Health Systems’ Partnerships with Public Health for Disaster Response

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The Collaborative Journey

- Governance Structures
- Pre-Covid Coordination and Preparedness
- Early Planning and Response
- Strengthening Collaboration across Health Systems and with DPH
- New Normal
Health Systems Collaborative: Governance Structure

Health Systems
- Hospital Council - CEOs
- Chief Medical Officers
- Operational Executives
- Emergency Management Teams

San Francisco Department of Health
- Health Officer
- SFHN - CMO
- Covid Task Force Operations
- Public Health and Emergency Response (PHEPR)

Pre-COVID 19
San Francisco Public Health Emergency Preparedness and Response (PHEPR)
- ICS Support
- Health Care Coalition
- Medical Surge Planning
- County Medical Health Coordination w/ State
Early Covid Response Coordination

- ICS Structured Response
- Hospital Coordination
- Hospital Assessments

As The Response Progressed...

- PHEPR staff Medical Branch
- Healthcare Facility Coordination
  - Scarce Resource Allocation
- Alternate Care Sites-
  - Field Care Clinics (FCC)
  - Low Acuity Continuing Care (LACC)
- Medical Transport
- Medical Health Coordination with State
- Needed forum for high level decisions across our Healthcare Systems
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- Weekly meeting of CMOs from all SF hospitals/healthcare systems
- Focus on sharing data, updates, challenges and opportunities to collaborate
- Create transparency and trust across healthcare systems (“Myths and Rumors”)
- Multiple successes in navigating and managing COVID-19
  - Elective surgery/procedures
  - Visitor policies
  - Opening COVID-19 unit
  - Level-loading patients across systems
  - Distributing limited and scarce resources (therapeutics, vaccines, supplies)
Core Principles of City-Wide Surge Plan

Effectively and efficiently meet the demand for COVID-19 related care

No single institution becomes overwhelmed

Each hospital can continue to provide its unique community services

- Tertiary/quaternary
- Trauma care
- Burn

Goal is to preserve hospital, staff and facility capacity at each surge level

San Francisco City-Wide COVID-19 Surge Plan

<table>
<thead>
<tr>
<th>Countermeasure</th>
<th>Green (≤ 1.5)</th>
<th>Yellow (1.6-3.9)</th>
<th>Orange (4.0-6.0)</th>
<th>Red (6.0-9.0)</th>
<th>Purple (≥ 9.0)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce elective Cone &amp; Go surgeries procedures</td>
<td>% of capacity</td>
<td>No reduction</td>
<td>Tiers 1-3</td>
<td>Review schedules to determine if reductions are required based on staffing</td>
<td>Tiers 2a, 2b, and 3 (≤ 85%)</td>
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<tr>
<td>Reduce outpatient ambulatory care visits</td>
<td>% of capacity</td>
<td>No reduction</td>
<td>Tiers 1-3</td>
<td>Review schedules to determine if reductions are required based on staffing</td>
<td>Tiers 2a, 2b, and 3 (≤ 85%)</td>
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<tr>
<td>Reduce out of county transfers</td>
<td>Level at which out of county transfers restricted</td>
<td>No reduction</td>
<td>Tiers 1-3</td>
<td>Review schedules to determine if reductions are required based on staffing</td>
<td>Tiers 2a, 2b, and 3 (≤ 85%)</td>
</tr>
<tr>
<td>Level loading patients across S.F. hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tier 3 (≤ 20%)</td>
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<tr>
<td>Transfer patients to hospital(s) with additional capacity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tier 3 (≤ 20%)</td>
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<tr>
<td>Open alternate care sites</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tier 3 (≤ 20%)</td>
</tr>
<tr>
<td>Communication across S.F. hospitals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Tier 3 (≤ 20%)</td>
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</table>
Centralized COVID-19 Surge Unit

- Regional 40 bed med-surg unit for COVID-19+ patients
- Goal to utilize when other SF hospitals may be at capacity and to aid with patient level loading
- Standardized transfer process and patient care workflows developed and tested
- Activated during the first three COVID-19 surges

Patient "Level Loading" During COVID-19 Surges

- EMS System Multi-Casualty Incident Policy
- Reddinet polls conducted during surge event
- Decant patients and then work to use FCC or LACC site
- Facility decisions to alleviate the stress on the system
- Establishes capacity at facilities, EMSA uses transport assets to move patients
- Equitable scarce resource allocation
Surge Runway Projections

- Layered capacity and daily hospital census data on top of modeling projections to track and predict utilization
- Could adjust response as needed (example, extending modified SIP order in December 2021 in face of alpha surge)
- Shown at right: Models of Scenarios for Omicron surge provided by Petersen and Schwab, of UC Berkeley LEMMA

