

# Banner Health COVID-19 Update Transcript

Nov. 24, 2020 Press Conference

Marjorie Bessel, MD

Banner Health Chief Clinical Officer

[00:00:05.12] Good morning. This is Becky Armendariz. I'll be moderating today's press conference. Thank you for joining us. Today, we will be sharing information with you about COVID-19. Before I introduce today's speaker, I'd like to provide you with a few tips for how to successfully navigate this press conference. The press conference is live and we'll be recording the press conference for you as well. If you have a question during the press conference, type it into the Q&A box on the right of your screen. If you do not see the chat box, click on the question mark icon in the navigation bar. Please include your name and media outlet affiliation with your question.

[00:00:45.93] Questions may be asked at any time and I would encourage you to post them early as there is a 45 second delay in the 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.

[00:01:03.66] Please note that questions that contain protected health information will not be published.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 your questions out loud so that she can answer them for everyone in attendance. After our press conference concludes, we will make available to you on our online newsroom the high resolution video recording, 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://bannerhealth.com/newsroom).

[00:01:43.04] I would like to introduce you to today's 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 is B-E-S-S-E-L. Dr. Bessel, the floor is yours.

[00:02:01.98] Thank you, Becky. And welcome to everybody. As you can see, I've entered into the press room here with my mask on. And I'm more than six feet from everybody who is involved in the press conference. I'm going to start with a couple of opening remarks to give a situational awareness of where Banner Health is and navigating through the COVID pandemic. We do have some slides that reference some additional materials and those will be available for you as well.

[00:02:27.89] As we all know, the United States over the last seven days has had greater than one million cases, putting the pandemic at a significant and dangerous level. At Banner Health, at 6:00 AM this morning, we had 1,050 individuals who were in enhanced precautions throughout all of our facilities in our six states where we operate. Patients in the emergency department this morning were 204. Those that were COVID positive in inpatient or observation status were 728.

[00:02:58.69] Pending tests were 239 this morning. Those that were ventilated that were COVID positive were 130. And those that were in enhanced precautions and ventilated are 153. We had seven individuals who were on ECMO as of this morning.

[00:03:13.48] Our COVID-19 enhanced precaution graph peaked right around July 10th. Today, for the number of patients that we have, we are experiencing numbers that were similar to what we experienced on June 18. For individuals that are just COVID positive, our peak for that was right around mid-July, July 12th. Today, our numbers that we're experiencing were similar to what they were on June 22.

[00:03:39.19] For those that are in a ventilator situation, we divide those out into those patients that are COVID positive as well as those patients who are not COVID positive. Taking a look at the graph that we will provide with you, you can see that the gray bars show that those patients that are non-COVID positive have been at a fairly steady level throughout and during the entire pandemic. The yellow bars represent those patients that are COVID positive or COVID suspected requiring a ventilator, and we still are significantly below the peak that we experienced.

[00:04:10.30] Remember when you take a look at this data that ventilated patients often are more of a lagging indicator versus percent positivity or those that are in our hospital under investigation.

[00:04:21.99] Our next slide that we will be sharing with you is our forecasting tool. We do use it based on what we experienced in previous winters as well as in IHME tool, which is the Institute for Health Metrics and Evaluation. Our forecast tool paints a very dark winter for us ahead. So I ask all of you to think about the mitigation that you can do to help us reduce this forecasting. This forecasting is predicated on current mitigation that is in place at this time.

[00:04:48.78] Our tool shows that we'll get above 125% of our licensed bed capacity starting about December 4, and that we will continue that for some extended period of time, likely through mid-January. We're asking everybody to do something now. Please consider your mitigation that you are undertaking as an individual, as a family, and with your friends. We have a big holiday coming up, which is Thanksgiving. And if you reflect back in May, you know that Memorial Day weekend was a significant catalyst that caused continued exponential growth of our COVID pandemic here in the state of Arizona.

[00:05:25.71] We also have lots of non-COVID patients and those are also listed on our forecasting tool. We know that a lot of people need healthcare, not just those with COVID. We have people who are coming from out of state. It is the winter season. There are other respiratory illnesses that are also circulating within our communities, and all of that creates additional people who need our care, in our emergency departments, in our surgical suites, and in our hospital.

[00:05:51.75] Also our staff live out there. They live with you in the community, and they also get ill. They get ill at about the same rate that the community levels of COVID virus is. And so, of course that places additional burden on the healthcare system when our significant team members and employees who are here to take care of you are getting ill in the community.

[00:06:11.07] On the next slide are some of the gating criteria that we track throughout this pandemic and our response to it. As you know, Banner Health has taken some significant steps this week related to what's happening out in our community. The increase in positivity, the increase in number of cases, have caused us to have to take some aggressive action similar to what we did during the summer months.

