

## Health Systems' Partnerships with Public Health for Disaster Response

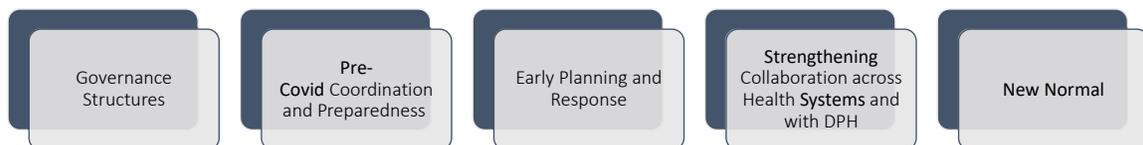
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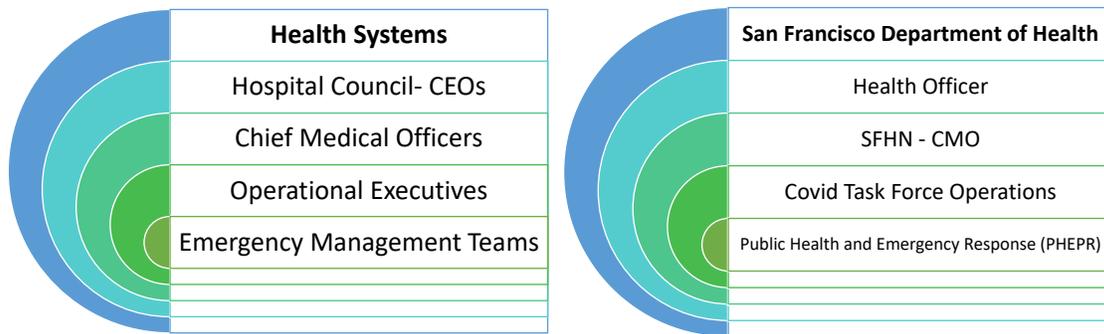
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## The Collaborative Journey



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# Health Systems Collaborative: Governance Structure



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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

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## Early Covid Response Coordination

- ICS Structured Response
- Hospital Coordination
- Hospital Assessments

UCSF Health

Sutter Health

CHINESE HOSPITAL

Dignity Health.

San Francisco Health Network

KAISER PERMANENTE

VA U.S. Department of Veterans Affairs

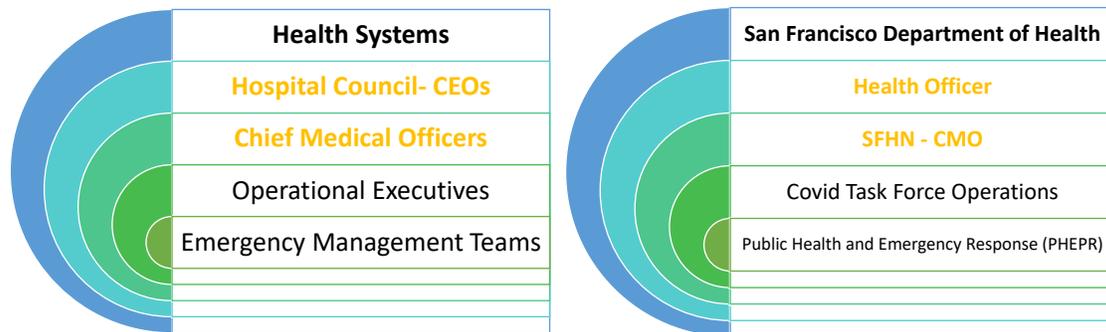
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## As The Response Progressed...

