Mission system, we want to be sensitive to this.

Mr. Tom Neal: Keep in mind, every time we test a patient for COVID-19, we were putting valuable masks and isolation equipment or supplies to use. We have modeled for the most likely scenario in a bit of a surge in both of our settings [00:07:00] as well as our clinic and in the active living center, our 80 bed nursing home. Our third plans include making sure we have adequate staff, supplies, equipment, as well as increased testing if needed.

Mr. Tom Neal: I want you to emphasize our plans do not include opening an ICU with ventilators. Our plans are to stabilize the patient and transport them to Mission in Asheville.

Mr. Tom Neal: Mission has already purchased additional ventilators and added staff, in fact, they have tripled the number of ventilators that they have had prior to the COVID-19 outbreak. We also have a strong transport system that includes protocols, I would consider best practice. We also have access to MAMA, which is our helicopter transport system.

Mr. Tom Neal: Our next priority is to be the employer's choice. As I've already shared above all, our primary mission is to assure the safety of our people. In addition to things I already shared, like assuring we have access to mask and gloves, [00:08:00] this offer includes, they are informed. We have been holding daily briefings to answer questions, address concerns, and keep them up to date on the latest treatment protocols. I also frequently round with them and I can say with confidence, they feel prepared.

Mr. Tom Neal: Our final priority is sustainability. Prior to a few weeks ago, where's the most frequent question was what will happen to our hospital after the asset purchase agreements tenure term completed?

Mr. Tom Neal: My first response is that from the first interview I had until day, I have received nothing but support from ACA and the direction to make our hospital successful and drive growth. In fact, I would not have come here if that was not the case, but today I will provide a different commentary. As much as you need this hospital, we need you. Without a strong community, we would not be so successful.

Mr. Tom Neal: So as we face COVID-19, my comments are take care of yourself by provided by the experts like the CDC and the health [00:09:00] department. Wash your hands frequently and appropriately. Wash between your fingers. Wash your thumbs. Wash the back of your hands. Scrub for 20 seconds.

Mr. Tom Neal: If you're using alcohol, again make sure to wash all surfaces and allow it to air dry, don't wipe off the alcohol and don't wipe off the alcohol on your pants. Practice social distancing. I think everybody knows what that is at this point, but stay 6 feet from people,

don't shake hands, don't hug, don't kiss, and stay at home unless it is essential like going to the grocery store or the pharmacy for medicine.

Mr. Tom Neal: My final comments to this, we are prepared and together we will manage whatever come to our community. I hope and pray it passes us, but most likely each of us will know someone who is affected. Even if it is not an infection, it may be unemployment or other financial hardships. I believe that we will be a stronger community after this has passed.

Mr. Tom Neal: When I was at Hilton Head, I was responsible for the evacuation and restoration of our hospital. Our community was devastated, [00:10:00] but we came together and we rebuilt. We were closer and stronger. I have already seen signs of this whether it is volunteers offering to get groceries for senior citizens, churches often to care for the children of hospital staff, rides home for school, or other multiple charitable organizations asking how we can help.

Mr. Tom Neal: We have had volunteers offered to bring masks to our hospital. Today, we had the elders in that brought 14 dozen roses to share with our patients and we've had volunteers offering to bring snacks. The most important thing I'll say in closing is the response I was asked on the last town hall, which was what can we do to help? And the most important thing I ask of you is do not become a patient.

Mr. Tom Neal: Thank you. And with this, I will turn over the forum to Dr. Bill Hathaway, our division's Chief Medical Officer.

Dr. William Hathaway: Wow Tom, thank you very much. Those were really tremendous words that you shared with the community. [00:11:00] Spot on in all regards and inspirational in many, many ways. Let me slow your suit by just starting with a little bit of introduction of who I am and my role here with ACA healthcare.

Dr. William Hathaway: I am a cardiologist by training. Originally, I'm from Wisconsin and did my medical training at Duke University is how I got my North Carolina connection and married my wife, who's also a physician, and we actually had a two day honeymoon up in Asheville at the Grove Park Inn.

