Strategic Planning Session

December 1, 2020

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
Overview

1. Introduction
2. COVID-19 Command Center
3. Office of Health Equity
4. Operations
5. Population Health
6. San Francisco Health Network
7. Background Slides
Common Themes

- COVID-19 has and will dominate DPH activities
- Rapid response in uncertain and rapidly changing environment
- True North focus still applies
- Flexibility and resilience key to success
  - Shifting COVID-19 priorities
  - Competing and delayed non COVID-19 priorities
- Staff commitment, bandwidth, and endurance
COVID Command Center

Troy Williams, MSN, RN, CPHRM
Unified Commander
COVID Command Center (CCC)

DPH expertise in all levels of response
1. Plan for and coordinate COVID vaccination strategy for citywide distribution

2. Ensure health and safety of COVID-vulnerable populations and essential workers

3. Reduce COVID transmission throughout San Francisco

4. Prepare for and respond to medical surge

5. Prioritize equity, and represent community needs through response planning and implementation

6. Maintain strategic public education campaigns highlighting data, response, operations, public expectations & requirements

7. Coordinate with citywide re-opening and recovery initiatives

8. Plan for and coordinate during multi-hazard incidents
DPH has deployed 484 employees across the City's COVID response structure as of 11/13/20

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<thead>
<tr>
<th>Branch</th>
<th>DPH FTE</th>
<th>Section</th>
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<tr>
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<td>OMG</td>
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<td>Total</td>
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CCC BUDGET & STAFFING

DPH received $204.8M in new appropriation authority to support the City's COVID response

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<td><strong>Grand Total</strong></td>
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Operations Section

Andrea (Andi) Tenner, MD, MPH, FACEP
Operations Section Chief
Community Branch
COMMUNITY BRANCH

- Prevent and respond to COVID-19 in priority settings and engage communities that are more vulnerable to infection and/or higher risk for outbreak due to structural barriers to health.
COMMUNITY BRANCH: HIGHLIGHTS

Childcare & Schools Hub
• Lead safe schools reopening efforts to ensure schools meet requirements for safest reopening for K-12 schools
• And provide support in the settings:
  • Childcare (0-5 years)
  • K-12 schools
  • Higher education
  • Summer camps and youth programs

Populations Focus
• Works in collaboration with Equity & Neighborhoods across 9 priority neighborhoods
• Utilizes A3 Thinking for collective problem solving and engagement of communities for COVID-19 mitigation
  • Latinx Engagement
  • Black/African American Engagement
  • Asian Pacific Islander Engagement
• Supports community mobile testing with pre-test and post-test counseling in neighborhoods with highest COVID-19 positivity

Workplace & Businesses Hub
• 1,967 total workplace & business site exposures responded to since March 19, 2020
• Daily new workplace & business exposures peaked in late July
• Top industries affected:
  • Restaurants & Food Service
  • Construction
  • Grocery & Convenience Stores
Health Services Branch
San Francisco has adopted a health response strategy that can be described as “Test, Trace, and Isolate”

Requires both centrally-orchestrated systems of disease control as well as coordination with health care systems

Preparedness for surge response and mitigation is essential for weathering inevitable surges

The “ticket out” of the pandemic will be mass vaccination
During the month of October using the data driven approach community pop-up testing was deployed 42 times across 9 communities to address high COVID positivity rates.
CASE INVESTIGATION AND CONTACT TRACING GROUP

- Identify and test people exposed to COVID-19 to prevent onward transmission (used for STDs, TB, measles)
- Maximize the proportion of quarantined contacts who are diagnosed with COVID-19

**Provider or community testing**

Screens individuals with and without symptoms for COVID-19

Tests and records results. A person who tests positive becomes a confirmed “case.”

**Lab**

Tests and records results. A person who tests positive becomes a confirmed “case.”

