

All right, thank you, Dr. Bessel. At this time, I will read questions submitted by reporters in attendance so that Dr. Bessel can answer those. So the first question comes from Shawn Chitnis, CBS4 News. Where are you in providing the second dose of the COVID-19 vaccine? And each time you give someone the first dose, do you already have a second dose stored and ready for them?

So we are beginning second dose vaccine this week, which is 21 days from dose number one for those individuals. We do not have stored vaccine on our sites, but that vaccine is being stored and held at national federal levels. After an individual gets their first dose, they are scheduled for an appointment for the second dose, knowing that that vaccine will be transported to us in time for that individual to get their second dose.

Next question comes from Mike Pelton, ABC15 here in Phoenix. Do you believe Dr. Christ and Governor Ducey have done a good job in helping hospitals battle this COVID-19 surge?

The state of Arizona has now become the hottest hot spot for COVID based on those statistics that I stated earlier in my opening remarks. We are not doing a good job with this virus at this time during this surge of the pandemic. We need additional mitigation. We need enforcement of those mitigation activities. And we need everybody to do their own part. Please, you, shrink your circle, and wear your mask.

Steve Nielsen with Fox10 asks three separate questions about volunteers at Banner Health. So I'm going to read the first question. Can you tell me about the urgent need for volunteers at Banner Health?

As we've been talking about throughout this surge and as we've been preparing for this surge, our most likely biggest rate limiting issue will be staffing. As I spoke about in my opening comments, we continue to up-skill to provide helping hands in our ICU. And we also continue to bring in resources externally through contracted labor, and also those markets like in Colorado and Wyoming that are doing better than we are right now in the state of Arizona.

We continue to use corporate redeployment. Myself have been redeployed out to do activities in the field. We are looking for additional volunteers. We are bringing additional volunteers in to both assist us in the care settings like the hospitals, as well to assist us in those three vaccination sites that we currently have open in the state of Arizona. It takes hundreds of individuals each and every day to deliver those vaccines.

OK, so you just answered the third question there, so I won't read that back to you. But the second question he does have. Will volunteers be given access to the COVID-19 vaccine?

Anybody who is working in a care setting that is providing care to patients that may have COVID is available to participate and receive a vaccine. So that includes physicians, staff, redeployed staff, and volunteers. If you are working in a care environment where patients are, you are eligible to receive vaccine.

Katie Davis-Young at KJZZ Radio here in Phoenix asks, Banner is caring for many of the state's COVID patients, but Banner is also operating major vaccination sites. Is the strain of high patient loads having any impact on Banner's ability to organize vaccine distribution?

Yes, we are absolutely stressed at this time, as I indicated in my opening remarks. While we are having unprecedented volumes of hospitalized patients, ICU patients, patients on ventilators, we are also starting and continuing to do a brand new process, which is this vaccination process of the vaccine that has become available to us under emergency use authorization. It takes hundreds of individuals at each of these vaccination sites to be able to distribute vaccine. Again, the rate limiting issue in those areas continues to be staffing. And we are stretching ourselves as much as possible because we do believe that vaccine is the way that we get out of the pandemic.

Megan McNeil at KOLD TV in Tucson asks, are two physicians allowed to override a full code request? And is this something you all have implemented or used during the COVID response?

Two physicians are able to override patient wishes in very unusual, very unlikely types of scenarios related to futility of care. This is not something that has been available just during the pandemic, but this is a process available during any time that care is being provided. Every physician, every nurse, every individual who's on a care team always goes to every extent possible to avoid being in a situation where something like that would occur.

It is always our absolute desire to be able to work with the patient, their wishes, and those of their power of attorney. But the scenario that the question asked is possible, but it is very, very rare circumstance. But it's also something that could occur, even in a non-COVID environment.

Mike Pelton, ABC15 asks, I know your goal is to avoid triage. But how likely is it that will need to happen in Banner hospitals?

Our goal is absolutely to avoid triage if, and take every possible avenue to avoid it. We cannot do it alone. Really, the likelihood of triage depends on everybody who's listening right now. If you shrink your circle, if you wear your mask, you can help us reduce the spread of this deadly and highly contagious virus.

I can't predict how many of you will follow these directions. But if all of us could do our part, if everybody could shrink our circle, if we all could wear a mask each and every time we're with others outside of our own family that we live with, we can avoid triage in the state. Please help us, and do your part.

Katie Davis-Young at KJZZ asks, we don't have statewide contact tracing data to indicate how people are becoming infected. Anecdotally, do you have a sense of where patients are coming into contact with the virus lately?

At this time, the virus is so uncontrolled in our state that, as was alluded to in the question, contract tracing really is not all that beneficial or helpful to us. We know that the virus spreads between individuals who are human beings that are breathing and are within close proximity of each other. That is the most likely way that this virus spreads.

