

Good afternoon, everyone. This is Alexis Kramer-Ainza with the public relations department at Banner Health. I want to thank members of the media for joining us today. I will be moderating today's press conference. And we'll be sharing updated information with you about COVID-19.

Before I introduce today's speaker, I would like to provide you with a few tips for how to successfully navigate this virtual platform. This press conference is live. And we will also be recording the press conference. If you have a question during this press conference, type it in the Q&A box on the right of your screen. If you do not see the chat box, click on the screen mark in the navigation bar. Please include your name and media affiliation with your question.

Questions may be asked at any time. And I would encourage you to post them as early in there as it would be a 45-second delay with this live feed. Any questions that come in after the press conference concludes will not be answered on camera. We will follow up with you separately. Please note that questions that contain protected health information will not be published. A member of our team will follow up with you directly and privately regarding your inquiry.

After our speaker is done with her media update, I will read questions out loud so that she can answer them for everyone in attendance. After our press conference concludes, we will provide you with a high-resolution recording that will be posted to our newsroom. This will include a transcript and any supporting materials that were referenced or shared during the press conference. You will find those things at [bannerhealth.com/newsroom](https://www.bannerhealth.com/newsroom).

I would like to introduce you today to today's guest speaker, Dr. Marjorie Bessel, chief clinical officer of Banner Health. Correct spelling of her name is M-A-R-J-O-R-I-E, last name Bessel, B-E-S-S-E-L. Dr. Bessel, the floor is yours.

Thank you for joining me here today. As I've done in my previous weeks, I'm going to start with a few opening comments and begin with a little bit of situational awareness. So to begin with, I want to remind all of us that we remain very busy during this respiratory season that includes both COVID patients and non-COVID patients.

As a reminder, we look at positivity of tests as an early indicator of what's coming for us for hospitalizations. It predates the increase in hospitalizations. In the state of Arizona last week, we were at 18%. The peak in our summer surge was 21%. And that occurred in the month of June.

Subsequent to that, we are having, of course, more daily cases. 7,693 were reported out on the AZ DHS COVID dashboard for November 30. This is more than any of the numbers that we experienced in the summer surge. Hospitalizations in total in the state of Arizona are now 93% of what we achieved in the peak in the summer.

I want to remind everybody that as we look at these occupancy numbers that our COVID patients are very ill. So when we talk about percent occupancy at the hospital level, remember that these COVID patients need a lot of our care from our entire team-- our nurses, our respiratory therapists, and our physicians. Today, 38% of our inpatients are COVID. At the peak in the summer in state of Arizona, we were at 45%. I want to refer everybody also to your state and your local county dashboards for continued up-to-date information.

Next, I want to speak a little bit about the topic of elective surgeries. So we have received a number of questions from many of you of whether we have stopped doing elective surgeries to help solve some of these capacity strains and constraints that we're likely going to have and that we are already having here. So we have not done that across the entire Banner organization although we do look at these on a day-by-day basis.

Currently, elective surgeries represent less than 5% of our total hospital capacity. Most elective surgeries that are performed here at Banner are either done on an outpatient basis or require a fairly short stay, perhaps only 24 hours in the hospital. Rarely do our elective surgical patients require ICU care.

The elective surgeries that we perform here in all of our Banner hospitals are medically necessary, essential services. They are not cosmetic surgeries. They're things like mastectomies, hip replacements, and gallbladder surgeries.

Patients who have these surgeries postponed due to capacity constraints have the risk of deteriorating or needing to come in on a more urgent or emergent basis and continuing to then add to the hospitalization as well as their own discomfort from the delayed surgery that they need. In addition to that, some of them may then require an ICU stay where if they had had their elective surgery done on that routine elective basis, they may not have required an ICU stay.

Next, I want to do an update on staffing. Staffing as we've talked about before will continue to be the biggest challenge that we all face, Banner Health as well as all of our markets, as we continue to expand our capacity to meet the community needs. Those needs, of course, are for our COVID patients and our non-COVID patients.

An update on external contract labor-- so we continue to look for external contract labor to come into our markets. So far, 2,036 have been hired. They have been started or are starting in the next few weeks. We still have 406 positions that remain open. These positions include Item 4 critical care nurses, med surg nurses, as well as respiratory therapists.