All positive and negative results are received by SFDPH

**Surveillance**

Find cases using demographic information and identify close contacts

**Case Investigation**

Recommend isolation or quarantine, and social support. TESTING FOR ALL CONTACTS, regardless of age.

**Contact Tracing**

ALL Contacts referred to testing regardless of symptoms
OUTBREAK MANAGEMENT GROUP (OMG)

- The Outbreak Management Branch oversees the COVID-19 response in congregate living sites in San Francisco.
- Core mission is to reduce transmission and mortality in vulnerable populations.
- An interdisciplinary, multi-group process:

As of 10/30/2020, the team has managed: 82 outbreaks, 184 watchlist sites, 1095 confirmed COVID positive cases
**Isolation and quarantine hotels**

- For confirmed or suspected COVID positive people
- 2,600 I&Q guests since March 2020
- ~50% I&Q guests LatinX

Next steps:
- Improve outreach and education with Asian Pacific Islander
- Improve I&Q uptake with people from dense housing

**Shelter-In-Place Hotels**

- Provide clinical support for over 2,000 unhoused or marginally housed COVID vulnerable clients across 30 sites
- Supported flu vaccination at all 30 sites

**Alternate Care Sites**

- **Field Care Clinic:** Diverts patients from hospital EDs
- **LACC site:** 93 beds to support non-COVID hospital

**Pre-hospital and health systems**

- Transported over 7,000 COVID patients
- Level-load hospitals and reduce diversion
- Supported over 12,000 COVID field tests
- Host weekly health system calls and polls

**MHOAC**

- Coordinate Remdesivir and scarce PPE allocation
- Coordinated Imperial County and San Quentin regional patient movement

**COVID Vaccine Planning**

- Coordinating with health system partners on COVID vaccine allocation, distribution, and administration needs
- Developing plans with city leadership on mass vax clinics
Planning Section

Jim Marks, MD, Ph.D
Planning Section Chief
ADVANCED PLANNING

• Data Request Process
  o Receives, triages, assigns, and measures the CCC ability to deliver on all requests related to COVID data
  o Created a centralized data request process to streamline both internal and external requests for COVID data – have successfully completed 147 requests

• San Francisco Health Indicators
  o Assembles and monitors the SF indicators daily for shifts in current disease situation

• Hospital Coordination and Reporting
  o Gathers and synthesizes the data from each SF hospital to report daily on COVID hospitalizations and capacity

• Forecasting and Analysis Projects
  o Delivers ad hoc reports based on forecasting, trends in the data over time, noted disparities, and comparisons to other LHJs
Information and Guidance

Rita Nguyen, MD
I&G Director
INFORMATION & GUIDANCE BRANCH

- Provides guidance for all sectors – childcare/schools, service providers, employers of all types, healthcare – as well as for the general public

- Goal: “To provide and ensure accurate, science-based, stakeholder-informed information and guidance in order to prevent, contain, and mitigate COVID-19.”

- Created 294 guidance documents

- All content posted on sfcdcp.org/covid19
Future Work and Priorities

Troy Williams, MSN, RN, CPHRM
Unified Commander
CCC FUTURE WORK: A Look Ahead

- COVID Vaccine
  - Distribution strategy, staffing, logistics
- Flu Vaccine
  - Distribution strategy, staffing, logistics
- Testing
- Adaptive Test and Response Strategy
  - Work closely with Equity and Neighborhoods
- Strengthen community partnerships and collaboration
  - Focus on and support populations disproportionately affected by COVID
• Surge Planning
  o Revise surge playbook according to updated modeling
  o Determine resources needed to response to surge scenarios
• Reopening
  o Guidance documents
  o Adjusting reopening according to health indicators and CDPH reopening tiers
• Sustainability/Demobilization Planning
  o Determine CCC future state over the next 12-18 months and fill critical staffing gaps
Questions
OHE in the COVID Response

- 4 of 5 staff deployed initially
- 3 of 6 staff deployed now
  + 1 hire, - 1 deactivation
- Areas of deployment
  Command
  Testing
  Equity/Community
  Wellness