[00:06:34.35] Unfortunately, those are very difficult. Those are difficult for patients, they're difficult for patients' family and friends, and of course it's very difficult for our staff as well. You'll see there that changes that occurred this week are red across every state in which we operate. This means that we have visitor restrictions in place to keep you safe, the patients safe, their family and friends safe, and of course our staff safe. In addition to that, we are doing expanded testing for all of our inpatients, and we are on a case by case basis evaluating elective surgeries.

[00:07:07.20] Our goal is to take care of you. All of you in the community that need us, whether you're recovered or non-COVID patient, whether you have an essential surgery that's required or not, our goal is to take care of all of you. So we're asking for your help for continued mitigation efforts.

[00:07:23.20] On the next graphic that we will share with you as well is what Banner is doing. So we all talk about, well, what is going to be the most rate limiting step during this next surge that we will experience? The most rate limiting step that we're going to experience will not be beds. We do not forecast that it will be ventilators. We do not forecast that it will be PPE or other supplies. We have been accumulating pharmaceutical supplies, beds, and ventilators since the surge in the summer. And we believe that we are prepared.

[00:07:52.29] What we will have a shortage of will be staff. Our staff are so incredibly skilled and knowledgeable to take care of you. You if you are a COVID patient, you if you are a known non-COVID patient, and yet we know that we're going to need many of them. Staffing is a very difficult undertaking because there are so many pieces that go into making sure that the right staff member is there to take care of the right patient.

[00:08:18.84] This pictorial shows many of the different work streams that we are undertaking, that we have undertaken, and we will continue to undertake to make sure that we have appropriate staff available for you. I'm going to go over a couple of statistics to show you where we are. We have secured over 1,000 staff members from out of state who will be coming to help us work the surge in the winter season. We secure staff out of state every winter and we secured staff from out of state for the summer surge.

[00:08:48.42] 934 of those staff members have either already started this month or will start before the end of November. We are recruiting for 900 more. 106 of those staff started yesterday, 220 more will be starting on Monday. To give you a point of reference, this is what is happening across the United States. The entire country is surging at the same time. This is significantly different than what Arizona experienced in the summer.

[00:09:17.31] In a normal winter of surge, there might be 14,000 positions posted to secure external labor. Last week, there were 20,000 positions posted. This paints a picture of the entire country looking for the same staff that every single healthcare system and every state in the country, including Banner Health, is looking for. We have many other work streams that we are addressing to make the most of the staff that we have, and to find more staff to supplement that.

[00:09:45.67] We will be doing some deployment of corporate members from Banner Health to go assist out in the field, and we will continue with upskilling which is something that we did in the summer. We will look at every possibility of how we can supplement staff to be there for you at the bedside if and when you need us.

[00:10:04.60] On the positive side, I do want to go over a couple of things related to vaccine and treatment because there have been a number of movements over the last week. So let me go through them with you one by one. First of all, the Eli Lilly monoclonal antibody bamlanivimab became approved by the EUA through the FDA. It is available in limited supplies. Every single healthcare system that qualifies to receive this drug is doing so on a limited supply. We cannot go out and buy it on our own, but as we get supply we are making it available to those individuals who meet criteria.

[00:10:40.12] This particular medication is not for hospitalized patients, but is for patients who have mild to moderate disease who fit strict criteria. We have several infusion sites within our Banner Health network that we are being able to provide this. If you have COVID, you can visit it Banner urgent care or a Banner Health clinic to receive additional information about if you might qualify and how we can go about trying to secure you an appointment if you do indeed qualify.

[00:11:08.41] Patients who are over the age of 18 are qualifying and additional medical comorbidities are necessary as well. In addition to that, Regeneron monoclonal antibody received EUA emergency use authorization from the FDA. Banner will communicate out to the broader communities when and if we become a recipient of that drug. At this time, we have not received any information how or when we might receive drug.

[00:11:34.75] Similar to the Eli Lilly monoclonal antibody, we will communicate, we will likely have criteria, and we would expect that the drug will be in limited supply. Our pharmacy team continues to evaluate treatments and is evaluating the new combination treatment of the arthritis medication and remdesivir that also received some approval. And we will providing additional guidance for the risk benefit for that particular treatment.

[00:11:59.62] In addition to that, let's talk a little bit about vaccine. As so many of us refer to, vaccine is the beginning of the end of this pandemic. And yet I do want to caution that despite all of the great and positive news that we are receiving about vaccine, that that is going to make a significant impact into 2021. It is not something that is going to change our trajectory or surge curve in December of 2020. So we're going to continue to ask everybody to pay particular attention to the mitigation activities that will help us flatten the curve while still remaining positive that vaccine is on its way.

[00:12:35.17] Here are a few things that Banner Health is currently doing to be ready for a vaccine. We are committed to work with our states and our counties to be a distributor of vaccine where it makes sense. We expect to have three sites within the state of Arizona in December ready to go if and when we receive vaccine. We continue to prepare and identify individuals who will be the highest priority. Those will be healthcare workers and first responders, and we are working very closely with our counties and our states to make sure that we're able to do that.