For our core team-- so these are individuals that work for Banner and represent our core staffing-- we are also hiring into that workforce. Positions of high importance in that workforce include environmental services, medical assistants, and patient care assistants. Anybody who is interested can visit our [bannerhealth.com/careers](https://www.bannerhealth.com/careers) to look for job listings. We would welcome that interest. We also continue to do redeployment and upskilling as we've spoken about before and as we also did in the summer surge.

Next, I want to provide some comments about vaccine. So as we talk about the statistics of where we are with hospitalization, percent positivity, and number of cases within the states that we operate, vaccine represents positively on the horizon. It is something that we are optimistic about. And we continue to work with our states and counties very closely and collaboratively to be ready.

Here is what we know as of today. And I would just remind all of us this is moving very quickly. And things have been changing very quickly as well. The FDA released a detailed analysis on Tuesday morning regarding the COVID vaccine that is produced by Pfizer. This was ahead of a Thursday meeting that is scheduled for a group of independent experts that will advise the agency on whether to grant emergency use authorization for this vaccine.

The agency's analysis finds, quote, "no specific safety concerns identified that would preclude issuance of an EUA," end quote. They found that serious reactions were rare. And side effects were somewhat common. Those include things like pain at the site of injection, headache, and fatigue. The analysis also affirmed good efficacy for this vaccine at 95%. This was assessed after you get both doses and are a week past that second dose.

It is our expectation that we will hear from the FDA tomorrow regarding EUA. If it is issued as we do anticipate, vaccination will begin most likely the week of December 14. State and county departments are being coordinating all of these efforts. And we are highly participatory in all of those planning efforts. For more details on vaccine, timelines, process, please contact your local state or county health departments. Banner Health expects to have several vaccination sites open the week of the 14th.

Now let's talk about what we need from you. So while we have optimism on the horizon related to vaccine, we still do have significant increase in percent positivity, total cases, and hospitalizations. Mitigation is needed. You can help with mitigation. So I know there's a lot of information out there. And some of these are things that you can do. And we ask you to comply with these.

I have two of them to ask all of you who are out there in the community. The first one is about shrinking your circle or reducing your bubble. We use both of those terminologies. Let's talk about what a circle is. So your circle, your closest circle, are those individuals that you live with. That can be family members or roommates that you live under the same roof as a household.

Every time you go outside of that circle, whether you have to go to the grocery store, whether you go to a park, whether you go to work, you are expanding your circle. The circle needs to be as small as possible. The fewer people that you have in your circle, the better you are going to be.

The smaller your circle, the better you are and also the less spread you might give to somebody else. We all know that people can be out there not feeling ill, being asymptomatic or even presymptomatic for COVID-19 disease. And yet, you can still be a spreader of this deadly disease every time you engage outside of that circle. So please, consciously think about your circle. And keep it as small as possible. You can be part of our mitigation efforts.

Next, as always, I'm going to talk about masking. So when I came into the press conference, I'm in a room with other individuals, all of whom are masked. I only took off my mask just before I came on camera. I did so and washed my hands. I am more than six feet from every individual who's in the press conference room with me today.

Masking is so incredibly important, but it is a crucial tool for us. You need to wear it any time you go outside that circle that we just spoke about even if you're just going to the grocery store or any other place where you might be exposed or you could potentially expose another individual.

So please do mask up. If we all do our part for mitigation, keep our circle as small as possible, and wear a mask, we can have an excellent impact on the numbers that we are experiencing. I know that all of us are looking for--

--a return to normalcy. And the vaccine does represent optimism on the horizon. We want and need you to all support one another so that we can keep our health care workers safe and here for you. At this time, I'm now open for questions. Thank you.

Thank you, Dr. Bessel. At this time, I will read questions submitted by the reporters in attendance so that Dr. Bessel can answer them.

OK, so the first question that we have is from Josh Sanders of 12 News. How many COVID-19 patients is Banner currently treating?

