

## Banner Health | 1-11 Press Conference Transcript\_1

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Thank you, Dr. Bessel. At this time, I will read questions submitted by reporters in attendance so that Dr. Bessel can answer them. Again, just a friendly reminder to our media partners, please include your name and media outlet affiliation with your question. And please remember to type your question as if you are asking it in person. All right.

OK. I'm having some computer issues, so I apologize. Let's see if we can-- OK. Thank you. All right. So our first question comes from Brittni Thomason from *Arizona's Family*. Is Banner knowingly allowing employees to come to work who have tested positive for COVID-19?

So as I stated in my opening remarks, and as we have done throughout the entire pandemic, we continue to provide safe care in all of our settings. And that includes our emergency departments, our hospitals, and all of our clinics. We are currently following CDC guidance, and we do have a very strict process for return-to-work.

That guidance has been in place for some period of time. And as we all are aware, there are changes that the CDC has allowed if and when staffing becomes more severe, and in more shortage than it is currently. All individuals who are coming to work are asked to be screened for symptomatology. And return-to-work processes will remain in place throughout the rest of this pandemic.

Thank you. Our next question comes from Erica Carbajal from *Becker's Hospital Review*. Is Banner Health tracking primary COVID hospitalisations versus incidentals? And, if so, what does the data-reporting process actually look like in practice?

So I do not have those statistics available for today. And we can look at providing those at an upcoming press conference. But what I do want to emphasize is that all patients that are in our hospitals meet very specific criteria for admission. And individuals that do test positive for COVID-- whether they are there for that as their primary reason for hospitalization, or if it is an incidental finding-- do need to be in enhanced precautions for the safety of our staff.

That means that our staff will be wearing masks, gowns, and take specific precautions to protect themselves when caring for patients, whether it's an incidental COVID positive or a COVID positive reason for hospitalization.

Brittini Thomason from *Arizona's Family* here in Phoenix asks, are we close to the omicron peak? Or how much worse do you anticipate things will get?

So it's very difficult, as we all know over these last two years, to be highly accurate with the forecasting. And with the emergence, and the very fast emergence, of the omicron variant in the United States, things have changed very, very dramatically. What we currently forecast is that in Arizona, we are not yet at the omicron peak that is likely going to occur in the upcoming weeks.

What we do know is that the number of cases that are going to be diagnosed here in the state of Arizona will continue to increase. We do expect some increase in hospitalization. But one of the things that we are learning about omicron from experience in other countries that have gone before us is that the descent from that peak will also be very rapid. I'm sure that is something that everybody will be very excited to see, including all of us who are in health care.

Patty Machelor from the *Arizona Daily Star* asks, please share how things are going in Banner's Arizona emergency departments right now in terms of bed space, testing, resources, and any other information that will help the public understand how things are going during this latest COVID surge.

So as I stated in many of my remarks, and it is true today, our hospitals and our emergency departments and our urgent care settings remain very busy. Many of our emergency departments are very crowded at this time. Our staff are very committed to taking care of those that need our services. And we ask that you help us with that.

As I stated in some of my opening remarks, approximately 90% of our sickest patients in our hospitals who are here with COVID are unvaccinated. And so, we ask the community to help us. Please take care of yourself. If you're unvaccinated, get vaccinated. If you're not boosted yet and are eligible, please get boosted.

Wear a good-fitting mask like we spoke about. And if you have concerns about which level of care you need to access for your needs, you can go to our website and use our symptom checker or our blog to help guide you to the appropriate level of care. Our emergencies are available for you if you need them. And we do ask you to come to them if you do have an emergency type of situation.

Lindsay Walker from *Independent News Media* asks, have Banner hospitals seen its overall death rate rise in the last two years? Is that mostly due to COVID-19?

I'm not sure that I have the exact statistic that you're looking for, but I will provide a couple of comments about that. First of all, for this surge in this part of the pandemic, the death rate from COVID is still not yet known. What we do know of looking at other countries, and others that have gone before us with the omicron variant, is that we do expect the severity of this illness to be less than compared to previous variants of COVID.

In addition to that, while the pandemic is likely starting to come to an end sometime here in this next year, based on forecasting and things that we know about the omicron variant, we are not yet done with this pandemic. Once we reach the peak of this omicron variant and get on the other side, we can take a look back and compare some death rates. But at this time, I think we do not have those statistics. And we still have a ways to go before this variant has done with its surge here in our hospitals.

Perla Shaheen from KGUN 9 asks, will Banner be restricting certain elective surgeries? What will those delays look like?

So at this time, Banner Health continues to provide surgeries to patients who need that. As a reminder, all the surgeries that we perform at our Banner hospitals are medically necessary surgeries. These are not things that are cosmetic in nature, but are often lifesaving or incredibly important surgeries that patients need for their well-being.

Those decisions about proceeding with surgeries continue to be made at a local hospital level. And we are still constrained with staffing, as I said in my opening comments. We do expect that we will have continued staffing shortages, because we are not yet at the peak of this omicron variant. And we do expect some disruptions in our surgical schedule, most likely in the upcoming weeks.