[00:13:09.08] We also are preparing to safely handle the vaccine. As so many of you know, this particular vaccine, the Pfizer vaccine that is coming out first has a lot of cold storage requirements. And we are preparing to be ready for that. We also are preparing to both document the administration of that vaccine as well as to provide reminders to those individuals when it's time for their second dose. We remain committed to be ready by mid-December if vaccine comes our way by then. And we remain committed to continue to work with the state and the counties where we are to make sure that we're ready and available to receive vaccine.

[00:13:43.75] In addition to that, I do want to provide an update of the state fairgrounds in Arizona, which is a place that we are providing COVID testing as well as a place that we have also provided influenza vaccination. We expect to use that place for COVID-19 vaccination when we receive vaccine. The fairgrounds has been busy. A 32.4 increase from the week of November 9 to November 16. We are also providing flu vaccines there and we feel like we will be prepared to provide COVID-19 vaccine when the time comes.

[00:14:14.35] As a final reminder of my opening comments here, I want to wish everybody a happy Thanksgiving and remind you all about CDC guidance. For those in Arizona, if you reflect back to the summer, what happened after Memorial Day weekend really catalyzed a significant surge and curve of COVID-19.

[00:14:34.46] Thanksgiving is a four day holiday and is right around the corner. And as difficult as it is, as difficult as the year 2020 has been, we need all of you, we need all of us to follow CDC guidance. The safest place for everybody during Thanksgiving is at home with your family and friends that you live with. Every time you go outside of that curve, every time you invite one other person, one other family into that, you are increasing your risk. If you are going to have a gathering, we ask that it be as small as possible. If you are going to have a gathering, we ask that it be as short as possible.

[00:15:15.17] Being gathered together for eight hours versus two hours increases risk. Please also if you're going to have a gathering, gather outside. Better ventilation reduces the spread of COVID. In addition to that, if you're sick, stay home. Please wear a mask except when you're eating and drinking. And of course, wash your hands frequently. Whenever possible, stay six feet away from another individual. And those are great tips for all of us to follow during Thanksgiving.

[00:15:43.19] We have a big curve, ahead of us. And if we can all do our part with this significant holiday upcoming, we can help flatten that curve and keep our hospitals, our clinics, our urging carers, our emergency departments up and running for you if you need us for COVID or non-COVID illness or disease. And with that, that ends my opening comments and I'm now available to take questions. Thank you.

[00:16:09.25] OK. Thank you Dr. Bessel. At this time, we are going to read the questions that were submitted from reporters in attendance so that Dr. Bessel can answer them. The first question is from John at Colorado Public Radio. And he asks, what exactly does it mean when a hospital hits capacity? And what would you do if you absolutely run out of room?

[00:16:33.50] Thank you for that question. So there are different levels of capacity. We often talk about in normal times 100% of licensed bed capacity. What we know that we have to prepare for, and we are prepared for, is going above that. We are working with each of our states in regards to our surge plans. Most states are requiring for us to be able to show that we have a plan and are able to get to 125% of our licensed beds.

[00:17:01.97] As I've spoken about previously, our space, our beds, our PPE, our supplies, our equipment are not likely going to be a rate limiting issue for us. It will be our staff. Our staff get ill when they're out in the community and our staff are using different models of care to surge and stretch to be able to reach into that 125% licensed bed capacity so that we can care for those that need us in our communities.

[00:17:28.97] We are utilizing a number of different ways to make sure that we have staff available, including external labor that I spoke about, upskilling of individuals, and redeployment other type of staff to be out there in the wards, in the patient rooms, on the floors as helping hands. Thank you for that question.

[00:17:48.62] OK. The next question is from Katie at 9News in Colorado. She asks, Weld County says they will not enforce public health orders that ask to close indoor dining. What is your message to those officials?

[00:18:05.00] So we continue at Banner Health to work as closely as we can with our different counties and state governmental agencies, especially the Department of Health. As we do that, we know that mitigation works, and it's also a combination of governmental intervention, as well as personal accountability. If you live in a county or a state that is having significant spread of COVID-19, we also ask you to take personal accountability to do the things that we've been talking about for months to help reduce the spread.

[00:18:37.07] We continue to work with those county individuals discussing mitigation activities as well as keeping them apprised of what the reality and the status is of our hospitals. At some point, if we reach a surge above 125% or more of our staff become ill, we'll have ongoing conversations to ask for other mitigation to assist us in being able to make sure that we can meet the community needs.

[00:19:03.40] OK. The next question is from Mike at ABC 15 here in Phoenix. Have any Banner hospitals hit ICU capacity? And how close are you to activating the surge plan or postponing elective surgeries?

[00:19:18.40] So at this time, we have ICU capacity to care for both COVID patients as well as non-COVID patients. I would refer back to one of the slides that I referenced during my opening comments that has a yellow bar and a gray bar indicating COVID patients and non-COVID patients. As we continue to reach the surge levels and continue to respond, we will do everything that we can to make sure that we have staff available. Becky could you please repeat the second and third part of that question?