So I'm going to refer everybody to our local dashboard whether at the county or the state level. As I indicated in my opening comments, Arizona, in the state of Arizona, we are 93% towards the peak that we experienced in summer. And as we did in the summer, Banner Health is taking care of about half of those inpatients. So when you look at the AZ DHS dashboard, Banner Health represents about 50% of those numbers.

Thank you, Dr. Bessel. Next question is from Stephanie Lead of BuzzFeed News. Hi. I was wondering if you have a sense of how your workforce is feeling about being the first to get the vaccine and if you've done any surveys to understand how they're feeling. For those who do not feel very enthusiastic about taking the vaccine or want to wait, what are you doing to try to address their hesitancy?

So we have been doing a lot of communication with our team members in regards to getting ready for vaccination. As they are all scientists, they too are waiting for several of those steps to occur like I delineated-- waiting for the FDA to actually make the EUA be approved, waiting for ACIP to provide their recommendations, and then, of course, we internally will take a look at this vaccine as well at Banner Health.

We have health care workers who are very anxious to get the vaccine and want to sign up right now even though we do not have our lists yet ready, and we don't have time slots yet for the vaccination. In addition to that, as you might expect, we also have others who are waiting for more information and others who might be a little bit hesitant.

Our commitment to our health care workers and to our community is that we will continue to bring information to you. We will continue to be transparent. And we will continue to update you as we learn more information. We have conducted some surveys. And it is from those surveys that help us do better communication to all of our team members. We communicate through a number of different mediums out to our team members to keep them updated on everything that we know about

vaccine.

Thank you, Dr. Bessel. Next question's from Josh Sanders of 12 News. What is your current inpatient ICU bed capacity?

So I'm going to refer back to some of the statistics that I spoke about at the beginning. We are very busy. If you look at the Arizona Department of Health Services dashboard, Banner Health is taking care of about half of those inpatients. So if you take any of those numbers and divide by 2, that pretty much will represent what Banner Health is doing.

We continue to expand our ICU capacity. And we will continue to do so to meet the community need. I spoke a little bit about staffing, which is, again, augmentation that we are providing to our health care workers to be ready for more patients to come as we do expect the surge to continue.

Thank you. Next question is from Max Gordon with 3TV CBS 5. I'm going to break this up into three parts. First part is Banner Desert is located in one of Arizona's hot zip codes for COVID-19. What does capacity look like at Banner Desert right now?

So Banner Desert is also very busy. They have been at times over 100% occupancy in order to meet the demands of that community. In addition to the zip code positivity that was alluded to in the question, I would also like to remind all of us that Banner Desert is a referral center. So we also have individuals coming outside of that zip code to the Banner Desert campus for care. That can be both for COVID transfers as well as other patients who need that tertiary level of care.

Second question, compared to a normal December, what does this look like?

So we remain very busy. And I am going to refer back to some of the comments that I spoke about earlier. When we look at the bed capacity or the bed occupancy, I want to remind all of us that COVID patients, which now represent 38% of our inpatient volume, are patients who are very ill.

So a COVID patient today compared to an influenza patient last year is different. They require more care. They stay in our hospital longer. Our staff have to wear PPE. And so they are very difficult patients to care for. We continue to create capacity so that we can be there both for COVID patients and non-COVID patients?

And last part of Max's question. What impact does the hospital have on the community COVID spike in the 85202 area code?

So I'm going to refer back to my previous comment that I said about Banner Desert. So Banner Desert is within that zip code. In addition to receiving patients that are COVID-related illness, we also, because it's a tertiary care facility, receive patients that are either COVID transfers from other parts of the county or the state as well as other patients that need surgery or other types of high-level procedures that can be done at a tertiary care facility.

Thank you. Next question is from Mike Pelton of ABC 15. If I am a patient and need an ICU bed at a Banner facility in the Phoenix area, what is the likelihood that I will get one?

I'm sorry. Could you-- if I'm a patient-- can you read one more time?

If I'm a patient and need an ICU bed at a Banner facility in the Phoenix area, what is the likelihood that I will get one?

So at this time, we are participating with the Arizona Surge Line, which is helping to load balance the entire state. At this time, we are able to accommodate ICU patients in the Phoenix area that require that level of service.

Thank you. Next question is from Peter Samore of KTAR news. How much money is Banner Health getting from Governor Ducey's announcement of \$85 million to hospitals? And where will Banner spend it?