Dr. William Hathaway: And that was when we had our first love for this community, which I think we all love so much. We have been in Asheville now since 1999. As a cardiologist by training, I have served in a variety of different leadership roles over the past 21 years, including leading our cardiology program and ultimately becoming the chief of staff at the hospital, and now [00:12:00] since 2013, I've served as the chief medical officer of Mission Hospital and Mission Health. And then over the course of the last year, having had the opportunity to assume the division chief medical officer role here in Asheville, which gives me additional responsibilities for our sister hospitals, including Highlands, but also Transylvania and Angel, Blue Ridge, McDowell, and our care partners in the Asheville specialty hospital. It's been a privilege and a pleasure to have been involved with the Highlands community over the last number of years when Mission and Highland-Cashier's Hospital originally partnered five or six years ago.

Dr. William Hathaway: I began to serve on the board of that hospital and I've continued serving as a board member after the most recent [00:13:00] transition. I'm impressed beyond words that the facilities that you have been there, that we all know comes directly from the generosity of the community. I'm equally and perhaps even more impressed by the staff, to which you referred Tom, they are remarkable people who are our heroes everyday heroes who are committed to their health and wellness and benefit of the community.

Dr. William Hathaway: And I echo your sentiments, no matter what happens as we go to this unknown time that we have the best we ever could have the right people to go through this with including community members. I wanted to sort of start my comments by sort of getting us all on the same page. And I know that there's been so much in the media and so much in the press about this virus, and it's really been amazing to me how a single virus [00:14:00] could impact the health of a globe.

Dr. William Hathaway: I don't think I've ever had ever imagined a scenario like this coming to life. We of course learned and trained to deal with infectious disease outbreaks in our communities, but no one really talks about a pandemic. And we certainly were aware of the 1918 flu epidemic district so many lives, many, many years ago.

Dr. William Hathaway: That certainly was another time before the advent of modern medicine. And so while we knew that something like this to happen, in theory, it never really, dawned us until the last three to four months of happening in such a fashion as we've experienced around the globe. I think most people are acutely aware that the virus has had at least this clinical origin outbreak in China.

Dr. William Hathaway: Exactly where or how or what or where it began is a little bit speculative. [00:15:00] We know it began in Wuhan, that's no surprise, but whether it came from this animal or that animal or what is not clear, we do know that a variety of different mammals are the source, or can be the source of the Coronaviruses. This is a number of six or seven different signs of Coronaviruses.

Dr. William Hathaway: Most of the Coronaviruses are actually quite benign because the common cold. And cause more severe illness, including the merge outbreak and the SARS outbreak, which I'm sure you've heard about. Those were local outbreak, the very severe disease caused by a variance of the same virus.

Dr. William Hathaway: The difference between the MERS and the SARS outbreak and the current outbreak is that those were virus mutations that were a little bit less transmissible than the current SARS COVID-2, which is the technical name that causes the illness COVID-19. So SARS, COVID-02, is the virus and COVID-19 is the illness. Those other illnesses were different in that they were less transmissible and so we were able to contain them.

Dr. William Hathaway: They were also far more lethal and fatal than the Coronavirus that we're dealing with today is, but the fact that it has such high transmission rates gives us great pause. Many, many, many, many more people across the globe will get the get this illness, and when you have many people getting the illness, even if the mortality rate is low, less than 1%, perhaps one to 2% by some reports.

Dr. William Hathaway: When you have that many people that at least a lot of people are going to encounter significant difficulty with this. The virus spread. It is spread, of course, we know to Italy and Iran. The last time I did one of these calls, they were the epicenters of the outbreak and I think we all are hyper-acutely aware of that now the [00:17:00] United States is afflicted by the illness if the illness is being more widely disseminated in a variety of different communities. And it's highly likely that when all is said and done, our country will have much more illness, morbidity, and mortality than other any other country.

Dr. William Hathaway: The key to any infectious disease as we treat it, particularly of a virus or viral antiviral therapies are not as effective as our antibacterial therapies.