Supported principles of:
- Access
- Data disaggregation
- Community collaboration
- Community-based services
- Staff Wellness/Trauma Informed Care of staff
### Impact of COVID on OHE

<table>
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<tr>
<th>Goals for FY 19-20</th>
<th>Done in 2019</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUNE</th>
<th>JULY</th>
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<th>SEP/OCT</th>
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<td>Equity in Orientation</td>
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<td>Equity Champions: Cohort 1</td>
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<td>Equity Fellowship (leaders)</td>
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<td>Respectful Workplace Policy</td>
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<td>New Trainings</td>
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- **ON TRACK**
- **REDUCED**
- **DEFERRED**
Office of Health Equity

Racial Equity Action Plan

• Required of all City Departments
• Due by December 31, 2020, updated every 3 years
• Differs from our usual Equity A3:
  o Focuses on a particular area,
  o Indicators are set by The Office of Racial Equity,
  o Annual progress reports required
• Phase 1 focuses on workforce equity and capacity building
• Requirements for DPH:
  o New policies in hiring, recruiting, discipline
  o Mentorship for staff
  o HR data tracking and analysis
  o Internship programs for youth/future applicants
  o New trainings for managers
  o Training funds for staff

0. Introduction and History
1. Hiring and recruitment
2. Retention and Promotion
3. Discipline and Separation
4. Diverse and Equitable Leadership
5. Professional Development
6. Organizational Culture
7. Equity in Commissions
Black Community Investment Fund

- $36 million reallocated for health and wellness from law enforcement. Funding will be distributed in waves.
- Community process led by HRC to define priorities for spending and determine new approaches.
- Current plan includes:
  - Utilizing existing contracts based on community input on service needs.
  - Work order to agencies for specific efforts.
  - Grants and capacity building programs for community groups, including small CBOs.
DPH Equity A3 FY 20-21

- Delayed in development, to be completed after the REAP
- COVID-impacted goals from 19/20 will be relaunched in early 2021
- New timeline set by REAP [calendar vs. FY]
- Priorities proposed for 20/21
  - Community Engagement (Improvement and expansion in community feedback and input in decision making)
  - Workplace Culture and Accountability
  - Clinical Quality Improvement Targets
Questions
DPH Operations

- Human Resources
- Information Technology
- Finance
- Business Office
- Compliance and Privacy
- Security
Human Resources – COVID-19 Efforts

- **Expedited Hiring** process – new processes for high-volume job classes driven by COVID-19
  - 315 RN hires processed since March, 2020
  - 75 Porter hires processed since March, 2020
  - 24 Patient Care Assistants
  - 24 Prop F (retiree) physicians and RNs
  - Behavioral Health expedited hiring effort in progress

- Currently **hiring 109 new COVID-19 positions** included in recently adopted budget

- Increased volume of **Employee Leaves**
  - 500+ leaves each month since April
  - Twice the rate of the prior year
Priorities

• Fill key vacancies – pre-COVID hiring plans for Primary Care, Behavioral Health, Population Health, MCAH

• Expand HR staffing – fill 20 new positions budgeted in FY 20-21; additional 7 project-based positions for MHSF/BH hiring

• Process Improvement Initiatives: HR Action Plan to improve hiring timelines, standard work, and training; Develop centralized off-boarding team; Systems improvements (Docusign, People and Pay)

Challenges & Reduced Activities

• COVID activities have diverted staff effort to emergency hiring, employee issues. 250 prioritized vacancies remain to fill.