So we have been in close communication with the state in regards to our staffing needs. We are receiving dollars from those that you have heard about through Governor Ducey. We have as of today not actually received those dollars. But we do expect to receive them. In addition to that, other dollars are actually being put towards getting external contracted labor and staffing. We have submitted our needs to the state. And we look forward to working with them so that we can get additional staffing to meet the needs of our community.

Thank you. Next question's from Megan McNeil of KOLD in Tucson. Have you received your portions of the funds Governor Ducey announced? And if not, any ideas when you will?

So as of this morning, we have not yet received those funds. But we are in close communication with the state. We have every expectation that we will receive funds. In addition to that, some of the other funds that have been communicated from the state are going to go towards that external contracted labor that I spoke to just a bit ago. We have put in our lists and our requests. And we look forward to working with the state collaboratively to bring additional external contracted labor into our facilities.

Thank you. Next question is from Josh Sanders of 12 News. Do you anticipate staffing challenges? That's the first part of his question.

We do. We have anticipated staffing challenges even heading into the surge. We are experiencing staffing constraints. And we continue to work. I'll refer back to some of the statements that I said at the beginning of how much external contracted labor we have brought in as well as the core staffing that we are hiring for. We continue to do upskilling. And we will continue to do redeployment to meet the needs.

Second part of that question-- how are you recruiting seasonal staff?

So seasonal staff is also refer to my comments of external contracted labor. So we use a number of different agencies to secure those individuals. Those include nurses and respiratory therapists. And as I indicated earlier, we have brought in a number of individuals. I'll just go back and repeat what we've done so far. 2,036 for external contracted labor have been hired. They have either started or are scheduled to start in the next few weeks. We have 406 other openings still. And those are for critical care nurses, med surg nurses, and respiratory therapists.

Thank you. Next question is from Christian Viejos of Telemundo. Are there any ICU beds that do not have any staffing in Tucson and Phoenix? I think what he's trying to say is there any ICUs in Phoenix or Tucson that do not have staffing?

I'm going to answer the question in this way. So at this time, all of our ICU beds where we have patients are, of course, staffed. So all of our patients have staff. We continue to expand ICU capacity to meet the need of what is required. So as we do that, we add additional beds where we can take care of critically ill patients. And we bring staff in so that we can care for those patients. That is an ongoing, dynamic process. We manage that literally minute by minute, hour by hour, day by day.

Thank you. Next question is from Mike Pelton of ABC 15. Do you have any updates on projections for when you will hit 100% licensed bed capacity and whether Banner may need to enact crisis standards of care at some point? Last week, you mentioned 100% bed capacity might be reached today, 12-9.

Yes. So as I mentioned last week, we use a forecasting tool that takes into account historic winter volumes, previous COVID surge, and the IHME forecasting tool. That is also a dynamic process. At this point-- I'm just looking at my notes here. At this point, we expect to hit 100% capacity on 12-15 and 125% capacity on 12-18.

Thank you. Next question's from Megan McNeil of KOLD in Tucson. What is the average hospital stay

for COVID-19 patients you all have been seeing? And has it increased or decreased since the summer?

So as I mentioned previously, COVID-19 patients are very ill. And they have very long lengths of stay compared to other types of patients, even types of patients like influenza patients who in prior years sometimes need hospitalization and sometimes even need an ICU stay sometimes with ventilatory support.

Our COVID-19 patients have a very long length of stay. When a COVID-19 patient comes to a hospital, and they end up in our intensive care unit, they have a length of stay that's usually about two weeks. At this time, we are not seeing a significant change in the length of stay of COVID patients during this surge compared to the summer surge. But we still have not hit our peak yet. We have a long ways to go. And certainly, that could change over time. But it's not been our experience yet.

--that the length of stay is significantly different during the surge.

Next part of your question is the average number of staff it takes to care for them, or what is an average number of staff it takes to care for a COVID patient?

So these COVID patients are very ill, and they require a lot of staff to take care of them. In the Intensive Care Unit, these patients are very ill, but they have a team of individuals taking care of them. They have physicians, they have nurses, they have respiratory therapist, they have other assistants that are helping to take care of these patients. As our surge continues, we continue to use more and more of that team approach to take care of these patients.