- 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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# Health Systems Collaborative: Governance Structure



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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)

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# 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

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## San Francisco City-Wide COVID-19 Surge Plan

Countermeasure	Case count (cases per 100,000)	Green ≤ 1.5	Yellow 1.6-3.9	Orange 4.0-6.0	Red 6.0-9.0	Purple ≥ 9.0
Runway (time to no remaining non-surge capacity) (average of 3 days)		No reduction	Tiers 1-3 <sup>b</sup> • Review schedules to determine if reductions are required based on staffing	Tiers 2a, 2b, and 3 (≤ 90%) • Review schedules to determine if reductions are required based on staffing	Tiers 2b and 3 (≤ 80%) • Review schedules to determine if reductions are required based on staffing	Tier 3 (≤ 20%) • Emergent cases
Reduce elective Come & Go surgeries/procedures	% of capacity	No reduction	No reduction	Tiers 1-3 (≤ 85%) • Consider reductions based on hospital capacity and staffing • Consider holding schedules	Tiers 2a, 2b, and 3 (≤ 75%) • Urgent/emergent cases • Further restrictions based on estimated hospital LOS and ICU available capacity	Tier 3 (≤ 20%) • Emergent cases
Reduce elective Come & Stay surgeries/procedures	% of capacity					
Reduce outpatient ambulatory care visits	% of capacity					
Reduce out of county transfers	Level at which out of county transfers restricted					
Level loading patients across S.F. hospitals	Transfer patients to hospital(s) with additional capacity					
Open alternate care sites						
Communication across S.F. hospitals						

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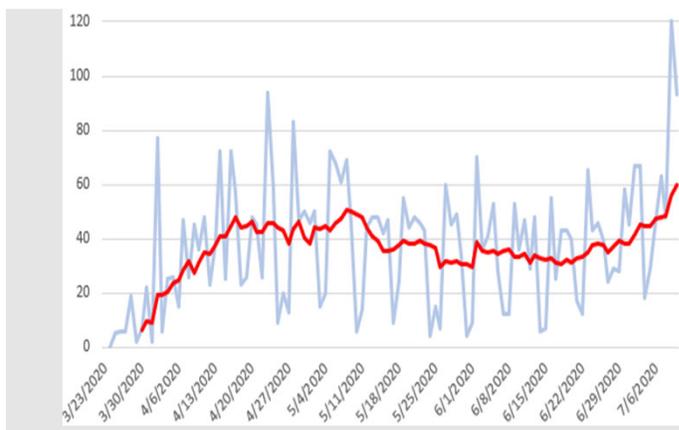
## Centralized COVID-19 Surge Unit

- 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



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## Patient "Level Loading" During COVID-19 Surges

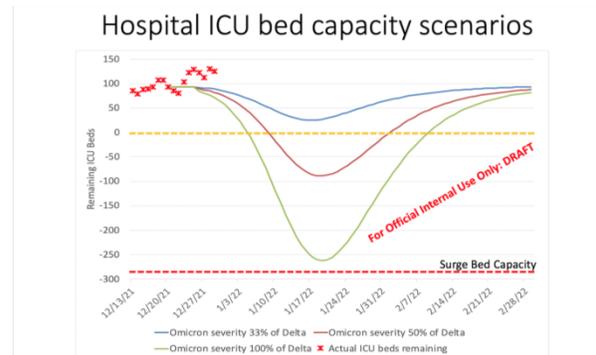


- EMS System Multi-Casualty Incident Policy
- Reddinet polls conducted during surge event
- Decant patients and then work to use FCC or LACC site
- Facility decisions to alleviate the stress on the system
- Establishes capacity at facilities, EMSA uses transport assets to move patients
- Equitable scarce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