• Delays in Civil Service Examinations. ~37 recruitments/examinations delayed due to COVID-19– duplication of effort to make positions permanent later
Priorities & Operational Challenges

DPH Information Technology

Priorities

• Epic Future Waves Implementation—continued roll-out of Epic modules beyond first wave
• Mental Health SF program information technology support
• Establishing new Portfolio Governance Program: Formal process to prioritize IT resources against needs and strategic priorities (begins November 2020)

Challenges & Reduced Activities

• IT staff activated or redirected to support COVID-19 activities
• Subject matter experts from other divisions needed for future Epic wave implementation redirected to COVID-19 (e.g., SFHN. PHD)
• Limitations in project management capacity to meet future needs
### Information Technology – Epic Program Pre-COVID-19

<table>
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<th>Wave 1a Stabilization</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
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<td><strong>Revenue and Access Systems</strong></td>
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<tr>
<td>- Grand Central ADT inc. Transfer Center</td>
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<td>- Prelude Registration inc. Financial Assistance</td>
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<td>- Cadence Scheduling</td>
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<td>Post-Live</td>
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<td>- Resolve Professional Billing &amp; Claims</td>
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<td>- Resolve Hospital Billing &amp; Claims</td>
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<td>- HIM Coding &amp; CDI</td>
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<th>Core Clinical Systems</th>
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<td>- EpicCare Ambulatory EMR inc. Bones</td>
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<td>- Orthopaedics, Wound Care, Kaledyscope</td>
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<td>- Ophthalmology &amp; Family Medicine</td>
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<td>Post-Live</td>
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<td>- EpicCare Inpatient EMR inc. ICU, Rover, Secure Chat &amp; Clinical Case Mgmt.</td>
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<td>- Infection Control</td>
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<td>- ASAP Emergency Department</td>
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<td>- Willow Inpatient Pharmacy</td>
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<th>Population Health, Analytics, Patient Engagement &amp; Mobility</th>
<th>2019</th>
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<td>- Healthy Planet Population Health incl. HEIDS, Predictive Analytics (initial sets) &amp; Healthy Planet Link</td>
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<tr>
<td>- Cogito Enterprise Intelligence inc. Data Warehouse (Cobble)</td>
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### Key
- **Wave 1a**
  - August 1, 2019
- **Wave 1A Stabilization**
  - Go-Live: Q2 2020
- **Whole Person Care: CCM Module**
  - Design, Build, Test, Train
  - Post-Live
- **MCAH**
  - Go-Live: Q2 2021
- **BHS: Non-Avatar (Gender, Spy, HopeS, OBIC)**
  - Design, Build, Test, Train
  - Post-Live
- **Transitions (incl. HopeSF)**
  - Design, Build, Test, Train
  - Post-Live
- **Occational Health (ZSFG & LHH)**
  - Design, Build, Test, Train
  - Post-Live
- **Nephrology: Dialysis Integration**
  - Go-Live: Q2 2021
- **PHD: Tuberculosis**
  - Design, Build, Test, Train
  - Post-Live
- **PHD:**
  - Go-Live: Q1 2021
- **Willow Ambulatory & Inventory Mgmt**
  - Design, Build, Test, Train
  - Post-Live
- **WABM Adjudication**
  - Go-Live: Q2 2021
- **Epic Upgrade:**
  - May 19
  - August 19
  - Nov 19
- **Wave 2b (Jail Services)**
  - Design, Build, Test, Train
  - Post-Live
- **Care Everywhere Referrals**
  - Go-Live: Q3 2020
  - Design, Build, Test, Train
  - Post-Live
- **Video Visits**
  - Design, Build, Test, Train
  - Post-Live
- **Research Expansion**
  - Go-Live: Q1 2021
  - Design, Build, Test, Train
  - Post-Live

### Interoperability:
- Interfaces, Conversions, & Identity EMPI
- Care Everywhere Interoperability
- EpicCare Link

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[Image of the full page displaying the timeline and tasks related to Information Technology and Epic Program Pre-COVID-19]
Priorities & Operational Challenges

Other Operational Divisions

Priorities

• DPH Business Office
  • COVID-19 Contracts and Planning
  • MHSF contracts and planning
  • Contracting process improvements

