



Virtual Press Conference 12-02-2020 Transcript

COVID-19 Update

Marjorie Bessel, MD

Banner Health Chief Clinical Officer

[00:00:05.09] Thank you. Good afternoon, everybody. I'm going to take off my mask, as I am more than six feet from anybody here in the studio where we are doing the recording. And I want to welcome you to this afternoon's press conference. I have a number of prepared comments that I will go through first, and then we'll look forward to answering questions and clarifications from any of you.

[00:00:25.00] I'm going to start with a situational awareness overview. And as you know, we have a number of different markets where Banner Health does perform health care delivery, and I'm going to provide market by market updates of our three largest market areas. I'll start with Phoenix first. In the Phoenix area, our COVID hospitalizations have increased by 93% during the month of November. Our ICU occupancy during that same month of November increased by 50%, and our ICU COVID patients now occupy 50% of our ICU, compared to 25% on November 1st.

[00:01:01.16] The increase in our ICU demand is almost all related to COVID patients. Ventilator use has increased by 120%, mostly related to COVID patients, as well. And across all of our health care system in Phoenix, our COVID patients now occupy 28% of all hospitalized beds for our Banner Health system.

[00:01:22.59] Next, I'll move on to our Tucson market. In Tucson, our COVID hospitalizations increased by 95% throughout the month of November. Our ICU occupancy also increased by 50% throughout the month of November. In the ICU, COVID patients occupy 50% of our ICU patients, compared to 28% on November 1st. The increase in demand of ICU is almost all related to COVID patients in the Tucson market. Our ventilator use in the Tucson market has increased by 200%-- again, mainly driven by COVID patients. And now, across the Tucson hospitals, our COVID patients account for 25% of all hospitalized patients.

[00:02:06.07] Next, I'll move on to our NoCo region. COVID hospitalizations there increased by 97% during the month of November. ICU bed occupancy increased by 60% throughout the month of November. In the ICU, COVID patients now occupy 50% of our ICU beds, compared to 18% on November 1st. Increase in ICU demand in that market is almost all driven by COVID patients, as well. Ventilator use has increased by 160% for COVID patients, and COVID patients now account for 39% of all hospitalized patients in the NoCo market.

[00:02:44.39] A couple of additional comments from a system perspective for Banner Health-- our baseline non-COVID patient volumes continue to be high. They're close to about 80% of our winter peak surge for prior years. In July, as a reminder, across all of our markets, our hospitalized patients that were COVID accounted for 45% of our total inpatient census. Our November end hospitalization and ICU occupancy numbers, now at the end of November, are close to what they were in the July peak in Arizona.

[00:03:18.65] Next, for Arizona specifically, we anticipate, based on our forecast modeling that we've shared previously, that our surge bed capacity-- that is surging past 100% of licensed beds-- will occur by December 9th. And we will remain above that level for much of the entire month of December-- will remain above that

level also into January. Our predictive model forecasts that we will pierce through the 125% bed capacity, briefly, in mid-December for that part-- and then again towards the end of December. In addition to that, we anticipate actually being over 125% bed occupancy for the entire month of January.

[00:03:59.68] A couple of other caveats about what those bed capacity numbers mean-- so while it's normal for us to surge during winter months-- it happens almost every year, related to just influx of respiratory illnesses and other diseases-- operating above 125% of licensed bed capacity is absolutely not typical, nor is it desirable, especially for a prolonged period as we are forecasting for the month of January. In addition, I would also urge some caution of how we interpret those numbers. And remember that a COVID patient that we are caring for now is very difficult for our staff to care for. They require much more care and attention than a normal typical patient does. And so, of course, we use more health care workers and other supplies to care for those than we would during a normal winter surge where we did not have COVID patients in prior years.

[00:04:48.82] Another reminder about some of my comments is that Tucson is included in our Arizona forecast, and we are also able to load balance both at the state level, as well as with-- between Banner hospitals. So what does that mean for all of you? Well, it might mean that a patient-- a loved one or a family member-- may need to move outside of their community to receive care. We will continue to load balance to best meet the needs of everybody.