[00:19:49.26] Sure. So the rest of the question was, how close are you to activating the surge plan and postponing elective surgeries?

[00:19:58.34] So we have plans in place already to help augment staff. As I alluded to previously, our staff live out in the community with all of you, and they get sick at about the same levels as all of you do. So part of our surge plan includes the external contracted labor, upskilling, redeployment. We are utilizing many different parts of our surge plan already to meet demand.

[00:20:24.14] As far as elective surgeries, I also have that I'm one of the slides in my opening comments that we're going to make available to you. At this time, we have not had a widespread decision on that. We are asking each one of our hospitals in the communities where they are to make a day by day and week by week decision. As we've stated previously, our goal is to take care of you, your family, and your friends. Our goal is to take care of you if you unfortunately get COVID and need to be hospitalized. Our goal is also to take care of you if you are a non-COVID patient, whether you have a medical illness or a surgical need.

[00:20:58.94] What we know from last time is that canceling surgeries has affect on lots of people. We do not do plastic surgeries in our hospitals. We do medically necessary surgeries. We do essential surgeries. And while at times there are patients who can maybe wait a week or two weeks or maybe even a month for their surgery, they cannot wait forever. They cannot wait for a prolonged period of time because they need those surgeries. Our goal is to continue to do surgeries for as long as we possibly can because those patients need us also.

[00:21:35.82] OK. The next question is from Cameron at ABC 15 here in Phoenix. Can you please describe how Banner plans to assist in the rollout of the Corona virus vaccine? How will employees get vaccinated? And how soon will that begin? Will your employees be vaccinated on site or off site?

[00:21:53.01] Thank you. So certainly a lot of positive activity around vaccine. We have been working very closely with the counties and the states where we provide care to be ready to receive vaccine. Specifically in the state of Arizona, we are ready to deliver vaccine to the top tier of prioritized individuals which will be healthcare workers and first responders in the month of December.

[00:22:17.79] As I believe we all are aware, Pfizer filed for their EUA to the FDA and we are waiting for that to become approved and for the CDC to offer their approval. We believe that the earliest possible date that we would receive vaccine would be the week of December 14. So we are ready to go if we are able to receive that vaccine as early as that.

[00:22:40.20] The number of sites where vaccine will be distributed to those first individuals, healthcare workers, and first responders is limited. We will have limited sites. At this time, we expect to be in three different sites in the state of Arizona as an example, and would expect that most healthcare workers will have to go off site to receive vaccine. Our goal is to make it as quick and as seamless as possible. And remember, that all of those individuals will need to come back for a second dose 28 days later.

[00:23:12.10] OK. The next question is from Craig. He's at KGUN TV in Tucson. Please describe capabilities at Banner's facilities in Tucson. Sorry. Capacities at Banner facilities in Tucson and elsewhere in southern Arizona. Sorry. How many vacancies exist in ICUs? And what are you doing to keep adequate staff?

[00:23:36.55] Thank you for that question. So Tucson specifically is certainly having quite a large number of individuals in their hospitals both COVID and non-COVID that are causing some capacity issues for us down there. We continue to work all the plans that I've spoken about here today across all of Banner and specifically down in Tucson. Also working collaboratively within that county to make sure that we are doing all types of interventions that we can to help flatten the curve.

[00:24:07.12] As you may be aware, Pima County put in a voluntary curfew that just went live this week and was announced this week, asking for everybody to voluntarily curfew between the hours of 10:00 and 5:00 to try and help flatten the curve. As far as the specific numbers for Tucson, we can go ahead and pull those for you after the press conference and provide them to you.

[00:24:28.04] OK. This is from Max at 3TV CBS5 in the Phoenix market. There's a few questions. So I'll break this up for you. What are the biggest challenges when it comes to COVID-19 vaccinations? Are you concerned about anti vaccination disinformation?

[00:24:45.64] So a number of issues of course, related to COVID-19 vaccine are at play. First of all, we don't have a vaccine yet and we're still waiting. Second of all, even as we start to receive vaccine, and it certainly seems like the Pfizer vaccine will be the first to come, it is going to be in limited supplies. Hence, the need to have a prioritized tiering approach to vaccinating the country. The first tier as I've spoken about before, working collaboratively with our county and state will be healthcare workers and first responders.

[00:25:15.99] Because there will not be enough vaccine for those that will want it, those that do not want a vaccine will really play a fairly limited role in the initial roll out of vaccine. Once we get more vaccine, once we have more companies that are able to provide vaccine besides Pfizer, those are issues that we will deal with later into 2021.

[00:25:35.67] At the beginning, we look forward to receiving vaccine. Certainly all of the data that is being shared with us shows that the Pfizer vaccine and those that are right on the tails of that from other manufacturers is both safe and effective. We look forward to learning more about those vaccines, communicating that both to our healthcare workers and first responders as well as to the public at large as vaccine does start to create the beginning of the end of this pandemic and into 2021. We look forward to more vaccine distribution and continue flattening of the curve and the spread of COVID-19 in our communities.