Dr. William Hathaway: And you can get bacteria, antibiotics for bacterial infections such as pneumonia and skin infections and bronchitis and sinusitis, but when you have a viral infection, our therapies just aren't as keen. We spend a great deal of time emphasizing the need for prevention of transmission of the disease of containment. And [00:18:00] I understand that all of us, after the declaration of an emergency at both the national and state level, and now even at the county levels, as you're experiencing, and making the Jackson County has a significant impact on our daily lives, but it's really fundamentally the most important thing that we can do to prevent the transmission of the illness. I'm sure many, many of you have seen or heard the expression of the goal of 'flattening the curves.'

Dr. William Hathaway: We have a desire to decrease the rapidity or the number of cases that we see in a short period of time from the illness. If we had a hundred people all came into the emergency department on one day all afflicted with the illness we would be far less able to take care of them than if we had a hundred people come in over ten days where it was ten people a day.

Dr. William Hathaway: And so our goal is to flatten that curve to spread out and minimize this whole number of people who are affected and afflicted so our health care system can handle the load and volume of patients. And that's why we've done things, including the shelter-at-home messages and the avoiding group contacts, staying six feet away from people when you're in contact.

Dr. William Hathaway: Washing your hands diligently, cleaning surfaces diligently. The virus, while it doesn't cause a lot of morbidity. It's actually not especially strong, meaning our routine cleaning techniques tend to do very well. So your alcohol based wipes and Clorox based wipes at home are very, very good at eliminating this virus.

Dr. William Hathaway: A lot of people have asked us about testing. The last time we did one of these calls testing was the big issue. And the question is why we don't have more widespread testing. Recent guidelines have moved away [00:20:00] from widespread community testing for a host of different reasons.

Dr. William Hathaway: One is that most people actually do very well with the illness. Eighty percent of people or more will have mild symptoms and will recover fine if they just go home and isolate. And so whether we know it's COVID-19 disease or something else, in a setting where we have limited availability for testing, we chosen to reserve that for those

who are most acutely ill and those who are hospitalized. We have limited testing supplies right now, although that's changing as we speak.

I expect in the next week or two there will be much more widespread testing availability across the country. Additionally, we have limited what we call PPE or personal protective equipment, which is critical to the healthcare workers ability to protect themselves and patients when we're caring for people who are ill with COVID-19.

[00:21:00] **Dr. William Hathaway:** PPE is broadly defined, is masks, goggles, face masks, gowns, gloves, and even disinfecting wipes. The things that we can use to protect ourselves from either getting the disease or help our workers from transmitting the disease if we have it.

Dr. William Hathaway: As I'm sure many of you have seen, one of the biggest impediments to controlling the transmission and caring for patients in other countries, and even in areas which have a higher incidence of the disease than we do here in Western North Carolina, the shortage of personal protective equipment is acute.

Dr. William Hathaway: And so if we were to use PPE as we obtain samples from patients for testing and are otherwise very low risk, we run the risk of not having that valuable equipment that lifesaving equipment for patients when they come [00:22:00] into the hospital. The CDC and the state Department of Health and Human Services and others have recommended conserving PPE by not testing and saving it for patient's care when they become ill.

Dr. William Hathaway: One place where I think it's valuable to be behind the curve as it were is we have not seen a large number of cases in North Carolina, and particularly in Western North Carolina. I'm grateful for that, but I don't think that means that we won't be seeing a number of cases. We're hopeful that our efforts for social distancing and sheltering will diminish the number of cases, but frankly, only time will tell.

Dr. William Hathaway: What that has done however, it's allowed us to prepare for the illness, and we've done tremendous preparations in our health system, and the collaboration with other hospitals not even in our health system, and county health departments all across Western North Carolina [00:23:00], and the state to prepare for this. And these separations that included disaster planning related to having an emergency department ready, expanding bed capacity in our hospitals, having coordinated admission strategies, as Tom alluded to, we would never expect a small hospital like Highlands to take care of the most severely ill. We will bring those patients to the higher technology and higher capability hospitals like Mission Hospital in Asheville, which I think most of you know is really a world class or sharing coordinated care facility. Having coordinated admission strategies, as Tom alluded to. We would never expect a small hospital like Highlands to take care of the most severely ill. we will bring those patients to the higher technology and higher capability hospitals like Mission Hospital or Asheville, which I think most of you know is really a world class coordinated care facility.