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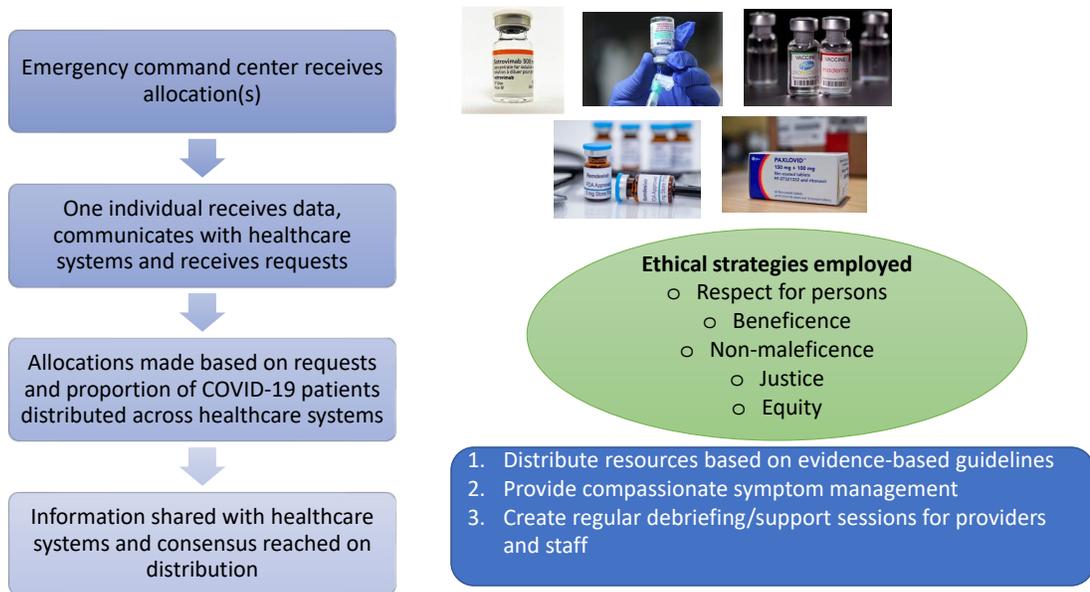
# Surge Runway Projections

- 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



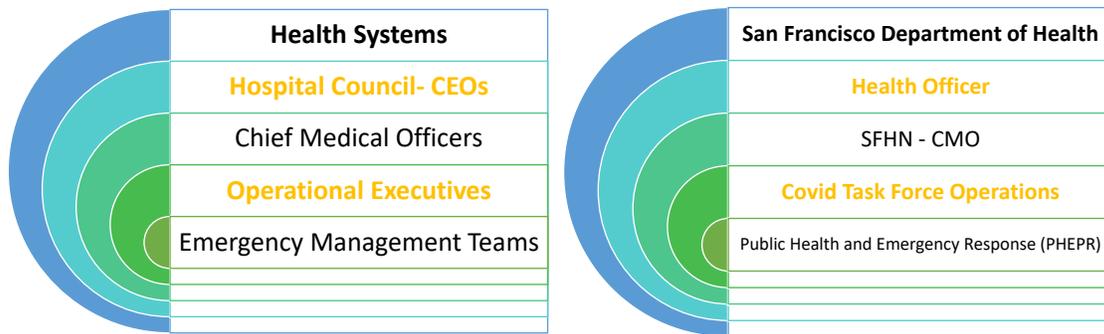
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# Distribution of Scarce Resources



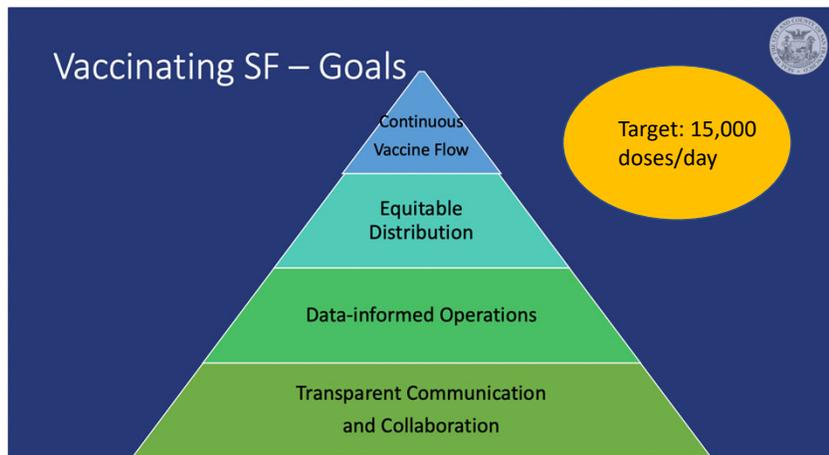
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# Health Systems Collaborative: Governance Structure