We are going to do our absolute best to be here for everybody who needs us. And we know that those individuals who have a medically necessary scheduled surgery need our care, also. We will continue to have as limited disruptions as possible while we work through the rest of the surge.

The next question has-- there are several questions in the next question. And some of them does include the monoclonal antibody. So if I butcher those names, I apologize ahead of time. So Melanie MacEachern from *The Hertel Report* asks several questions. So I will ask the first one.

The federal government has resumed shipments of monoclonal antibodies. Will sotrovimab be included in those shipments? And is Banner expecting to receive shipments of sotrovimab during this wave of shipments?

So at this time, Banner Health is only providing sotrovimab as the only monoclonal antibody that we are giving to patients who go through a screening process. We began providing that as the only monoclonal antibody at the end of December, when the omicron variant became the predominant variant in our marketplaces.

Unfortunately, and as I stated my remarks here at the beginning, this particular monoclonal antibody is in extremely short supply. And we utilize everything that we get, and provide screening criteria so that the patients who are at the highest risk for severe illness or hospitalization are the ones that are getting that antibody.

Today, we have two days on hand of sotrovimab. And we are looking forward to future resources and supplies coming our way. We will continue to monitor and provide that, and continue to expand staffing if we get increased supplies.

The reporter would also like to know how much of sotrovimab we are expected to receive?

I do not have that number for you today. What I can communicate to you today is that we are infusing sotrovimab in 3 facilities in the Phoenix area, and one in the Tucson area. We currently have approximately two days on hand of sotrovimab. And we manage the situation on a day-by-day basis.

And the other question that the reporter has. Is Banner yet offering paxlovid as part of the treatment for COVID-19 patients? And how much supply of paxlovid does Banner currently have?

So Banner Health currently has no paxlovid. Our Banner family pharmacies are not part of the initial pharmacies that have received that resource. However, Banner physicians and other Banner providers can provide a screening for those individuals who test positive for COVID, and who meet criteria for that particular oral antiviral medication. Then we will direct those patients to the pharmacies that are receiving those supplies so that they may obtain them.

We do expect for those supplies to increase in the upcoming weeks and months. And we'll continue to provide that information and those treatments to patients as supplies become more available, and as we expect, then, the criteria to also expand.

Steve Nielsen from Fox 10 here in Phoenix asks, do you agree with the CDC guidance to shorten quarantines to five days?

So as we have done throughout the pandemic, we do look to the CDC to provide us guidance on how best to respond to the pandemic. With the guidance that was changed for health care workers at the end of December, Banner Health did adopt an earlier return-to-work process.

As I stated previously, our return-to-work process is robust, and it is intended to keep our employees, as well as our patients, safe. This is an ever-evolving situation with the omicron variant. And we will continue to evaluate our staffing needs, as well as the changing environment, and will make adjustments to our response as indicated.

Taylor Tasler from KTAR News here in Phoenix asks, what percent of COVID-19 inpatient and ICU patients are unvaccinated?

So I do believe I mentioned that in my opening comments. At this time, approximately 90% of our patients who are our most ill patients in our ICUs are unvaccinated. That number will be expected to change a little bit with the omicron variant. But again, I want to emphasize that it is the unvaccinated who are most likely to end up in our hospitals and in our intensive care units.

We do expect that to continue to be the trend even as the omicron variant surges. We do know that there will be breakthrough cases of individuals who are vaccinated, but most of those cases are going to turn out to be quite mild and not need hospitalization. So we ask you to do your part to help yourself be safe, and for us to make sure that we have our hospitals available for everybody who needs care.

If you're not yet vaccinated, please do so. If you're not yet boosted and you're time eligible, ready for that, please go ahead and do that. Please also wear a well-fitting mask-- like a KN95-- when you're out and about and in group settings. And please, if you are feeling ill, stay home.

Another question from Taylor Tasler at KTAR News. Dignity Health is now asking staff who test positive for COVID, but have mild symptoms or are asymptomatic, to continue to attend work. Is Banner considering doing the same?

So as I stated in a comment previously to one of the other questions, Banner Health continues to look to the CDC for guidance, as we have throughout this entire pandemic. We have adopted return-to-work processes and policies that are in alignment with the CDC.

We are aware of other health care systems-- both within the states that we operate, as well as in other states across this country where we do not have a presence-- needing to adjust their return to work processes in order to make sure they have adequate staffing to meet the demands and needs of their community.

The omicron variant is surging in the state of Arizona at a very exponential rate, and we have not yet reached the peak. Banner Health, as we have been throughout the entire pandemic, continues to operate and evaluate our business on a day-to-day basis, and will make appropriate responses based on the needs of our community.

Michael de Yoanna from KUNC Public Radio-- NPR for Northern Colorado-- asks a couple of questions. So I will read the first question to you, Dr. Bessel. Hospitalizations across Colorado are rising. Are Banner hospitals in northern Colorado affected by this rise?

So today, I really focused my opening statements on the state of Arizona. And yet I will comment on our experience in Colorado. We are aware that there is an increase in cases and hospitalizations that are happening in our marketplace up there. It is not at the level yet of the increase that we're experiencing in Arizona.