The CDC has been very clear. Any time you go outside of the circle of those individuals that you live with and leave your home, you're increasing the likelihood that you will get this virus. If we look to literature, we know that some environments are much more high risk than others. And those continue to be things like bars, restaurants indoors where you're eating and are unmasked, of course, because you're eating and drinking, and other close types of gatherings where lots of individuals are mixing.

Megan McNeil at KOLD TV in Tucson asks, have you heard from the governor or Dr. Christ on the mitigation requests you've been asking for?

At this time, it has been indicated to us that there are no updates to our mitigation request.

Stephanie Innes from The Arizona Republic asks two questions, so I'll break these down for you. First question, do Banner hospitals in Arizona have a backlog of patients in the emergency rooms who are waiting for an inpatient bed? And if so, how long are they waiting for?

We are overloaded. At this time, our emergency departments are very busy. When that occurs, there absolutely are patients who are waiting in our emergency departments who have already been evaluated and deemed needing inpatient care. When there are no beds available within the hospital, those patients can and will be held in the emergency department until a bed is available. In some cases, the patient may need to be transported to another hospital that has better availability for that inpatient bed.

The number of hours that individuals are waiting for a bed to open up obviously varies. It varies one hospital to another, it varies between one day to another, and it varies during different times of the day. So I don't have an exact number of hours that an individual might wait because it's a very dynamic situation. We continue to load balance. And we will move patients so that they can have the shortest amount of wait possible to get into an inpatient bed if needed.

So the second part to that question is, if this is an unusual scenario for the winter season.

It is not an unusual scenario when we're in a winter season with a lot of patients for patients to be waiting in an emergency department for their inpatient bed. What is very different at this time is that the overload is felt widely across all Banner hospitals at this time. It's felt in all different health care organizations, just not at Banner Health, and that the overloading of our hospitals is forecasted to last for many, many, many more weeks. So those are the unusual components of what our health care systems are facing.

In addition to that, as I articulated in my opening comments, the discharges are also slow at this time. COVID patients have a very long length of stay. They require a lot of FTE and nursing and physician care. And for that reason, the throughput in our hospitals is also a lot less than it is during a normal winter surge season.

Griselda Zeteno from KTAR News asks, how long do you foresee a pause on elective surgeries lasting for better hospitals?

So at this time, we put a stop to all elective surgeries on January 1st. We are committed to following data and science to guide all of our decisions in regards to when we can safely resume surgeries or some portion of those elective surgeries. We are evaluating that on a week-by-week basis. And we will make recommendations following that data and that science.

We're asking all of you to help us and to help those patients get the surgery that they need. We need to shrink our circles and always wear our mask so that these patients can get back to the care that they desperately do need.

Megan McNeil, KOLD TV in Tucson asks, have you all started using the second refrigerated morgue truck you had ordered? Is there a need for more?

Let me just look at my statistics for just a second on that. At this time our morgue capacity is very high. But we have actually not had to activate that second truck that we spoke about previously. It is on standby and available if needed.

Carissa Planalp with Arizona's Family 3 TV and channel 5 here in Phoenix asked, to expand bed capacity, have better hospitals in Arizona had to expand into unconventional areas of the hospitals? And if so, what areas of the hospitals are now housing patients?

I would say yes to that. And let me just explain a little bit by what I mean. We have done a lot of expansion to make room for patients that need us. We are doing things like putting two patients in a room where normally we would have a single patient. We have opened up licensed beds in areas of our hospitals that we normally never use.

We have put patients in recovery areas. So cath lab recovery areas, post op recovery areas that require intensive care from us. At this time, we will continue to do those types of activities. We will continue to expand within the footprint of our hospitals to attempt in the best way possible to meet the demand of the patients who need us.

Megan McNeil from KOLD TV in Tucson asks, what was your initial thought when you saw 17,000 cases reported in one day over the weekend, especially if about 7% of the people in Arizona are hospitalized after contracting COVID?

Let me just think for a second on that. I'm not sure that I know exactly which day the 17,000 cases were demonstrated. I'm assuming that came from the Arizona Department of Health Services, COVID Dashboard.

What I will say, and I do look at that data on a very regular basis is that when you take a look at new cases in the state, we know that hospitalizations will follow that in the next one to two weeks, and that deaths from those cases will follow in the weeks after those one to two weeks. So whenever we have a large spike of number of cases in the state of Arizona, we expect to see hospitalizations rise one to two weeks after that. As our absolute expectation our forecast model indicates that we will continue to have rise in cases throughout the next couple of weeks, which is the stacking effect of Thanksgiving activities, Christmas time activities, and New Year's Eve activities all adding on to the

burden on the hospitals. So in the next upcoming two to three weeks, we will continue to see a rise in cases.

Allie Potter at KVOA TV 4 in Tucson asks multiple questions. So I'll break these down for you, Dr. Bessel, for those of us who are not working at the hospital, take us there. What's Tucson's ICU like?