[00:05:15.88] All of those comments and statistics that I'm sharing with you here today paint a grim picture-- that if the surge which is currently in exponential growth continues at its current pace, that this will become a very dire situation. Given the increase that we're seeing in COVID hospitalizations, ventilator utilization, and ICU occupancy. Again, I want to remind everybody that our rate limiting issue, as we surge and we pierce through 100% licensed occupancy and 125% licensed occupancy, will be staffing.

[00:05:46.45] I want to provide, also, some additional updates and new information. So let's first start with therapeutics. As we all know, monoclonal antibody is becoming available, and a new one, since our last press conference, has become available. This is Regeneron. We expect to receive shipment of that antibody cocktail mixture this week. The criteria and process to access are similar to what we spoke about for the Eli Lilly monoclonal antibody. The following would apply for that-- you need to have a COVID positive test, and you need to be within less than 10 days of the onset of your symptoms. You also have to meet additional other criteria. Those criteria include, number one, being older than the age of 65-- number two, those that are older than 55 with comorbidities. Those comorbidities can include things like cardiovascular disease, high blood pressure, COPD, or other chronic respiratory diseases.

[00:06:38.65] For those that are over the age of 18 with comorbidities-- those include diabetes, immunosuppressive diseases, chronic kidney disease, or obesity defined by BMI. If you happen to be an individual who has tested positive with symptoms and believe that you are eligible for monoclonal antibody treatment, we recommend that you contact your primary care physician for a referral to one of our infusion centers. We have treatments offered at the following locations, Banner University Medical Center Phoenix, Page Hospital, Payson Hospital, Banner University Medical Center Tucson, and Banner Baywood Medical Center. For those that do not have a primary care physician, you can also schedule an appointment with Banner Telehealth or Banner Urgent Care to see if you may qualify.

[00:07:22.20] Next, I'd like to move on to some updates regarding vaccine, which is some exciting news for all of us here, both across this country, as well as worldwide. Pfizer and Moderna have both filed for an emergency use authorization from the FDA. We expect to know by mid-December if they are going to become approved. We continue to work very collaboratively with the states in which we operate, as well as

local county health departments, to develop distribution plans. And we believe that we will be ready to administer vaccine by December 14.

[00:07:54.39] If Banner Health receives vaccine December 14 or after we will be there and ready to deliver. I want to remind everybody that we all expect supply of vaccine to be very limited at first. Supplies will build after those first shipments. There are a number of different organizations, including the National Academies of Sciences, Engineering, and Medicine along with ACIP, that are looking to recommend how we will tier and vaccinate. First tier vaccination will go to health care workers and first responders so that they can remain healthy and available to care for all of the rest of us, especially as we surge into higher volume of normal than patients with the COVID-19 pandemic that I explained earlier.

[00:08:33.87] In addition to that, we will then continue to expand as more supply becomes available into other high risk populations. Once those first priority groups are vaccinated, we will, of course, then work collaboratively to offer to the general public. We'll share more of those details as they become available over the ensuing weeks and months.

[00:08:52.14] Next, I wanted to say a few things about what you out there in the community can do to help all of us. This is a similar list to what you've heard before with a few additional updates. Number one, wear a mask. I wore a mask into my press conference. I'm more than six feet away from everybody who's in the area. Number two, try and put six feet away from you and everybody else. I am more than six feet away from everybody in my press conference here. Next is avoid gatherings with anybody that you do not live with. This is important to make sure that you shrink your bubble. Of course, stay home if you're ill and only go out to receive medical care if you feel ill. Wash your hands frequently, and of course, wipe down those high touch surfaces frequently, as well.

[00:09:32.53] I want to recommend and advocate for everybody to get tested if you feel like you have been exposed or, of course, if you're having any symptoms, even if they are mild. In addition to that, to this list, another important reminder, which is new since Thanksgiving. If you traveled over the Thanksgiving holiday and now are returning, please cancel any non-essential medical appointments that you have, postpone them for two weeks, and, of course, limit your interactions with others.

[00:10:00.06] CDC recommended for Thanksgiving travel. We're asking everybody to make alternative, safe Christmas plans, consistent with what the CDC guidance was for Thanksgiving. My last closing remark is the following. We are embarking on a significant surge, with potentially dire situation.