• Office of Compliance and Privacy Affairs
  • Process and program improvements

Challenges & Reduced Activities

• DPH Business Office
  • COVID Workload – 68 emergency contracts, addendums, and amendments (and counting)
  • MHSF contracts and planning
  • Contracting process improvements

• Office of Compliance and Privacy Affairs
  • Staff deployments and hiring delays – double coverage, delays in improvement initiatives
Priorities

• Finance
  • COVID 19 – Budget, Financial Management, FEMA Reimbursement
  • Planning for City Budget in economic downturn
  • Epic Revenue Cycle – optimization and future implementations

• Security
  • Planning for changes to security services model in health care environment

Challenges & Reduced Activities

• Finance
  • Staff shifted to COVID activities – budget, contracts, FEMA reimbursement, etc.
  • Delays to non-COVID RFPs and contracts
  • Delays in process improvement initiatives – e.g., contracts database

• Security
  • Baseline security services remain
  • Network capacity to implement program changes due to COVID-19 deployments
Tomás J. Aragón, MD, DrPH
Health Officer & Director, Population Health Division

Christine Siador, MPH
Deputy Director, Population Health Division
Population Health Division- COVID19 Efforts

Protect & Promote Health and Disease Prevention

Played a Leadership Role since Jan 2020

Almost all of PHD staff have been activated.
Currently 310 (61%) of PHD staff are formally activated at COVID Command Center (CCC)

Public health efforts have saved lives and resources with prevention

Estimated over 38,000 hospitalizations were prevented due to public health efforts

Secured over $6.7 million in funding to support Epidemiology & Lab Capacity for COVID
Population Health Division – COVID-19 Efforts

Dr. Tomás J. Aragón, Health Officer & PHD Director is responsible for developing Health Orders to protect public health and prevent the spread of COVID-19.

Public Health Emergency Preparedness & Response (PHEPR) Branch has held leadership roles from the beginning of the activation and continues to play key roles.

Community Health Equity & Promotion Branch (CHEP) is leading the Community Branch for the CCC. All CHEP staff have been activated.
Population Health Division – COVID-19 Efforts

**Disease Prevention & Control (DPC) Branch** has had a central key role specialized expertise in infectious disease, lab diagnoses & investigation.

DPC is leading **Case Investigation & Contact Tracing** and **Information & Guidance**. DPC staff are also playing key roles in **Outbreak Management Group**.

**Center of Learning & Innovation** Director is leading the development of **an Adaptive Test and Respond Strategy**, developing testing strategy for safe and successful school reopening and dissemination plan for Binax point of care rapid test from the State.

Applied Research Community Health Epidemiology & Surveillance (ARCHES) is playing **key roles** in the CCC including, surveillance, epidemiology, informatics, data analytics & reporting.
Population Health Division – COVID-19 Efforts

Emergency Medical Services (EMS) Agency leads the PHN Field testing unit (12,915 tests completed), SIP patient transportation (7,158 patients transported), CADDIE, Decedent Testing Unit (599 tests) and first responder contact tracing.

Environmental Health has primary responsibility for health order & directive enforcement and is serving as subject matter experts for Information & Guidance Branch.

Center for Public Health Research staff are subject matter experts for Information & Guidance.

Bridge HIV is now enrolling in the Astro Zeneca COVID Vaccine Trials that they will be conducting.
Priorities & Operational Challenges
Population Health Division

Priorities
• Public Health Accreditation
• Climate Change Adaptation
• Substance Use Prevention
• Environmental Justice
• Racial Equity
• Investment in PHD for the long-term
• Transition and reintegration of COVID Activities

Challenges & Reduced Activities
• Filling vacant positions that can be activated to support the COVID response and allow some staff to resume activities that have been paused or reduced.
• Pause in our True North Strategic Priorities due to activations
Priorities & Operational Challenges