Dr. William Hathaway: We have 800 beds at our disposal with the capacity to expand to even more. We have well over a hundred intensive care units and we have the ability to turn almost all of our beds into intensive care unit if the demand is such. We said, we pray that won't be the case, but we're taking nothing for chance and we're working actively to make sure that we're prepared to take care [00:24:00] of patients.

Dr. William Hathaway: And then we would use Highlands to offload some of the less sick patients if it became that bad so we have a comprehensive and coordinated strategy with both Highlands and our other sister hospitals on how we plan to address this illness.

Dr. William Hathaway: We've gotten a lot of questions about therapy for this illness. Most of the therapies right now are experimental and unknown. There's been talk about some use of the drugs which have been beneficial in malaria. Hydroxy chloroquine is one of those. Frankly, those reports are intriguing, but the times remains to be proven at this point in time and we just don't have enough data.

Dr. William Hathaway: But fortunately, as I said before, we're on the trailing end of the curve, so hopefully we can learn from other areas are using that therapy, in particular, in other communities. There is viral therapies that have been used, believe it or not, [00:25:00] for Ebola that may show some promise here. So we'll see how that pans out.

Dr. William Hathaway: And then there's a host of experimental therapies, which may or may not be available as time goes on here in Asheville. We have a robust research department. We're actively pursuing experimental therapies to help take care of these patients when they come to us. I think that is all I would like to say is prefacing remarks.

Dr. William Hathaway: I want to echo Tom's comments that it is heartwarming to see the outpouring of support from the community. The community has offered in many circumstances to donate a personal protective equipment in the event that we do run short on suppliers later.

Dr. William Hathaway: I'm very optimistic or hopeful that that won't be the case for a variety of different reasons, not the least of which is that we are part of a large organization, ACA Healthcare, with a tremendous national footprint and [00:26:00] tremendous ability to secure supplies for us when we need them.

Dr. William Hathaway: In addition, we've seen the outpouring of response from the community, both on the individual level with people offering generously to sew masks for us. I find that incredibly heartwarming. And people donating supplies that they may have from their dental offices or from other offices where we won't need them at this point in time.

Dr. William Hathaway: That to me, is just emblematic of why I think that whatever happens, we'll get through this. We need to, that's our only choice, and I'm optimistic that the spirit of the citizens of Western North Carolina will be the backbone of our success.

Dr. William Hathaway: I guess I'll turn it back over to the moderator now and we can begin to take questions.

Moderator: Thank you, Dr. Hathaway and Mr. Neil. The forum will now open to Q&A. If you have a question, please dial *3 and an operator will be [00:27:00] able to assist you. The question prompt again is *3.

Moderator: To get started, we have a question that was submitted online. Bill writes, "What are the best ways to prevent exposure to the virus?"

Moderator: Mr. Neal, can start with you and then we'll follow up with Doctor Hathaway.

Mr. Tom Neal: These are things that your mother would have told you, but it really comes down to some of the things that I've commented on. The best thing is hand-washing, and as I shared in my comments, good hand-washing, making sure you thoroughly wash all parts of your hands, include your thumbs, between your fingers, and for 20 seconds. When I was in nursing school, I was taught if you hum happy birthday to you and you complete that when you're finished you, because you've done a 20 secondhand wash and that will thoroughly clean your hands.

Mr. Tom Neal: The social thing is important. One of the things we've encouraged our employees to do, or even more than that told them not to do, is don't come to work sick. If you're sick, don't take a chance. Stay at home. Stay six feet from people. A lot of the public health warnings are about no gathering more than 10 people. Then I would encourage if it's not necessary to not even do that.

Mr. Tom Neal: But, you know, say six feet apart. I mentioned about the handshaking, but any contact this virus can spread. The virus doesn't have legs so unless it travels as you sneeze or on a surface, it's not going to pass. So, you know, making sure that you're careful with how you touch anything that might be potentially infectious.