[00:10:16.86] To get through this second surge, we need everybody's help. All of you out there who are listening-- we will need your help. A vaccine is very much on the horizon. We are literally a couple of weeks away from potentially receiving vaccine in all the states where we operate.

[00:10:32.07] And we know from that, life will not be like this forever. Next year-- next Christmas, next New Year's, next Thanksgiving-- will be very different than what we are currently experiencing and what we are about to experience with the upcoming holidays. We know that this is difficult. And we ask for community endurance for this last and final push. Thank you. I'll now take questions.

[00:10:55.31] All right. Thank you, Dr. Bessel. At this time, I will read questions submitted by the reporters in attendance so that Dr. Bessel can answer them. So our first question comes from Hunter Bassler at 12 News here in Phoenix. Last week, you mentioned that Banner believes it wouldn't have to deploy triage operation/crisis standards of care when its hospitals reach the projected 125% bed capacity in the next week or two. Is that still the case? And if so, how is that possible?

[00:11:26.43] So we continue to make significant plans for the surge. We continue to work on our staffing plans, and bring in external, contracted labor from outside of the state, and continue to do many other activities to make sure that we have staffing available. In addition to that, we've continued to work on our PPE supplies or other equipment and our drug supplies, to make sure that we're here to take care of you.

[00:11:48.47] It is still our current projection that we will not reach triage levels here in the next couple of weeks. But again, I want to go back to my previous messaging, that it is incumbent upon all of us-- all of us that live in our communities-- to take the precautions that I've outlined to flatten this curve so that we can dampen the amount of occupancy that we are projecting to have for COVID patients.

[00:12:10.85] This will allow us to both take care of COVID patients as well as non COVID patients, all of whom need our services. As the situation continues to unfold, we will continue to update you. Should we get into a situation where we feel differently about our forecast, we will update you, as well.

[00:12:28.67] So our next question comes from Mike Pelton at ABC 15. To what extent is Banner making progress on filling the 900 open positions referenced last week? And what challenges remain in filling those spots? We've heard due to supply and demand, some positions are costing hospitals three times the going rate.

[00:12:50.89] So I have a couple of updated numbers related to our external contract labor and I'll read those. So far, we have secured over 1,500 individuals. These are individuals who have already started or will start in the coming weeks. We also have plans to recruit for 900 more. About 95% of those will be in the Arizona market.

[00:13:14.06] In addition to that, the things that we can do to assist with our staffing is, of course, some of the things that I spoke to. Remember that staff-- whether they're external contracted labor, part of our core staff, or part of our staff that we're hiring-- live out there in the community with all of us and all of you. We can assist with our staffing by helping to keep our communities as healthy as possible. Mitigation-- making sure that we're following those CDC guidelines to help reduce community spread-- will also help keep our health care workers as healthy as possible, so they're able to come to work and care for anybody who might need us.

[00:13:48.27] Our next question comes from Terry Tang with the Associated Press. Terry is asking two questions, so I'll read the first one off to you. Are any of Banner's hospitals experiencing PPE shortages, such as not enough gloves, gowns, N95 masks, et cetera?

[00:14:06.17] At this time, none of our Banner facilities-- that includes hospitals or clinics or urgent carers, et cetera-- are experiencing any shortage of supplies. That said, we all understand that there is a worldwide shortage as it relates to PPE supplies. And as such, we have continued to take activities to make sure that we're doing appropriate conservation. Thank you.

[00:14:34.47] And the second question from Terry-- are there other issues such as masks or other equipment not being the right size for many health care workers?

[00:14:45.12] We have continued to source PPE supplies in all the appropriate sizes that we can obtain for our health care workers. For those individuals that have fit issues with masks, we have a process that we follow to get them the best personal protective equipment that will work for them, protect them, and make them as comfortable as possible as they work their long shifts.

[00:15:08.86] Howard Fischer with Capitol Media Services is also asking two questions. I'll start with the first one. I know the governor provided cash for additional staff, but are there qualified staff available at any price?

[00:15:23.12] So, we are very thankful-- in the state of Arizona-- for the additional funds that were provided to us by the state. And those funds are being applied so that we can make sure that we secure as much staff as we possibly can for the upcoming surge. At this time, the entire country is also surging.