Thank you. Next question is from Stephanie Lee of BuzzFeed News. I understand that Banner is now making the vaccine mandatory. Can you discuss how many you made that decision, and why you think encouraging rather than requiring will be more effective?

At this time, the COVID-19 vaccine is absolutely not mandatory.

Next question's from Peter Samore of KTAR News. Will the funds for Governor Ducey also include vacation pay, holiday bonuses for overworked staff? What dollar amount does Banner anticipate from the \$85 million?

At this time, we have not yet received those dollars, although we have been in close communication and expect to receive those dollars shortly. Those dollars, and the additional dollars that the state is using to help us get additional external contracted labor, will go to staffing. We're going to get as much external contracted labor as we can to make sure that we're ready to meet the surge.

Thank you. Next question is from Josh Sanders from 12 News what do you need from Governor Ducey that is not happening?

So at this time, I'm going to refer back to the document that we spoke about at the last press conference, which was a-- let me just get it for a second-- which was a letter that we actually sent to the Arizona Department of Health Services' Dr. Christ. At that time, we stated that we need mitigation, and we gave a series of recommendations for that mitigation. We need mitigation both at the governmental policy level, as well as individual level.

So as I spoke about, every individual can contribute to mitigation. Shrink your circle and wear a mask.

In addition to that, other mitigation that we can do that would be evidence-based, that can help reduce the spread of COVID-19 and reduce the serious strain that is already on our hospitals, and is going to get worse, was included in that letter.

The items that we asked for-- and I signed that letter, as did other chief medical officers from other health care systems-- included the following-- stop indoor dining, no gatherings more than 25 persons, stop group athletic activities including club sports, develop the bidirectional COVID-19 road map with both execution and enforcement-- that's for reopenings and closings-- and put a curfew in place. I do want to do a call-out to the Phoenix Council and Mayor Gallego. I had the opportunity to meet with them about sporting tournaments, and they did make a decision to stop those in the City of Phoenix. We are thankful for that mitigation.

Next question is from Christopher Conover with Arizona Public Media in Tucson. Have you spoken to the state, about the Army Corps opening emergency medical facilities?

We did have conversations with the state earlier in the pandemic in regards to field hospitals or other alternative sites of care. We have not had recent conversations about that.

Thank you. Next question is from Brittany Lane of NBC News. What has the guidance been from state health officials about when Banner would receive the vaccine? And when will they start administering it to staff?

We continue to work very collaboratively with the state and the counties in which we operate, both within the State of Arizona as well as the other states that Banner operates. We expect to receive the vaccine next week, pending those steps that I spoke to earlier. The eWAY needs to be approved, ACIP needs to offer an approval, and then the shipment needs to land into the state, and then the counties, and then to us. We are ready to vaccinate next week if we receive shipment of vaccine.

Thank you. Next question is from Josh Sanders of 12 News. Does the state need to implement more mitigations to slow the spread?

I'm going to refer back to the letter that I just spoke about. We talked about it at the press conference last week. We do believe that additional mitigation is needed, both at the policy level, as well as the individual level. The items that I spoke about previously are listed in that letter. And again, I implore everybody out there to do your part. Shrink your circle and wear a mask.

Next question's from Jonathan Cooper with AP. What explains the later date in your forecast for hitting capacity?

So the forecasting tool is built on historic volumes from previous winter season, our COVID surge that we experienced earlier in this year, and the IHME Forecast tool. All of those continue to be dynamic. The IHME Forecast tool-- you can follow it out there yourself-- does change frequently.

It is a very dynamic situation. We look at it on a daily basis. And I would just say that we can expect it to also change a little bit day by day and week by week.

I will update you on what I know on the day of the press conference, and we can circle back to that on subsequent press conferences to address those changes. It's a very dynamic situation and it can be changed by you. Please-- mask up, shrink your circle.

Second question from Jonathan Cooper with AP, is your capacity staffing rising?

I'm not sure I exactly understand that question, is my capacity staffing rising? I'm going to go back to the staffing comments that I said previously. So we continue to expand our staffing because our occupancy does continue to rise.