Disease Prevention & Control

Priorities

• TB & Congenital Syphilis investigation and treatment
• HIV Prevention
• EPIC Implementation (TB Clinic)
• Maintaining Lab Capacity for COVID Testing

Challenges & Reduced Activities

• Fewer patients at City Clinic and TB Clinic
• All routine non-flu immunization work & Hep B prevention is slowed
• Chronic disease
• Annual provider communicable disease report
• Youth sexual health services decreased
Priorities & Operational Challenges

ARCHES

Priorities
• Center for Data Science
• Supporting Mental Health SF
• Vision Zero (partnership with MTA)

Challenges & Reduced Activities
• Surveillance activities decreased for non-COVID-19 conditions
• Informatics Support for Epic implementation
• Maven development is slowed down
• Unable to complete the Community Health Needs Assessment
Priorities

- HIV/STD/Hepatitis C RFP
- HIV/STD/Hepatitis C Grant Programs
- Contract Management/Monitoring
- Syringe Programs & Harm Reduction

Challenges & Reduced Activities

- Many Community Health Promotion & Prevention Programs have been reduced and/or on hold
Priorities & Operational Challenges

Research

Priorities

• National HIV Behavioral Surveillance Study and NIH-funded study of sexual partnerships of trans women

• Resume seeing study participants and increase enrollment in some studies

Challenges & Reduced Activities

• Behind in trials - limited ability for in-person sessions due to COVID risk for participants/staff

• New study start up has slowed

• Efforts to expand drop-in centers and start safe consumption sites

• Initiation of drug sobering center was paused

• Struggle to maintain PPE supplies due to shortages in the supply line
Priorities & Operational Challenges

EMSA

Priorities

• SF 911 System Evaluation
• Regional Stroke Plan
• Required Plans to the State
• Hospital MOUs
• Regional EMS Online Training Platform

Challenges & Reduced Activities

• Grant-funded Program- Distribution of CPR mannequins, AED and CPR training to vulnerable populations
Priorities & Operational Challenges

Environmental Health

**Priorities**

- Support response to COVID by enforcing Health Orders/Directives and providing SMEs for Info. & Guidance
- Maintain Inspections and Enforcement Programs for key programs.
- Development of comprehensive database is a key initiative.

**Challenges & Reduced Activities**

- Delays, backlogs and reduced inspections and enforcement due to COVID
Questions?

Tomás J. Aragón, MD, DrPH
Health Officer & Director, Population Health Division

Christine Siador, MPH
Deputy Director, Population Health Division
SF Health Network

Priorities and strategies for reduction of services during COVID 19 pandemic

Health Commission | December 1, 2020
San Francisco Health Network – COVID-19 Efforts

SFHN has been proud to contribute over 1000 individuals to the COVID effort during the past 9 months, including many C3 leaders and hundreds of frontline clinical and non-clinical staff.

Ellen Chen
Healthcare Systems Lead COVID-19 Testing Strategy

Troy Williams
Incident Commander

Tosan Boyo
former Incident Commander

Jenna Bilinski
Director Health Services

SFHN NPs staffing SIP hotels

Suzanne Portnoy, NP
SIP Hotel Clinician
San Francisco Health Network - COVID19 Efforts & Associated Delivery System Impacts

More than 1,200 SFHN staff have been activated.
Currently 677 of SFHN staff, primarily from Ambulatory Care, are formally activated at COVID Command Center (CCC) with another 200 deployed internally within SFHN in support of COVID response activities.