Mr. Tom Neal: One of the things that I think is the most hard to do is don't touch your face. And it's something that we do without even thinking about. During this time, I'll say that I've resorted to putting my hands into my pocket a lot, but really try hard not to touch your face, your nose, your mouth, your eyes, any new clothes or any part of your body that's not covered by your skin.

Mr. Tom Neal: There's a potential pathway for the virus to enter so those are the things that I would really emphasize.

Mr. Tom Neal: The other thing I'll just mention is to take care of yourself by making sure you have good nutrition, making sure that you're watching your stress level. One of the things we talked about with our teams here is it's very stressful times.

Mr. Tom Neal: We're social people. Staying away from people it does take a toll. So doing things, whether it's meditation, really just try to focus on trying to decrease your stress levels when you get stressed immediately. To me, some of the best things do some deep breathing exercises, but all things that you know will help keep you healthy during normal times or other things that you should act on right now.

Mr. Tom Neal: But again, I'll end with what I've already said, hand washing is the most important thing that I could ask you to do.

Moderator: Thank you, Mr. Neal. Doctor Hathaway, any additions there?

Dr. William Hathaway: Well, it's hard to add anything to that was spot on. I think that is all the advice that needs to be followed.

Dr. William Hathaway: I'll just emphasize that we do think the virus is spread through droplets that means when you cough or sneeze or any secretions from your body fall out they have a chance of traveling in the air and being inhaled by someone that is the most common way. That's why we recommend the six foot distance.

Dr. William Hathaway: And I want to emphasize that touching things you cannot absorb the virus into the skin, but it's that you transmit those droplets of those virus particles into your mouth, your face, your eyes, that's where you can then get infected. And as I said, this is very highly transmissible. We don't think the virus lives very long on surfaces. We don't know exactly how long it is, but we believe that it within a matter of four to six hours, that most of the virus particles are dead, but it's important also to keep your surfaces very clean too.

Moderator: Thank you, Doctor Hathaway. Next we have a question from Dan Brown with the Highlander Newspaper. Dan has a question about the timeline for restrictions and if China can be a model. Knowing you're all really focused on the local community, maybe we can touch on how the impact that the restrictions would have now long term.

Moderator: We'll turn it to Dan to ask his question. Dan, you are now live.

Dan (Participant): Hi. My question is: Is China a model to set a timeline on? Here is town we're making some really intense restrictions, especially with travel in and out of town and up and down the mountains per se. What's your plan in releasing those? I know President Trump said he wanted to kind of open things back up a little bit by Easter. How realistic is that?

Dr. William Hathaway: Let me take that one on.

Dr. William Hathaway: First and foremost, I think you probably saw Dr. Anthony Fauci. Dr. Fauci is a premiere disease specialist who was instrumental in how we approached the initial AIDS crisis. And he has my complete and 100% respect and admiration for the work he's doing now and the work he's done over his career.

Dr. William Hathaway: And no one in the health field believes the timeline that President Trump has put forth. It's frankly it's a hopeful and optimistic timeline, but it's just not one that is at all practical. So I would not encourage people to expect anything to change in our recommendations within that short timeframe.

Dr. William Hathaway: The Chinese experience was one of many, many months and critical in their success in diminishing it. That's still ongoing there, but they had a market diminution, a 90% drop in the number of cases.

Dr. William Hathaway: Keeping the lack of spread, the exponential spread of the virus from person to person was critical to their success. And so I would say that, yes, we can learn a lot about it. It's one of my hopes that while we have a relatively low prevalence of penetration of the illness in our community, that our shelter recommendations based on other experiences will be shortening this timeline for us.

Dr. William Hathaway: So I'm very hopeful.

Moderator: Thank you, Doctor Hathaway.

Moderator: Next, we have a question from Mark, who is looking for some information around the differences between diagnosing the flu and pneumonia. Mark, the line is now yours.