So as I stated previously, we are bringing in external contracted labor. 2,036 of those individuals have already been hired. 406 positions are still open. We also continue to hire into our core team. Again, for those that are interested, please go to bannerhealth.com/careers. And we also continue to redeploy and upscale.

Last question from Jonathan-- has the virus spread slower than you modeled? Anything else?

The dynamics that we are seeing in our forecasting tool, I would say, are relatively minor tweaks. The virus is spreading fairly much like the IHME Forecast tool told us would happen. We knew that December and January were going to be significant parts of this pandemic, with significant surge.

We also knew that this surge would be bigger than prior surges. That is exactly what we are experiencing. That's exactly why we need mitigation.

Please do your part. Help us manage this. Shrink your circle, wear a mask.

Thank you. Next question's from Christian [INAUDIBLE] with Telemundo-- do you know when the first phase of COVID-19 vaccines will be administered in Pima County and it will be offered at Banner locations?

So as I spoke about earlier, there are a number of steps that still need to occur. We continue to work

very collaboratively, both at the state level here in Arizona, as well as the counties where we operate. We do expect, in Pima County, to get vaccine next week. We do have a site where we are planning to administer vaccine. Again, more updates will come from both us, the county, and the state, as these next steps unfold for vaccine, and as we get updates on the actual shipment and receipt of vaccine.

Thank you. Next question, one of two from Josh Sanders of 12 News-- following up to Doug Ducey's question, do you know if the governor read the letter?

I am told that the governor does have a copy of the letter.

Second question, if more mitigations are not put in place, what are your fears for the coming weeks?

So first of all, I just want to remind everybody that you can play a role in mitigation. Wear your mask and shrink your circle. That can have a profound impact.

But what we do forecast is that we are in a significant surge, and it is going to get a lot worse before it gets better. We have not yet really felt the effect of Thanksgiving, where the circles were definitely expanded. And we also have other major holidays coming up this month.

We expect to get significantly strained in the health care system, which will mean more difficulty taking care of these very ill COVID patients, as well as more difficulty caring for other individuals who have heart attacks, strokes, infections, and the like. So please, everybody, do your part. Help us keep the health care system in the best possible shape that we can as we go into this significant surge.

Next question's from Sam Metz with the AP. Are there any contingency plans in place to transfer patients from overwhelmed rural hospitals, like Banner Churchill Nevada, to other Banner facilities in light of reports a neighboring jurisdiction may not be able to accept them?

So yes, Banner Churchill is very capacity constrained. They've had a fairly large number of COVID patients, some of whom have been very, very ill. We continue to work within the State of Nevada through usual channels.

Banner Churchill transfers very ill patients out their critical access hospital to other larger tertiary care facilities in that state. In addition to that, at times, we have had to transfer outside of the state to some of our other Banner facilities. We've transferred into Colorado from Banner Churchill and we've even transferred all the way down into Tucson here in the State of Arizona to accommodate. We continue to provide a lot of support to that facility and that community to help them manage as best as we can.

Thank you. Next question is from Mike Pelton of ABC15. Last week, you mentioned you did not project that Banner would have to triage patients and would enact crisis standards of care. Has that forecast changed?

So at this time, we have not yet had to triage. It is our hope and expectation that we will do everything that we can, and we're asking you to do everything you can, to not get into that situation. So that's where we are for triaging.

For crisis standards of care, it is very likely-- very, very probable-- that we will go into some aspects of crisis standards of care. I want to remind everybody that crisis standards of care can mean some of the following-- things like increasing nursing ratios, increasing the number of individuals that a physician has to see, doing other things so that we can take care of the most number of patients possible. Things like reducing documentation is part of our approach when we get into significant surge. It's our expectation that we will get into crisis standards of care, and we will do everything that we can to avoid triage.

Thank you, Dr. Bessel. We have reached the end of our press conference. Thank you all for joining us this morning, or afternoon, I should say.

As a reminder, a high-resolution video transcript and any materials shared with you during this press conference will be available online at bannerhealth.com/newsroom. Please allow two hours for us to post all these materials. If you have any follow up questions, please contact us at media@bannerhealth.com. Thank you.