[00:26:09.81] OK. Another question from Max at 3TV CBS5, he did ask about elective surgeries, which you've already addressed. So I'm going to skip over that question and ask the question that he posed last, which is, would there ever be a situation where COVID positive nurses and doctors be allowed to continue to work if they were asymptomatic?

[00:26:31.44] Yes. The short answer to that question is yes. There could be a situation where individuals who are COVID positive and are asymptomatic might work. We know this from experience, that has been happening in other parts of the world specifically in other places outside of the United States where they have had significant staffing constraints during a significant surge, and have had to resort to that type of staffing model.

[00:26:56.37] That would certainly be something that we would try to avoid if at all possible, but something that we recognize may have to come into play if the numbers continue to increase as I have shared, and if our staff continue to get ill because they're living in the communities, and if we are restrained from getting adequate and appropriate numbers of staff. It would be one of our last types of maneuvers that we would undertake. But it is something that we are aware of that we will do if we need to at the appropriate time, and would hope that we do not get to that point.

[00:27:28.99] So again, I'm asking everybody as you think about your Thanksgiving plans, please follow CDC guidance. Think about mitigation. And help us not get to have to make those difficult decisions as this question just posed.

[00:27:43.23] OK. The next question is from Eric at KVOA in Tucson. Eric asks, have any Banner facilities hit capacity? How many ICU beds are currently available?

[00:27:55.08] Thank you for that question. As of this morning, our ICU total capacity across all Banner Health was at 64%. So we still do have ICU capability.

[00:28:08.26] OK. The question up next is from Ray at KUNC. Does your forecasting model take anticipated holiday gatherings into account?

[00:28:20.09] Our forecasting model is built on a couple of premises including previous winter activity, current mitigation, and using the IHME as a forecasting tool. We have within our grasp an ability to bend and flatten that curve. So if we could do additional mitigation, if we could make sure that the upcoming holidays do not actually cause increase of numbers, we can actually make that curve be better.

[00:28:49.74] However, if we start to stray away from current mitigation, the curve can and will get worse. So please think about that as you engage in what I hope will be a good holiday for those that do not have to work. But be mindful that Thanksgiving in 2021 will be a completely different scenario, and we can make it be a good scenario for all of us in 2021 by flattening the curve, following mitigation, and reducing the likelihood that you're going to infect family and friends, some of whom then require hospitalization, and unfortunately some of whom may die from this terrible disease.

[00:29:29.30] OK. Our next question is from Hunter at 12 News here in Phoenix. As of yesterday, ICU beds were at 90% capacity and inpatient beds were at 87% capacity. We've received a lot of claims from viewers that this is ordinary capacity amounts during the winter months' viral respiratory season. So my question is, are these capacity percentages abnormal? What were the capacity percentages that hospitals and ICUs saw during this season in past years?

[00:30:00.87] Thank you for that question. And we can get a specific statistic for you after today's press conference. But yes. In winter, we often run very high capacity similar to numbers that you were quoting in your question. But remember, during those types of seasons a lot of that is out of state visitors, a lot of that is non-COVID types of patients. What we are experiencing right now is a surge of a disease that's also infecting our staff because they live out there in the community.

[00:30:30.51] So while these numbers might be numbers that we have experienced previously, some of that is being fed by a disease that is different than what we've taken care of in past winters. Some additional commentary on that, I think we've spoken about this previously, is that individuals who have COVID that are in our hospitals are very sick. They take a lot of staff to take care of them. And this adds extra load on the per patient that we're caring for in our hospitals.

[00:31:00.03] In addition to that, because of the patients that are COVID positive as well as just because of the spread that is in our community, our staff are having to wear additional PPE. This makes their job much more difficult. It makes them less efficient in being able to provide care. And it's all of these factors that add up to a significant, significant stress that our healthcare system is experiencing as we care for COVID patients going into the surge.

[00:31:28.24] OK. The next question is from Matt at Fox 10. When you say you're going to hit 125% capacity, what does that mean in terms of care? Do some people not get it? Are people turned away? How do you manage this with staff?

[00:31:43.82] So as we spoke about for our forecasting model, again, which is based on previous winter activity, current trends, and the IHME model, getting to 125% capacity happening here in the next month will cause quite a bit of stress on our healthcare system. However, we have a lot of plans in place

to be able to meet that demand. But it is going to be stressful on our healthcare system, and we won't be the only one.

[00:32:11.08] I'm sure that we're all reading about what's happening in other states who were having a surge before the state of Arizona. And you know that the stress on the healthcare system can be significant. At this time, and at 125% capacity, we do not forecast that we would need to be doing any triaging. So triaging is what I believe your question was about of would we have to limit in some way care that's being provided to individuals.