Played many Leadership Roles since Feb 2020

SFHN seamless coordination with PHD Public health efforts have saved lives and resources with prevention and clinical services

Expanded Med-Surg, ICU, SNF and Low Acuity capacity to accommodate COVID surge

Secured over $82.3 million in CARES Act Funding
### San Francisco Health Network - Covid-19 Efforts & Associated Delivery System Impacts - CCC Deployments by SFHN Division

<table>
<thead>
<tr>
<th>Division</th>
<th>Deployments</th>
</tr>
</thead>
<tbody>
<tr>
<td>AC - Behavioral Health</td>
<td>270</td>
</tr>
<tr>
<td>Zuckerberg San Francisco General</td>
<td>217</td>
</tr>
<tr>
<td>AC - Primary Care</td>
<td>152</td>
</tr>
<tr>
<td>Central Administration</td>
<td>148</td>
</tr>
<tr>
<td>Health Network Services</td>
<td>67</td>
</tr>
<tr>
<td>AC - Maternal Child and Adolescent Health</td>
<td>60</td>
</tr>
<tr>
<td>Laguna Honda Hospital</td>
<td>31</td>
</tr>
<tr>
<td>AC - Jail Health Services</td>
<td>9</td>
</tr>
</tbody>
</table>

Source: COVID-19 Command Center DPH 213-RR Portal & Form-203 - 10/23/20
### San Francisco Health Network - Covid-19 Efforts & Associated Delivery System Impacts - CCC Deployments by Job Function

<table>
<thead>
<tr>
<th>Job Function</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-RN Clinical Support (HW &amp; MEA)</td>
<td>206</td>
</tr>
<tr>
<td>Nurse</td>
<td>193</td>
</tr>
<tr>
<td>Behavioral Health</td>
<td>136</td>
</tr>
<tr>
<td>IT</td>
<td>124</td>
</tr>
<tr>
<td>Clinical: Others</td>
<td>101</td>
</tr>
<tr>
<td>MD, NP, PA</td>
<td>93</td>
</tr>
<tr>
<td>PHD: Epi-CI-Inspector</td>
<td>93</td>
</tr>
<tr>
<td>Health Program Coordination</td>
<td>81</td>
</tr>
<tr>
<td>Analyst</td>
<td>59</td>
</tr>
<tr>
<td>Manager</td>
<td>50</td>
</tr>
<tr>
<td>Clerk</td>
<td>46</td>
</tr>
<tr>
<td>Finance, PFS, HIM, HR</td>
<td>27</td>
</tr>
<tr>
<td>Others</td>
<td>26</td>
</tr>
</tbody>
</table>

Source: COVID-19 Command Center DPH 213-RR Portal & Form-203 - 10/23/20
San Francisco Health Network
Covid-19 Efforts & Associated Delivery System Impacts
January - October 2020
Areas of Focus

Q1
- COOP Activation
- Impacted AC, SC & PHD
- ZSFG Surge
- Med/Surg & ICU
- PPE
- Supply Chain Logistics

Q2
- LHH Outbreak Response
  - Testing
  - ATS, PHL, ZSFG ClinLab
  - COVID dBase & Public Dashboard

Q3
- CCC Network Resourcing
  - Wave 2
  - Surge Response
  - Behavioral Health & Community Engagement

Q4
- Flu Vaccination
  - Temporary Hires & DSW Extension
  - CCC Operational Transition Planning
San Francisco Health Network
Covid-19 Efforts & Associated Delivery System Impacts
SFHN Ambulatory Care - Deployments By CCC & SFHN Branch

Community Branch
29

Medical Branch
257
Isolation + Quarantine
SIP Hotels
Flu & Covid Vaccination
Alternate Care Sites

Epi & Surveillance
76
Case Investigation
Contact Tracing

SFHN
29
ZSFG & LHH Temperature Screening
LHH Contact Tracing
ATS & Field Care Clinic

Outbreak Management
22

Other CCC Sections
78
Command
Logistics
Plans
Finances

Source: COVID-19 Command Center DPH 213-RR Portal & Form-203 - 10/23/20
Priorities

• Sustain delivery of clinical services
• Improve the health of the populations served
• Racial equity & staff wellness
• Collaborate with PHD for maximum COVID response
• Mitigate the effects of COVID activities on delivery system operations, especially direct patient and client services