Mark (Participant): In terms of the diagnosis, what is the difference between the flu and pneumonia? What's used then for the Doctor to say we need to look at testing this individual?

Dr. William Hathaway: That's a really good question. It's interesting. Influenza is a very specific illness, which is caused by a viral strain of which there are a number of different kinds of mutations. Then year over year, that viral strain that this is a virus which is highly capable of mutating and changing because it changes each year, we are able to get re-infected by it. The vaccines target certain characteristics of the virus so that we can fight it off and have our own antibodies, but as we all know, the vaccinations are not 100% effective.

Dr. William Hathaway: Pneumonia is a condition in the lung that involves an infection and it can be caused by a virus, it can be caused by bacteria, it can be caused by the COVID illness, it can cause a patching pneumonia. So pneumonia is sort of a generic term of a lung infection. When we see patients, it's very difficult sometimes to tell the difference between a respiratory illness caused by influenza or another viral pathogen another kind of a virus of which there are many, many, and COVID.

Dr. William Hathaway: So our strategy involves a few things, it used to involve a travel history, but that's less relevant now because of the wide spread of the disease. It certainly involves getting a history of whether someone has had exposure to somewhere with a known illness that would be very suspicious. And then we look for symptoms of cough and shortness of breath and fever, although many other symptoms we're learning can cause this. Typically what we do is initially test for influenza and if that's negative, and depending on the clinical scenario, which has to be individualized for each patient, we then determine whether a test for this specific virus is needed. So we individualize it each and every time.

Moderator: Thank you, Doctor Hathaway.

Moderator: Just a reminder to the call participants, if you have a question that you would like to ask, just dial *3 and an operator will be able to assist you. The question prompt again is *3.

Moderator: Next, we'll go to a question that was submitted online. Susan asks, "How can telemedicine help slow the spread of the virus?"

Mr. Tom Neal: I can take that one if you want Dr. Hathaway.

Dr. William Hathaway: Sure.

Mr. Tom Neal: There's a few benefits to telemedicine. The obvious is that you're increasing access. One of the best things anybody could do now or at any time is have a good relationship with a primary care physician. They know you. They have established relationship. They can tell what's the current illness is something that really should be concerned with or something that you're going to do well with. By having telemedicine, we're going to be able to expand that quickly and one physician doing telemedicine could be much more accessible, especially areas like Highlands-Cashiers. You know, we are fairly rural, obviously the roads here are difficult, so that's one benefit.

Mr. Tom Neal: The other benefit that probably goes without saying is you're decreasing the potential exposure. Dr. Hathaway talked about healthcare workers being everyday heroes, but they are on the front lines and they are at risk for contracting the illness for every patient they contact. So by using telemedicine, we're able to keep some of the physicians and keep that contact safely.

Mr. Tom Neal: We've already used telemedicine in many places already. I talked about providing access to specialists. I mentioned infectious disease being one we utilize. We also use it for neurology, for our stroke care. You know, we have access to, you come into Highlands-Cashiers Hospital with stroke symptoms we can quickly get a neurologist on the telemedicine platform, and they can do an evaluation. So, you know, it's already being utilized and we've already found the benefit. This a secondary benefit when you're looking at infectious outbreak is that we're not exposing physicians to the illness.

Mr. Tom Neal: For us here, you know, when we look at our surge plan, it allows us to bring in another physician potentially on site to help us as we're trying to screen patients, come into the hospital, triage them, and make sure that you know what the appropriate next step for treatment.

Moderator: Thank you. Next thing, we have a [00:39:00] question from Ashley who is asking about recommendations for someone who might have underlying health risks that may be experiencing some of the symptoms of COVID-19. Ashley, the line is now yours.

Ashley (Participant): Ok, sorry I had it on mute. What would you recommend for people that don't want to get out and don't want to spread anything that are younger that want to just stay home and ride it out? Possibly like vitamin C intake or anything like that would you recommend?