Distribution of Scarce Resources

- Emergency command center receives allocation(s)
- One individual receives data, communicates with healthcare systems and receives requests
- Allocations made based on requests and proportion of COVID-19 patients distributed across healthcare systems
- Information shared with healthcare systems and consensus reached on distribution

Ethical strategies employed
- Respect for persons
- Beneficence
- Non-maleficence
- Justice
- Equity

1. Distribute resources based on evidence-based guidelines
2. Provide compassionate symptom management
3. Create regular debriefing/support sessions for providers and staff
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Establishing the Health Systems Operations Collaborative - Vaccine Campaign January 2021

Vaccinating SF – Goals
- Target: 15,000 doses/day
- Transparent Communication and Collaboration
- Data-informed Operations
- Equitable Distribution
- Continuous Vaccine Flow
Health Systems Vaccine Collaborative - Initial High Volume System Mapping

Mass Vaccination Model – by 2/1/21 (or sooner)

Operational and scaling up

High Volume Site Selection: Considerations to Enhance Equity

Healthy Places Index
Vaccination sites

February 24, open to Phase 1b*
March 15, to people with disabilities and severe health conditions
April 1, to people 50+; April 15, to people 16+

**High-volume Sites**
- All-comers
  - **City College**: 1,399
    - UCSF Health with Dignity, OneMedical
    - DPH support
    - Max/day: 1,000
  - Moscone Ctr**: 1,150
    - Kaiser with Dignity and Advocats
    - Max/day: 7,000
- SF Market**: 2,150
  - Sutter + SPAF
  - Opened w/70 doses
  - Max/day: 1,500
- Oakland Col**: 2,136
  - FEMA regional site
  - All Phases 1b

* Expanded beyond health care workers and those 65+; includes those who work in education and childcare, emergency services, and food and agricultural sectors.

**High-volume Sites**
- Health system patients
  - **USF**: 2,380
    - Kaiser Permanente
    - Max/day: 2,400
  - **Mission Bay**: 1,870
    - UCSF
    - Max/day: 650

**SF Health Network**
- Serving their own patients; also locations outside DPH
  - **ZSFG**: 1,400
    - Learning Ctr & RE
    - Daily target: 1,400
  - **Maxine Hall**: 500
    - Weekly target: 500
  - **Ocean Park**: 200
    - Weekly target: 200
  - **SE Health Center**: 300
    - Daily target: 300
  - **Chinatown Public Health Center**: 200
  - **Curry Senior Ctr**: 150
  - **Potrero Hill**:

**Community Clinics**
- Standing sites with vaccine access; staff not DPH
  - **North East Medical Services**: 600
    - San Francisco sites
    - Avg daily: 400-500
  - **Mission Neigh. Health Center**: 200
    - Wknd tents - seniors
  - **HealthRight 360 (Mission)**
  - **Chinese Hospital**: 500/wk
  - **South of Market Health Center**: 420/week
  - **St. Anthony's**: Tendam
  - **SF Community Health Clinic**: Tendam

**Neighborhood Sites**
- Serving community most impacted by COVID
  - **Mission**: 2,380
    - 24th + Capp
    - 18th + Shotwell
  - **Bayview**: 2,880
    - 1800 Oakdale
  - **Excelsior**: 20
    - 20 Norton St
  - **Visitacion Valley**: 1095 Sunnydale
    - 2055 Sunnydale

**Pharmacies**
- Pharmacy deals with DPH or DPH agreement
  - Walgreens (multiple sites)
  - CVS (multiple sites)
  - Safeway (multiple sites)
  - Safeway Pharmacy at SF State
  - Safeway
  - Safeway

**Vaccine Campaign Outcomes - High Volume Sites & Booster Sprint**

![Graph showing vaccine doses by month from Jan 2021 to Jan 2022]
Focusing Vaccination Efforts on Most Heavily Impacted Communities – (Example- April 2021)

Cumulative Cases – April 2021

Cumulative Vaccinations – April 2021

Vaccine Campaign Outcomes - By Race/Ethnicity

![Graph showing vaccine campaign outcomes by race/ethnicity with various data points and percentages.]
Testing Access

Get tested in San Francisco

Test to Treatment – Ideal State in SF Workflow

The Next Frontier: Therapeutics Distribution & Operations
- Transition work to regular operations
- Incorporate lessons learned
- Continued collaboration
- Future preparedness

Outcomes

San Francisco: 87 deaths/100k
United States: 278 deaths/100k
Lessons Learned

• Data driven approach to decisions and strategy
• Clear, seamless, multimodal and transparent communication
• Lead with compassion, humility and with a lens on equity
• Resilience and adaptability with a willingness to “continuously improve”
• Healthcare is a shared and community responsibility

Questions?
Contact us!

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