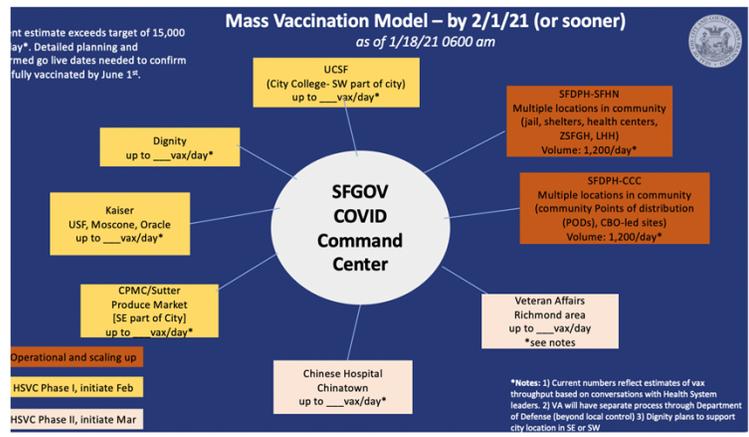
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# Establishing the Health Systems Operations Collaborative - Vaccine Campaign January 2021

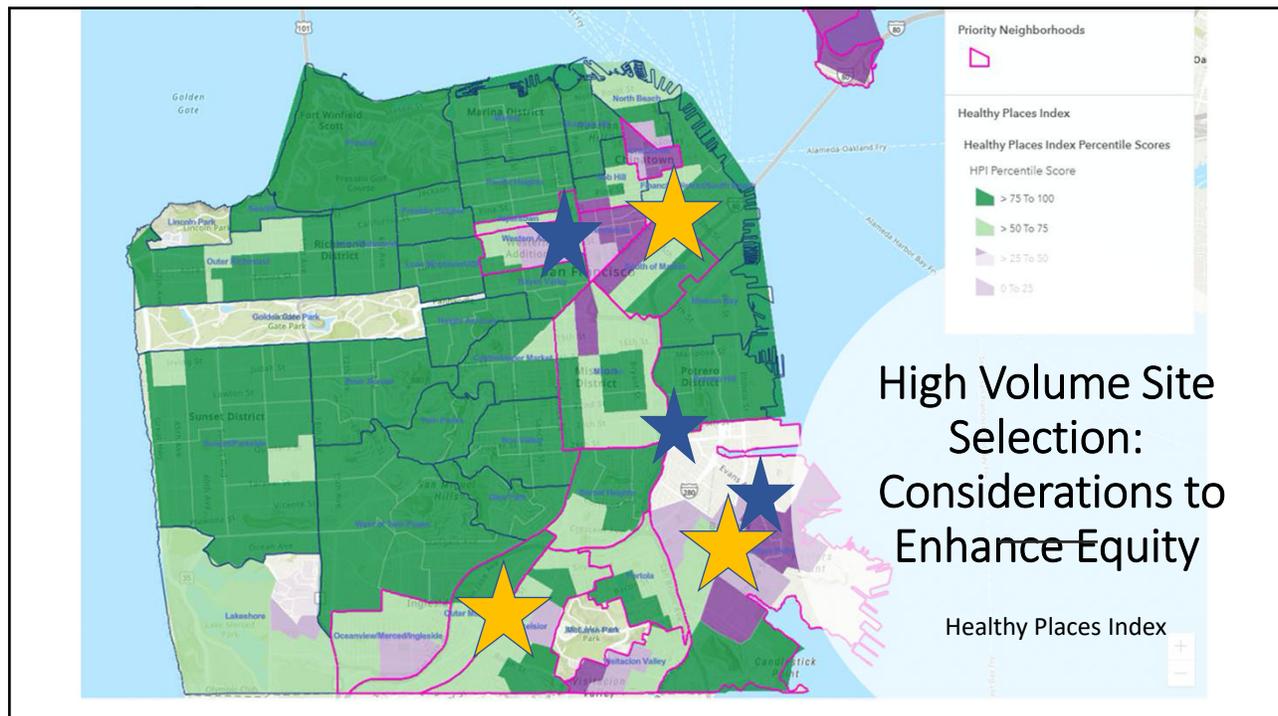


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# Health Systems Vaccine Collaborative - Initial High Volume System Mapping