[00:15:40.52] Every state, with the exception of Hawaii, has uncontrolled spread of COVID 19. So the competition to get appropriate, sophisticated, knowledgeable, experienced staff is very difficult. We continue to source as best as we possibly can and believe that we have great plans in place to get additional staff to meet upcoming surge.

[00:16:03.43] The second question from Howard-- and do any of your projections of hospital bed needs include the vaccine availability?

[00:16:13.31] Our forecasting model has been built on a couple of different factors. Number one has been our previous winter surge numbers. Number two has been our current census. And number three we use the IHME tool to help us forecast. Vaccine, at this time, has not yet been factored into our forecasting.

[00:16:30.38] We do expect that as the vaccine does become available, that it may influence forecasting. I do want to remind that some of the numbers that I've shared here today are for December and January. It is unlikely that vaccine-- which is not slated to get here until mid-December at the earliest-- will have a significant impact on December surge.

[00:16:48.17] And I'm not sure what it will do for January surge, but will likely have minimal impact, especially for the beginning of January. We will continue to update our forecast. We will continue to update with IHME model and share those forecasts as they may change.

[00:17:03.36] Megan McNeil from KLD TV in Tucson asks-- Tucson just passed a 10 PM curfew. Some medical professionals were hoping for an 8 PM curfew. Is this 10 PM curfew strong enough? And how do you feel about Tucson taking this step?

[00:17:20.70] So, we do believe that curfew is an excellent and appropriate mitigation activity for us to continue to do, and to contemplate taking even more broad action. I applaud Tucson-- and the mayor of Tucson-- for taking that step. I cannot really comment on the difference between 10 PM and 8 PM. All mitigation activities will be helpful.

[00:17:42.89] Continue to mitigate. The more mitigation activities that we can undertake, the more we can flatten the curve.

[00:17:51.44] Michael Abeyta from CBS 4 asks-- how are you doing with staffing? Have you had to try to call retired or former medical workers to come help?

[00:18:02.75] So, I believe that I answered some of that question in a prior question from somebody else, about how we're doing with staffing. Looking to use retired personnel and other avenues to obtain personnel does continue to be on our list. At this time, we are also looking to do things like redeployment. So those individuals that work for us in a corporate setting, for instance, may be asked to be redeployed to a hospital

setting. Those individuals that work in a clinic setting may be asked to redeploy to a hospital setting. We continue to look at all different ways that we can staff.

[00:18:37.82] Brenna Goth from Bloomberg News asks three questions, so I'll read the first question to you, Dr. Bessel. How is Banner Health working with the state to prepare to distribute a vaccine?

[00:18:49.71] So Banner Health has been working very collaboratively-- both at the state level as well as the county levels-- to be prepared to distribute vaccine. We've been meeting on a regular basis. We have processes in place. We have locations that we have secured to be able to distribute vaccine.

[00:19:06.27] The next two weeks, we expect a lot of activity to potentially occur for vaccine. As I stated previously, we expect to be ready to distribute vaccine as early as December 14th.

[00:19:18.67] Second question-- how is Banner Health addressing potential limiting factors, such as freezer space for vaccines or making sure people receive their second dose?

[00:19:29.74] So Banner Health continues to work very collaboratively with the state and the counties to make sure that we are appropriately and able to care for the vaccine, which has very significant cold chain storage requirements. We have freezers that are able to store the vaccine appropriately. And in addition to that, the way the vaccine is going to be distributed also has an ability for us to obtain the vaccine in that fashion and make sure that we maintain its integrity.

[00:19:56.51] And the third question-- do you have enough employees to administer the vaccines.

[00:20:01.75] At this time, we continue to work our plans to make sure that we've got appropriate staff to administer vaccine. As I stated in an answer to a previous question, we also have ability to use staff in different fashions. So for instance, deployment of corporate staff may be utilized to help with that activity, in addition to possibly being redeployed or deployed out to hospital.