Dr. William Hathaway: That's a great question, Ashley. It's really interesting, I have children age 23, 27. I better get this right if my wife is listening. 23, 27 and 28. And all of them have come down with upper respiratory symptoms now so this is now relevant both to me personally and relevant to me very professionally. The guidance is based in large part

because most patients do very, very well with the illness, if you have mild to moderate symptoms that you otherwise would not have sought attention from a physician, is that you say at home and you don't do anything. We don't want anyone who's sick or ill, desperately ill and not feeling well to not get attention, but we don't need people going to the emergency department or walk-in clinics for mild to moderate symptoms. And we typically recommend that you self-quarantine and isolate for preferably for two weeks.

Dr. William Hathaway: If symptoms worsen or shortness of breath or other systemic complaints, altered thinking, lack of urination, other kinds of problems developed, and the first thing you do is call your primary care physician and helped get triaged then get into a place to be seen if he or she recommends that you do that.

Dr. William Hathaway: As I said, there's not, at this point, we don't have proven therapies and we're trying to save whatever therapies that we have for those who are most acutely ill. So it's, you know, chicken soup, and lots of hydration, and rest and medicines to decrease fever like you normally would take like Tylenol or ibuprofen. There were some reports that ibuprofen potentially being a problem. There's no scientific basis for that I've come across unless something new has come out.

Dr. William Hathaway: So medicines to sort of treat the flu like, cold like symptoms you normally would of. Many people get benefit from vitamin C, although we've done a number of studies in other illnesses looking at the role of vitamin C in shortening symptoms, and frankly, we just haven't been able to prove it. I don't think there's any harm at all in using vitamin C.

Ashley (Participant): Great, thank you.

Dr. William Hathaway: Thank you!

Moderator: Thank you, Doctor Hathaway. [00:42:00] Next, we'll go to another online submitted question. Kelly writes, "What can the community do to support care providers in the weeks ahead?"

Moderator: Mr. Neil, we'll start with your response.

Mr. Tom Neal: What I would just encourage is just to continue to support them. The offerings that have come forward, in the Eckerd Living Center we had a community member that brought forward some of the handmade masks. I'll tell you they're beautiful. They are well done. And ask Doctor Hathaway mentioned that they were to be the last resort for us.

Mr. Tom Neal: But I will tell you what it did to the staff, though. It made them feel supported and let them know that you care. So it's kind of offerings really say a lot. I think if you know from healthcare providers, just say a thank you. I often, you know, when I receive a letter from a community member, just thanking them for the care they received, I share with them and I can tell you, it just makes their day. It's what keeps them going. It is tough. You know, we talked about the visitation being restricted and that's a very tough thing. You know, health care workers, they thrive on the caring and compassion, not just for patients.

It's also the family. So when they don't have that there, they're missing a part of what they enjoy each day.

Mr. Tom Neal: So those letters help a lot. So I would encourage you, if you have a family member, just write a letter of support or appreciation to them. I had some folks from the Vision Cashiers groups that were talking about can we still bring snacks? And it was interesting, they asked that right as I rounded in the Eckerd Living Center again and they said, you know, one of the things the staff misses the most is that the families would often bring in homemade goods or cakes and things like that.

Mr. Tom Neal: So I said, you know, if you want to provide pre-packaged, you know, we can't take the home baked goods now, the pre-packaged things you bring in here, we'll make sure to get it to them. And again, it's not necessarily saying they need it, but it's saying, 'hey, we thank you. We appreciate you.'

Mr. Tom Neal: The other thing is what I mentioned already, which is just take care of yourself. You know, I'm encouraging my staff every day to take care of yourself. The same thing for the community. You know, as I shared my comments, our vision is to watch this hospital grow and this hospital can only grow as the community grows. So as you take care of yourself, you're firstly doing that, but the other thing you're doing is that you're not going to become another patient in the hospital.

Mr. Tom Neal: And if you have the projections that we're seeing or let's put it this way, if what we're seeing in New York ever comes to our community here in Western North Carolina, it would stretch our system like nothing I've ever seen before.

Mr. Tom Neal: And we just need to make sure that we're taking care of ourselves. Also, the advice from the public health department and the towns, you know, the town of Howard put out some new directions with the proclamation yesterday, and it's not meant to be draconian like what you're seeing in China, it's meant to keep us safe.