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# 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+

CITY / DPH / CCC  
 3-pronged vaccination strategy



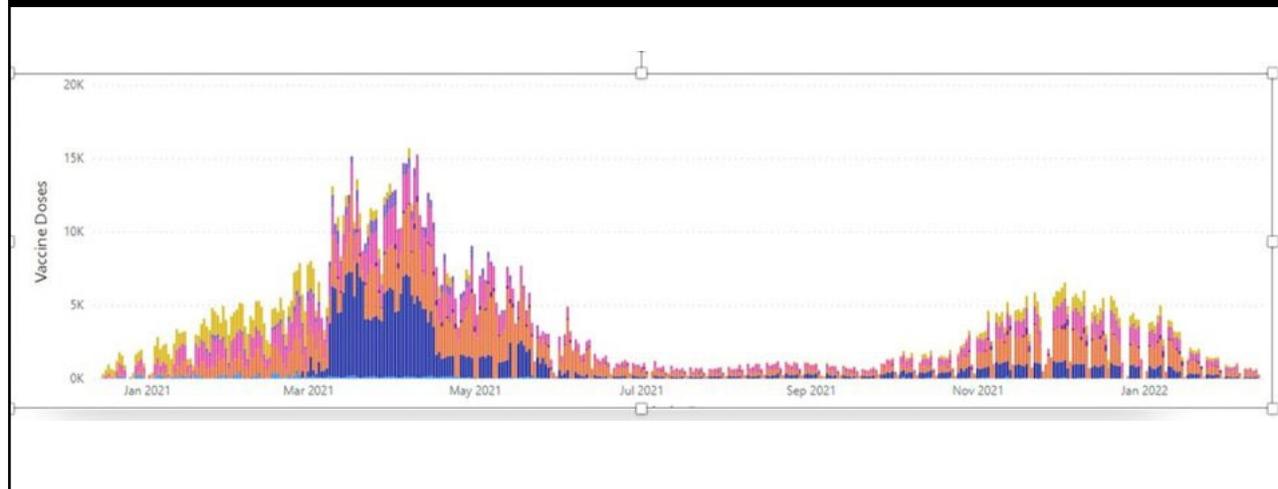
High-volume Sites Public sites for everyone	High-volume Sites Health system patients	SF Health Network	Community Clinics	Neighborhood Sites	Mobile Units	Pharmacies
<i>All-comers</i>	<i>Serving their own patients Multi-county entities</i>	<i>Serving its own patients; also patients outside SFHN</i>	<i>Standing sites with vaccine access; affiliate staff not DPH</i>	<i>Serving communities most impacted by COVID</i>	<i>Teams serving those with access + functional needs</i>	<i>Pharmacy chains with DPH or FEMA agreement</i>
<b>City College 1.29</b> • UCSF Health with Dignity, OneMedical + DPH support • Max/day: 1,000  <b>Moscone Ctr 2.5</b> • Kaiser with Dignity and Adventis • Max/day: 7,200  <b>SF Market 2.15</b> • Sutter + SPMF • Opened w 70 doses • Max/day: 1,500  <b>Oakland Col. 2.16</b> • FEMA regional site • All Phases 1b	<b>USF 2.8</b> • Kaiser Permanente • Max/day: 2,400  <b>Mission Bay</b> • UCSF • Max/day: 650	<b>ZSFG</b> • Learning Ctr & 4E <sup>§</sup> • Daily target: 1,400  <b>Maxine Hall<sup>§</sup></b> • Weekly target: 500  <b>Ocean Park</b> • Weekly target: 200  <b>SE Health Center<sup>§</sup></b> • Daily target: 300  <b>Chinatown Public Health Center</b> • Weekly target: 200  <b>Curry Senior Ctr</b> • Weekly target: 150  <b>Potrero Hill</b>	<b>North East Medical Services</b> • 6 San Francisco sites • Avg daily: 400-500  <b>Mission Neigh. Health Center</b> • Est: 200/week • Wknd tents - seniors  <b>HealthRight 360 (Mission)</b>  <b>Chinese Hospital</b> • Est 500/w  <b>South of Market Health Center</b> • Est: 400/week	<b>Mission 2.3</b> • 24th + Capp 2.3 • 18 <sup>th</sup> + Shotwell 4.8  <b>Bayview 2.8</b> • 1800 Oakdale  <b>Excelsior</b> • 20 Norton St 4.7  <b>Visitacion Valley</b> • 1099 Sunnydale 4.19 • 2055 Sunnydale 4.19  <b>St. Anthony's</b> • Tenderloin  <b>SF Community Health Clinic</b> • Tenderloin	People served by behavioral health programs  Homebound adults  People Experiencing Homelessness (PEH) (sheltered + unsheltered)  Senior living residents (with barriers to access)  SRO residents (private)  Federal and public housing residents  Incarcerated people  People with limited health care access and in areas of disproportionate death rates or high transmission	<b>Walgreens</b> (multiple sites)  <b>CVS 2.12</b> • Federal Pharmacy Partnership • 2 sites in SF  <b>Safeway</b> (multiple sites)  <b>Safeway Pharmacy at SFSU</b> • Feb-Mar • Safeway Pharm + DPH