So our ICUs in all hospitals within the state of Arizona, like Tucson, look very similar. We have no visitors. So in some sense it's somewhat quiet in those areas. We have expanded negative pressure rooms. So if you come into an ICU and are not familiar with our layout, you'll see a lot of additional ducting that has been put into place so that the airflow actually exits out of that unit instead of circulating within that unit.

Patients are very ill. Many times you'll see multiple caregivers at the bedside turning these patients whose lungs are so badly affected that even life support isn't enough to keep them alive. They have to be prone and turned multiple times. Every single patient in our ICUs is critically ill, with no visitors and no family there to comfort them.

It's really a very difficult scene to take in. And it's very difficult, of course, on that patient. It's difficult for the family who are unable to visit. And it's very difficult on our staff who are absolutely going above and beyond working extra shifts to take care of these very critically ill people.

OK, so another question that she asks there as well, Allie Potter of KVOA TV 4. How many beds are available? She would like us to help the public understand just how full that the ICU unit is.

So as I indicated in my opening comments there across our Banner hospitals in the state of Arizona, we are over 100% of our licensed bed capacity. So what that means is we have continued to stretch to create, if you will, sort of artificial capacity in our hospitals to care for those who need us. We are creating double patient rooms where normally we would have a single patient.

We are putting beds and patients in surgical recovery areas, cardiac cath lab recovery areas to expand capacity. We are holding patients in our emergency departments that need an inpatient bed, all done to meet the demand of the community. We will continue to try and stretch like this. Again, I would just remind all of us, the biggest rate limiting issue that we are going to have throughout the rest of this month and into February is actually our staffing.

We can create beds, we believe. It's the skilled staff, that expert nurse, that wonderful doctor, that incredibly diligent respiratory therapist, those are the individuals that are stretched really thin right now. And there's just not that many more of them in the entire country because they are deployed in each and every state trying to meet the demands of every community.

Megan McNeil, KOLD TV asks, are any of your Arizona hospitals diverting?

That's a very dynamic situation. And it can change hour-by-hour. We also try very hard to not go on diversion because we know that can create a lot of hardships. It's difficult for those that are driving the ambulance to have to go with those extra miles to take a patient to another hospital. Banner

hospitals have been on diversion. We've reported out on that. And some times we've had multiple hospitals on diversion.

I do expect that will continue because the surge is continuing to increase. We will do our absolute best to avoid as much as possible. Remember, diversion does not mean that we will turn you away if you come by private vehicle or walk into our emergency department. It just means that we ask ambulances to take that patient to the next closest emergency department when one of our hospitals or our emergency department is at that moment overwhelmed.

Mike Pelton from ABC 15 here in Phoenix asks, would you like to see the state activate St. Luke's?

You know, at this time from what I understand in regard to St. Luke's planning, I don't believe that it can be stood up fast enough to assist us in what is coming to us in the next several weeks. Of course, it would have always been helpful to have additional hospital capacity within the state of Arizona. But at this time, given the complexities of what it takes to stand up a hospital, I do not actually believe that is going to be a viable option for us here in the state of Arizona.

So what can we do? We need to mitigate. We need to enforce mitigation. And we need everybody to do their part. Shrink your circle and wear your mask.

Bianca Buono from 12 News here in Phoenix is asking about ICU ratios. And I think what she's asking about is the number of Health care providers to patients. So she's asking us, how is Banner staff holding up? And are there concerns about ratios right now?

Yeah, as I've said in my opening comments and for the last couple of weeks, we are stretched very thin. Our biggest rate-limiting step in trying to meet the demands of our community is staffing. The sickest of the sick are in our intensive care units. And our nursing ratios are absolutely not their norm.

So a nurse will have more patients than usual, and remember that these critically ill patients are much more ill than the usual ICU patient. That said, we are redeploying individuals out. We are upskilling individuals to provide helping hands in the intensive care unit to try and assist those nurses and those other ratios in the best way possible.

But please, do help them. Shrink your circle and wear your mask. It's very stressful for the hospitals and the staff that are working in the hospitals right now.

Stephanie Innes from the Arizona Republic asks, does Banner Health in Arizona have a breaking point in terms of this current surge? The number of hospitalized patients keeps increasing. Is there a ceiling for how many patients your hospitals can handle?

Yes, everybody has a breaking point, and every hospital has a ceiling. It is our absolute hope and desire to not hit the ceiling, to not get much closer to the ceiling, and certainly not to break through that ceiling. But we can't do it by ourselves.

As I've articulated week after week, we're doing everything that we can. We've canceled surgeries. We're providing vaccination at the same time during the surge to try and keep our health care workers as safe and as healthy as possible. We need mitigation. We need enforcement of the mitigation. And we need all of you to do your part.

Everybody has to participate in this. You've got to shrink your circle. You have to wear your mask. The rest of 2020 will get better after we get over the surge. We have vaccine coming our way.