[00:32:36.28] Other than potentially having to take some steps of elective surgeries and trying to delay them to create some capacity, we do not forecast that when we are at 125% capacity that we would be in a triage situation.

[00:32:51.25] OK. John from Colorado Public Radio asks, please define upskilling. And if hospitals fill up enough, would it mean that an ICU and or COVID patient could be cared for by a provider who doesn't have the skills, experience they normally would? In other words, would the care not be of the quality one might normally expect?

[00:33:13.97] So upskilling is something that we did in the summer surge, and something that we are preparing to do and will do in the winter surge. What it means is taking individuals, to your question, who maybe do not normally work in the ICU and provide them additional training and knowledge so that they can help out in the ICU. They do this in a different type of model of care where they will also have other individuals who normally work in the ICU helping them to make sure that we're taking excellent care of our patients. I hope that answers the question that you had.

[00:33:48.83] OK. Next question is from Griselda at KTAR News. What exactly will those three vaccine distribution sites be in Arizona? Who will be eligible for the vaccine?

[00:34:00.50] So we continue to work very closely with our counties and with the state on identifying sites. At this time, we do have some tentative sites but because we haven't received vaccine yet, those are not actually solidified. We will be doing prioritization again, working very collaboratively with the county and the state of who will receive vaccine first. We expect that vaccine will be in significant numbers that we can reach the tier 1A. Those will include healthcare workers and first responders.

[00:34:33.98] OK. The next question is from Joanna at KOLD who also asked about the cities, counties where those vaccines would be made available. So we'll skip that question and go to Craig from KGUN TV in Tucson who asks, please elaborate on specific arrangements for Tucson area for a vaccine and treatments like monoclonal antibodies.

[00:34:58.44] So we are working collaboratively with Pima County to make ourselves available to distribute vaccine. Again, we have not received vaccine. And so, solidifying that exact location is still under discussion. But we expect that we will be a distribution site, assuming that we get adequate vaccine. As far as the Eli Lilly monoclonal antibody, we have received drug and we are working on plans to be able to distribute that in Tucson.

[00:35:29.18] If you're an individual testing COVID positive, I would ask that you contact your healthcare provider or urgent care if you've not yet been diagnosed and they can provide some additional

information. We do expect to be able to infuse that fairly quickly. We were able to stand up sites here in the Phoenix area within a number of days.

[00:35:48.95] OK. The next question is from Ray at KUNC who asks, can you talk about the specifics of how you would prioritize patients to receive care should it come to that?

[00:36:00.76] So if we were to get into a situation where we needed to do triaging, we would be operating under crisis standards of care. In the states where Banner Health operates, those have been stood up in Arizona and Nevada. As far as triaging, we did not do that during the previous surges and we have not done that to date. There are very specific criteria that are followed and laid out a very specific process that are also laid out, that Banner Health would follow. We would be working very collaboratively with our other healthcare systems, our state, and county to make sure that if we got to that situation, we would be doing it in the most equitable and fair fashion possible.

[00:36:42.45] Again, we would all like to never get there. So please, as you're thinking about Thanksgiving, as you're thinking about mitigation, I ask you to take personal accountability. Every single additional risk that any of us takes puts the surge and the likelihood of having to get to those levels that much closer, and none of us want to get to those levels.

[00:37:03.76] OK. The next question is from Graham at 12 News who asks, has the surge line been activated? Are you moving patients between hospital systems for care? And has crisis standards of care been activated?

[00:37:17.55] So the surge line in the state of Arizona has been activated. It has been up and running throughout. It is active in that it is moving patients amongst different healthcare systems to load balance across the entire state. We expect that it will continue to be activated throughout the rest of the pandemic. And Banner Health is very much actively participating in that. As far as crisis standard of care, I'll refer to my answer previously. Crisis standards of care have been activated in Arizona and Nevada.

[00:37:51.73] OK. The next question is from Kayla at Cronkite News who asks, you mentioned a number of approved COVID treatments. For those who qualify for those treatments, are the treatments covered by insurance and or Medicaid? Or are people paying out of pocket for those treatments? Are they cost prohibitive for the average citizen?

[00:38:17.86] Can I go back? I'm to go back and just augment my answer previously about crisis standards of care. So when I say that crisis standards of care has been activated, I mean that they have been put in place to potentially be able to be utilized by healthcare systems if needed. So I just wanted to augment that answer from previous. Becky could you please reject the current question?

[00:38:38.63] Yes. So the current question is from Kayla at Cronkite News. You mentioned a number of approved COVID treatments. For those who qualify for those treatments, are they COVID by insurance and or Medicaid? Or are people having to pay out of pocket for those? Are the treatments cost prohibitive for the average citizen?

[00:38:56.89] Thank you for that question. So currently, those treatments are being COVID by insurance payers. And so, we will bill your insurance company if you come to see us, and we'll work through that

process of getting reimbursed. As far as what each individual may have as an out-of-pocket expense, we'll ask all of you if you have that question to work with your provider. Or if you come to one of our care sites, we can take a look at your personal situation and your personal insurance and answer that question in more detail for you.