\* Expanded beyond health care workers and those >65. Includes those who work in education and childcare, emergency services, and food and agriculture sectors.

Updated 4.6.21

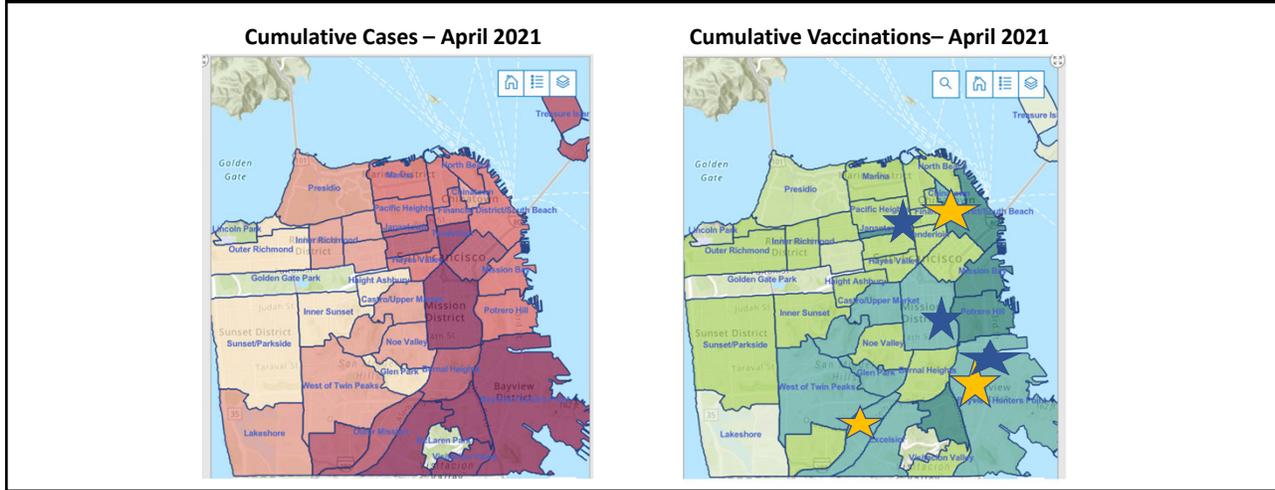
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## Vaccine Campaign Outcomes - High Volume Sites & Booster Sprint