[00:20:21.49] We may also ask those that work in clinic to assist us with vaccine distribution. We believe that vaccine is the beginning of the end of the pandemic. Vaccine is incredibly important part of the response to this pandemic, and we will do everything that we can to distribute vaccine as best as possible, as quickly as possible, and in the smoothest operation possible.

[00:20:44.08] William Pitts from 12 News asks, "Is there any consideration of postponing elective surgeries to help with staffing?"

[00:20:52.62] So similar to what we experienced in previous surge, especially the summer surge that we experienced in Arizona and the surge that we experienced in Colorado, we do look at elective surgeries. It is very difficult to cancel an elective surgery. I ask all of you to think about if you've had a surgery, if a loved one had a surgery, if a friend had a surgery.

[00:21:13.13] These surgeries are not elective in the sense of the word that they could be postponed for a year. These are essential, medically necessary surgeries. However, at each individual hospital, we look at our census, we review our surgical schedule, and we make adjustments on a day-by-day basis. We do that in collaboration with our surgeons.

[00:21:33.43] The next question comes from Carissa from 3TV and CBS 5 here in Phoenix, "Do we need a curfew to curb the spread, and should it be mandatory?"

[00:21:43.79] So what we do need is mitigation, and mitigation can come in many different shapes, forms, et cetera. Again, I applaud the mayor of Tucson for putting into place a curfew. A curfew is absolutely mitigation that can work, it will work, and it will work if we do deploy it. So there are a series of issues and different tactics that we can take to mitigate. Curfew is one of them, and we should consider doing that in places outside of just Tucson.

[00:22:10.84] Our next question comes from Kelly Ragan from NoCo Optimist, "Some counties, particularly in northern Colorado, are still refusing to enforce public health orders. What would you say to those elected officials?"

[00:22:24.45] So we need to look to our scientists that reside in our public health departments to help guide us through the rest of this pandemic. The fact-based approaches are what are going to help us get through this surge to help save lives, reduce the burden of illness, and not overload our health care system. Our health care system is here to take care of both COVID and non-COVID patients. When we do not follow those mitigation efforts, we risk not being able to have a health care system that is there to take care of the patients who will need us.

[00:22:56.40] William Pitts from 12 News asks, "How are you working to get more traveling nursing staff? And would it help to get more funding for that from the state?"

[00:23:05.53] So we're very appreciative of the funding that we did receive from the state to assist us in our staffing. I'm going to go back to some of the statistics that I stated previously. At this time, we have secured over 1,500 staff. Some of them have already started, and the others will start in the coming weeks. We continue to recruit for 900 more. About 95% of those will be for the Arizona market.

[00:23:28.80] Funding, of course, is always helpful for us to receive staff. However, we continue to do everything that we can to secure as much staff as possible to put us in the best position to meet the upcoming surge. Again, I would say staffing is going to be our most rate limiting, and therefore, mitigation is incredibly helpful. Remember, all of the staff, whether they live here or come from out of state, are living in the same community where there is uncontrolled spread. Everything we can do to reduce the spread will also help keep our staff at an appropriate ratio so they're there to take care of you.

[00:24:02.64] Krista Allen from the Navajo Times is asking about Page Hospital, "How are they seeing a surge in the Page at Lake Powell communities? And are hospitalizations up in that area?"

[00:24:15.75] I do not have the specific Page numbers with me. We can follow up offline to provide that. All of the activities that I've stated in my remarks, as well as my answers to the other questions, also apply to Page Hospital. We will continue to work with them on PPE, equipment, staffing, supplies, et cetera. They also are available to provide monoclonal antibody infusions.

[00:24:38.87] William Pitts from 12 News asks two questions. First question, "Would Banner Health support a statewide curfew this month?"

[00:24:46.96] Banner Health is in favor of all mitigation that can help us flatten the curve. Looking at facts, science, and evidence that's out there of what has worked, curfew is one of those items that can work. We would be in favor of a curfew, as well as other mitigation efforts to help us flatten the curve. Again, our intent is to be here for everybody, COVID and non-COVID patients, to flatten the curve and not unduly stress the health care system so that we can best meet the needs.

[00:25:14.27] The second question from William, "Has the governor met with Banner Health officials?"