[00:39:28.84] OK. The next question is from Craig at KGUN in Tucson. How do you ensure quality and competence in the outside workers you bring in?

[00:39:37.58] So when we do redeployment of individuals or upskilling of individuals to help supplement staffing that we need in our hospitals, we go through training to make sure that those individuals are currently knowledgeable and competent to be able to lend additional helping hands for those nurses, therapists, and other physician staff that are at the bedside. We do that fairly rapidly in order to make sure that we have appropriate staffing, but we also have those individuals work with other individuals who are more normally assigned to those units.

[00:40:10.35] So whether it's an ICU or a med-surg unit, they will be working with other individuals who are there to also help them as they provide those helping hands. I want to say a big thank you to all of those individuals who have volunteered to do that. I know that the staff on the front line appreciate those helping hands. And I hope that all of you that are out there appreciate that everybody here at Banner Health is doing their absolute best to try and meet the needs that the community has during the COVID surge.

[00:40:37.35] OK. The next question is from Melanie at The Hurdle Report. How frequently are staff being tested? How are staff supported when they need to take the time to self quarantine following diagnosis or demonstration of symptoms? And what does a staff member's week look like? How many hours are they working on average?

[00:40:56.69] So I'll take them one at a time. So staff are being tested when the situation is appropriate. And by that I mean if an individual is symptomatic, we of course will help them get tested. If a situation has emerged where there is a outbreak of COVID in a particular unit, we will go ahead and have them tested. If individuals are working in a long term care facility, we test according to regulations. So we do all of that.

[00:41:26.66] For individuals that become ill, we have appropriate HR policies to make sure that they have an ability to do what is needed so that they can recover from their illness and come back to work. And we follow appropriate processes for that. We've been committed throughout to following CDC guidance throughout. Could you restate the third part of the question?

[00:41:47.29] Sure. The third part of the question was how does a staff member's week look like? How many hours are they working on average?

[00:41:55.04] So at this particular time, we do have staff kind of throughout Banner Health that are working extra shifts, overtime shifts, et cetera. Do not have a particular number that I can share with you at this time. That's something that we can try and find after the press conference. I do want to say thank you to all of those individuals who are working overtime.

[00:42:13.96] Again, as we go into Thanksgiving and as many of you out there may have time off, maybe enjoying Thanksgiving, I ask for you to really consider making sure you do appropriate mitigation. There will be many, many individuals working in our hospitals, our EDs, our urgent cares who will not be at home for Thanksgiving with their family. They're here to take care of you and the communities that we serve.

[00:42:37.54] OK. The next question is from Seth at Denver Gazette. Can you speak specifically to the staffing and capacity situations within Colorado facilities?

[00:42:48.85] Yes. So let me just go back to my notes here for just a second. And in northern Colorado this morning around 6:00 AM, we had 88 individuals who were in enhanced precautions, eight individuals who were in enhanced precautions in the ED, 67 individuals that we COVID positive in inpatient or observation unit, and 14 individuals that were confirmed COVID positive, and 25 that were enhanced precautions and were on ventilators.

[00:43:20.41] The staff that work in the Northern Colorado area continue to assess on a day by day, shift by shift perspective other staffing needs. They are also receiving external contracted labor as I spoke to for the rest of Banner Health, as well as working on upskilling and redeployment as I spoke about previously to try and make sure that we have appropriate staff that are there throughout this holiday season. In addition to that, we help provide ongoing support to make sure that they have appropriate supplies and equipment as I spoke about previously.

[00:43:55.39] OK. The next question is from David from Maryville News. How do you accommodate people needing beds when you have more patients than beds?

[00:44:08.25] So I'll answer that question in this way because that's a fairly broad question. We continue to work on all aspects of our surge plan. As I stated previously, supplies, equipment, ventilators, actual bed capacity, we believe that we will be able to meet the ongoing demand. Our biggest rate limiting issue is staff. We have a number of different work streams that I've spoken about here throughout the press conference to help supplement the amount of staff that we have so that we can meet that surge.

[00:44:40.41] We ask all of you in addition to helping us make sure we have the staff that are safe and ready to take care of you to do your mitigation activities. Our staff live with you. They live out there in the community. And so, as community spread continues to increase, the likelihood and risk of our healthcare workers who go home, go grocery shopping, are out in your community, of them becoming ill and not being able to come to work also increases. So please think about that as you make your Thanksgiving day plans for this week.

[00:45:10.28] OK. The next question is from Stephanie at the Arizona Republic. Are you still taking COVID-19 patients from other states like New Mexico?

[00:45:19.33] So at this time, we have continued to receive some patients from New Mexico who are COVID positive. We are governed by EMTALA regulations. And so, we are following all federal regulations to make sure that we meet that need. As I think many people are aware in New Mexico is having really significant surge, significant healthcare capacity constraints. And so they have been reaching out.