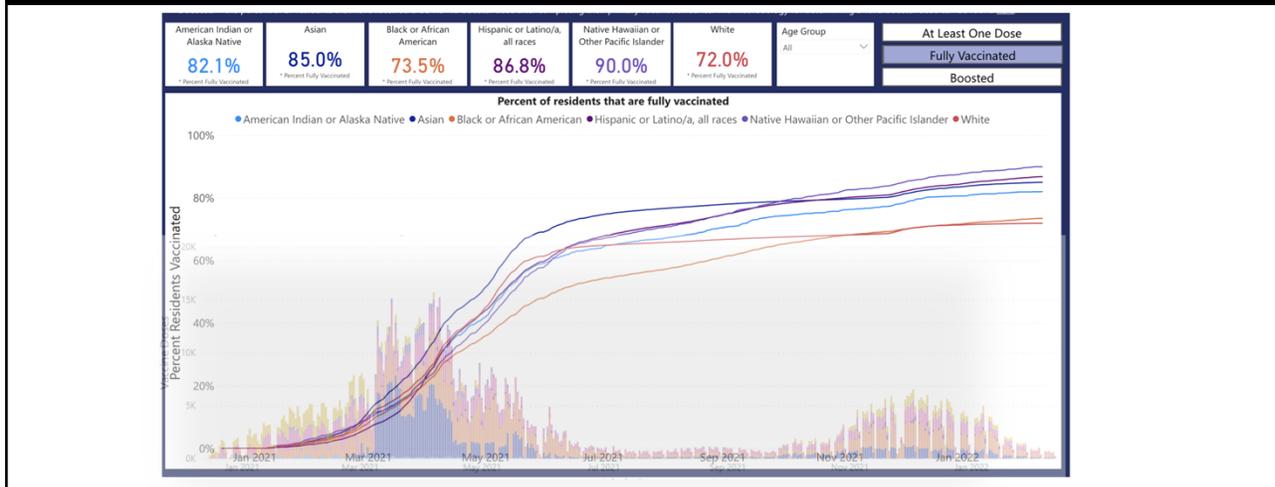
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# Focusing Vaccination Efforts on Most Heavily Impacted Communities – (Example- April 2021)



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# Vaccine Campaign Outcomes - By Race/Ethnicity



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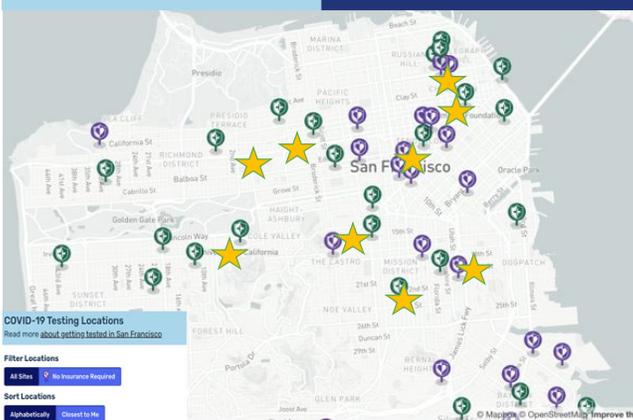
# Testing Access

## Get tested in San Francisco

Any time you feel sick or have a known exposure, get tested.

[Map of free & paid sites](#)





**COVID-19 Testing Locations**  
Read more [about getting tested in San Francisco](#)

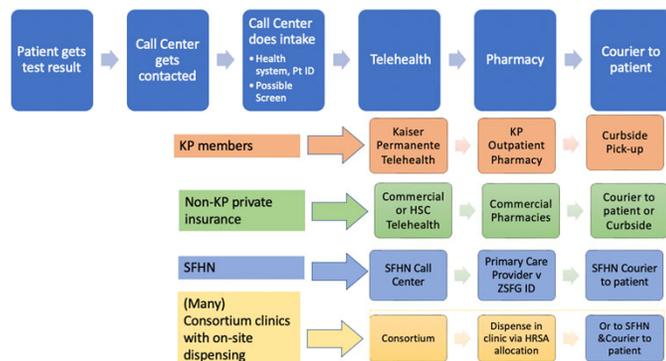
**Filter Locations**  
All Sites  No Insurance Required

**Sort Locations**  
Alphabetically  Closest to Me

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# The Next Frontier: Therapeutics Distribution & Operations

## Test to Treatment – Ideal State in SF Workflow



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## 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

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## Questions?



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## Contact us!

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