Mr. Tom Neal: So follow that direction, you know, don't try to go around the rules or whatever. It's really important that we slow the spread of the disease.

Mr. Tom Neal: I'll close there. I don't know if you have anything to add there, Bill. That would be my thoughts.

Dr. William Hathaway: You hit it. We are all human being and we need those reach out to value those reach outs from our fellow man. And now more than ever, that's important. Then really what you said, the most important thing you can do is take care of yourself, isolate, not become a patient. That's critical.

Moderator: Thank you, Doctor Hathaway. Just a reminder for participants on the call, if you have a question that you would like to ask, just dial *3 and an operator will be available to assist you. The question prompt again is *3.

Moderator: We'll take one more question that was submitted online. Mike writes, "What is the best way for the community to stay informed?"

Dr. William Hathaway: I think, you know, in this [00:46:00] era of 24 hours a day, seven days a week, instant access to all the information you possibly can need, I actually worry a little bit about information overload, especially if you're isolated in a home and it's all Coronavirus all the time. You know, I've been actually questioning and asking patients and families to limit the amount of information they absorb. You have the basic facts and then, you know, being absorbed in the popular press media can actually be a disservice.

Dr. William Hathaway: If you're looking for accurate information, we have excellent resources available at the state level at the North Carolina Department of Health and Human Services at the NCDHHS website, which has great patient information, and the CDC website, the Center for Disease Control in Atlanta, Georgia has an excellent website with very good patient information and we have websites also, but we link to those resources and I suggest that if you want the facts, that's where you go."

Mr. Tom Neal: If I could just add to that, one thing I would encourage is to try to avoid spreading rumors. I've had frequent times where I've been asked a question and it's something everybody is concerned about and wants to talk about. I've encouraged my team not to talk about what's going on at the hospital. I ask you to respect that and during normal times we talk about patient privacy. The patient privacy is still a real thing, but now it's also, you know, we're in a national emergency and it's like yelling there's a fire in a movie theater. You know, you say, 'hey, oh my gosh, there's a COVID-19 patient at Highlands-Cashiers Hospital.' And there's not. But that then becomes, you know, as you go right down the chain, that becomes a public hysteria. So try to stick to the facts. Try not to spread rumors. Again, it could be well-intended, but the next thing you know it's creating a public worry that's even not necessary.

Mr. Tom Neal: [00:49:00] The CDC is the best bite. You could watch TV all day, and I'm guilty of this a little bit myself because I'm very obviously interested, but the information there, and I'm well informed, it's not always accurate. So it's a real concern I have sometimes about what you're seeing on the TV and you know, everybody wants hope so sometimes the comments are intended toward inspiring hope and leading people to there's a future here, but you know, it's like, 'hey, we've got a treatment for it.' Well, no we don't. You know, we have a potential treatment, but we don't yet. We're all hoping for it. So I would just add to it, make sure you're not spreading rumors and try to stick to factual sources. And the best is the North Carolina DHA website, the health department's going to be an accurate source for you, the CDC is going to be an accurate source, and I'm not saying the other ones aren't accurate, I'm just saying you can't count on them to be accurate always.

Moderator: Thank you. Thank you, Mr. Neal. That is all the questions that we have this evening. For daily updates, please follow Highlands-Cashiers Hospital on Facebook or remain on the line to leave a message with your email and question or comment.

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

Mr. Tom Neal: I'll just close with some of the comments I started with. I want to thank you for this opportunity. I think it's important that we are coming together to talk about concerns. I wish we were actually in a real town hall setting where we were together, but

this is the best we could do during this time. I am excited about our future at Highlands-Cashiers Hospital. In spite of everybody's concerns about what's going to happen if the COVID-19 comes here, I do want to try to leave on a high note saying, we got a bright future [00:50:00] here, we're looking forward to overcoming this, and looking forward to the future. I encourage you to keep safe. I thank you for the support you've given through just the outreach to the workers here. We have great people and they really appreciate it. So again, I thank you for this evening and I'll part with those words.