[00:45:43.30] We have taken some patients from New Mexico, and we'll do our best of course to accommodate everybody who needs additional care. Again, we ask everybody no matter which state you're in to make sure that you're taking appropriate mitigation activity.

[00:45:57.61] OK. Next question is from Cameron at ABC 15. Do you know what the supply of vaccine will look like once rollout begins? How many is Banner expecting to receive weekly?

[00:46:09.36] We do not know exactly how much vaccine we're going to get or how those shipments will come, whether they'll be coming weekly or at some other kind of incremental frequency. What we expect is that we will likely receive vaccine in the state of Arizona about similar to what the population of Arizona is compared to the rest of the country. We believe that there are going to be about 20 million doses that Pfizer will initially release, but we do not know the frequency subsequent to that.

[00:46:39.67] We have been assured that once we receive that first shipment that Pfizer has on hold, additional shipments to make sure that everybody that gets first vaccine will also have vaccine available to get their second immunization shot.

[00:46:54.75] OK. Another question from Graham at 12 News here in Phoenix. What other kinds of mitigation can be done to help flatten the curve now? Do Arizonans have to just weather this storm?

[00:47:06.57] There are other mitigation activities that can be undertaken to help us flatten the curve. Again, I would ask everybody out there to take personal accountability for making sure that you mitigate. Every single time you go outside of your circle of people that you live with, you are increasing your risk of either catching COVID or potentially spreading COVID when you are unaware that you're asymptomatic or pre-symptomatic.

[00:47:31.83] There are a number of research based articles out there. There is a list of mitigation activities that is at least 25 items long that can be undertaken. The best mitigation that you can do as an individual out there is to keep your circle tight. Once you break that circle, risk goes up. I know it's a very significant holiday that we have with Thanksgiving. I ask everybody to think about what Thanksgiving 2021 can look like, and please do your part in mitigating. Wear a mask. Wash your hands. Don't go out when you're ill. Stay six feet away from individuals. If you are outside, try and be outside where the ventilation is better and avoid large crowds.

[00:48:12.48] OK. Another question from Graham at 12 News. What will prevent systems from getting to 125% license bed capacity in two weeks?

[00:48:22.05] Mitigation right now is what helps us prevent getting to that 125%. We know from experience, both within the state of Arizona in the United States, as well as other countries across the world, that when you take a strong mitigation step, you will start feeling relief in about two weeks. We saw that here in the state of Arizona, and we know that it'll work again. So again, strong mitigation now will help us not get to that 125%. I ask everybody out there to take personal accountability especially as it relates to this holiday week.

[00:48:54.35] OK. Next question is from Eric at KVOA. Please talk about the recruitment of uncertified nursing and medical assistants in Tuscon. Is this something that is new and directly related to the COVID-19 surge?

[00:49:08.02] I can't speak specifically to that. We'll go ahead and get some additional details for you but I will go back to my comments that I spoke about for deployment and upskilling. So we have upskilled a number of individuals. Again, based on my previous example, for instance perhaps taking a nurse or a therapist who usually works on a med-surg floor and providing them knowledge and experience and skills so that they can go help out in an ICU floor.

[00:49:34.84] If we have individuals who are being redeployed or deployed from a corporate setting, they will be additional helping hands. Individuals that are uncertified will not be doing tasks or care that requires a certified individual. Individuals that are uncertified can provide additional helping hands to those certified individuals at the bedside to, again, help make sure that we have staff available and able to take care of the patients, all of whom who need us.

[00:50:03.10] OK. And this is our final question for the morning. It's from Craig at KGUN TV in Tucson. Any idea when vaccine may be available for other risk groups like older people or people who have comorbidities like diabetes, asthma, et cetera?

[00:50:19.37] We do not know exactly when other vaccine will be available for those that are outside the tier 1A which was the healthcare workers and the first responders. However, I do want to go back to some of my opening comments that the news in regards to vaccine has been quite positive over the last week. So while Pfizer has filed for an EUA, we also expect at least a second and a third manufacturer potentially to follow closely on the heels of that.

[00:50:45.54] We hope that Pfizer will continue to provide additional vaccine after we receive first shipment, which we hope will be in the month of December, as well as other manufacturers. Hopefully we'll also get approval from the FDA and the CDC. As we get information about that, and as Banner Health may become a distributor of those other vaccines, again, working collaboratively with the county and states where we provide care, we'll bring additional information out for all of you.

[00:51:13.53] OK. Thank you, Dr. Bessel. We've reached the end of the press conference. Thank you for joining us this morning. As a reminder, a high resolution video, a transcript, and any materials shared or referenced during this press conference will be made available at [www.bannerhealth.com/newsroom](http://www.bannerhealth.com/newsroom). Please allow two hours for us to post all of these materials following the press conference. Please any send any follow up questions that you have to [media@bannerhealth.com](mailto:media@bannerhealth.com) and a member of my team will respond. Thank you very much.