[00:25:24.40] I have met with Dr. Christ from the Arizona Department of Health Services to discuss mitigation efforts, along with other chief medical officers from across the state. The governor meets with other individuals within our Banner Health system, and I believe that there was a meeting yesterday.

[00:25:40.63] Megan McNeil from KOLD TV in Tucson asks, "Can you list the asks you and several others sent to Dr. Cara Christ and discuss why you all felt the need to send the letter?"

[00:25:52.76] Give me one moment to look up that. The letter that was sent to Dr. Christ was a request for mitigation efforts and included the following list of mitigation efforts. Number one, stopping indoor dining and moving dining outdoors. Number two, no gatherings greater than 25 persons and encouraging and supporting enforcement of local ordinances, reassessing previously approved gatherings and permits, and posting restrictions in easily identifiable location on municipality websites.

[00:26:51.03] Next was stopping group athletic activities, including club sports. Next was a bidirectional COVID-19 road map, execution, and enforcement for both openings, reopenings, and closings. And next was a curfew after 10:00 PM.

[00:27:05.76] We continue to work very collaboratively with Arizona Department of Health Services and local health departments to meet the needs for this upcoming surge. Mitigation is needed. As I've outlined previously, mitigation is needed to keep the health care systems from becoming overwhelmed. We want to be here for those individuals who need us for COVID-19 treatment, as well as non-COVID-19 treatment.

[00:27:27.95] We got a question from somebody anonymous, they're asking two questions. So the first question, "Is Banner Health seeing flu patients right now in its hospitals?"

[00:27:38.64] Flu activity is actually quite low across all of our different care settings. This is consistent with the experience of the southern hemisphere, which has flu season during our summer. All the mitigation efforts that we've spoken about-- wearing a mask, washing your hands, staying away from people who are ill, staying six feet away from individuals-- also works to reduce influenza.

[00:27:58.83] It is our expectation that influenza activity will likely be quite low throughout the influenza season, and for that we're very thankful. Remember to do all the things for COVID mitigation. It will work to reduce your influenza activity as well. One other reminder-- it's never too late to get your flu shot. If you have not received your flu shot yet, please go and get one. It takes about two weeks to get full antibody response, and it's never too late. Thank you.

[00:28:23.61] And the second question to this, "Would a flu surge in December or January change current forecasting?"

[00:28:31.05] Yes. A flu surge in December or January could change current forecasting. Again, it is our expectation based on the experience of the southern hemisphere that influenza activity is likely going to remain low throughout the winter season. Again, if we all take mitigation activity like we're doing for COVID-19, including wearing your mask, that will also reduce the influenza activity in our communities.

[00:28:54.33] Howard Fischer from Capital Media Services asks, "How do you use corporate staff for medical purposes?"

[00:29:00.97] So our corporate redeployment or deployment includes utilizing individuals who may have skills, they could be nurses, they could be physicians that are working a different type of activity for their corporate activity, who can still go back to the bedside and potentially provide direct clinical care. So we will be using corporate employees in that fashion as well. In addition, for those that do not have a certification or do not have a health care background, they can still go into our hospitals and help with Helping Hands.

[00:29:30.66] There are many additional activities that our front line staff could use assistance with, things like answering telephones, running errands, potentially visiting with a patient and using the iPad so that that patient can have a meeting, or a Zoom call, or FaceTime with their family members. We will be putting anybody who is willing to go back into the health care setting in the hospital to work to provide helping hands if they do not have certification for health care.

[00:29:57.28] Carissa with 3TV CBS 5 asks, "Have you received any response to your letter to Dr. Christ calling for statewide mitigation efforts?"

[00:30:06.42] Dr. Christ just received this official letter yesterday, so we expect to have ongoing conversation with her.

[00:30:14.19] William Pitts from 12 News asks, "Should the governor meet with health officials in the hospital groups instead of just the CEOs?"

[00:30:23.99] All of us who are chief clinical officers or chief medical officers work very closely and collaboratively with our chief executive officers. We are often in daily, or more times than once a day, conversation with our CEOs. We believe that our CEOs are able to carry our message forward. When they need clarification or have other questions to ask, they stay in close contact with us.

[00:30:45.40] All right, and that was our last question. Thank you Dr. Bessel.

###