Challenges & Reduced Activities

• Our COVID response has required us to reprioritize and reduce activities for a significant portion of programs across all AC sections.
• Increased wait times for Intensive Case Management
• Increased wait times for PHN home visiting
• Reduced preventive health activities (ie cancer screening, well child care)
• Delay in implementation of BH transformation, including Mental Health San Francisco and final rule compliance
Priorities & Operational Challenges

ZSFG

Priorities

• Sustain Delivery of Clinical Services
• Improve the Health of the Populations served
• Racial Equity & Staff Wellness
• Collaborate with PHD for maximum COVID response
• Mitigate the effects of COVID Activities on Delivery System operations

Challenges & Reduced Activities

• Decreased Operating Room Capacity
• Decreased Specialty Clinic Access
• Decreased Performance Improvement Activities
• Delays in Strategic Planning and Implementation
Priorities & Operational Challenges

**LHH**

**Priorities**

• Sustain Delivery of Clinical Services
• Improve the Health of the Populations served
• Racial Equity & Staff Wellness
• Collaborate with PHD for maximum COVID response
• Mitigate the effects of COVID Activities on Delivery System operations

**Challenges & Reduced Activities**

• Decreased/Delayed Admissions
• Restricted Visitation and Resident Outings
• Decreased Performance Improvement Activities
• Delays in Strategic Planning and Implementation
## True North: FY19/20

**Green = met, Red = not met, purple = COVID-19 deferred**

<table>
<thead>
<tr>
<th>Division/Section Metrics</th>
<th>QUALITY</th>
<th>SAFETY</th>
<th>CARE EXPERIENCE</th>
<th>WORKFORCE</th>
<th>FINANCIAL STEWARDSHIP</th>
<th>EQUITY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ZSFG</strong></td>
<td>Decrease readmissions among the PRIME population</td>
<td>Decrease colon SSI</td>
<td>Increase Care Transitions Composite Score</td>
<td>Increase the # of depts. with DMS Implementation</td>
<td>Decrease capital project slippage days</td>
<td>Increase REAL data completeness</td>
</tr>
<tr>
<td></td>
<td>Decrease % of time on diversion</td>
<td>Decrease PSI 90 composite score</td>
<td>Increase Specialty Care CG CAHPS Courteous &amp; Helpful Office Staff Composite Score</td>
<td>Increase the % of Exec Leadership with at least 1 PDP A3 Targets</td>
<td>Decrease salary variance UCSF RAB Construction milestones on target</td>
<td>Increase SOGi completeness</td>
</tr>
<tr>
<td></td>
<td><strong>LHH</strong></td>
<td>Decrease resident harm events</td>
<td>Increase medication Reconciliation</td>
<td>Likelihood to recommend care</td>
<td>Likelihood to recommend working at LHH</td>
<td>Spending rate of growth not to exceed growth in General Fund</td>
</tr>
<tr>
<td></td>
<td>Reduce resident harm events</td>
<td>Likelihood to recommend care</td>
<td>Improve patient satisfaction ratings</td>
<td>Improve timely access to Primary Care services</td>
<td>Improve Gallup questions: In last 6 months ‘someone at work has talked to me about my progress’</td>
<td>Decrease overdue unlocked notes</td>
</tr>
<tr>
<td></td>
<td>Increase Behavioral Health Vital Signs screenings</td>
<td>Increase 7-day post discharge follow up</td>
<td>Improve patient satisfaction ratings</td>
<td>Improve timely access to Primary Care services</td>
<td>Improve BP control among African American patients with hypertension</td>
<td>Improve BP control among African American patients with hypertension</td>
</tr>
<tr>
<td></td>
<td>Increase adolescent immunizations</td>
<td>Improve the rate of time of charting</td>
<td>Improve overall patient satisfaction score</td>
<td>Increase patient satisfaction</td>
<td>Decrease mandated overtime</td>
<td>Decrease % of clinicians who have completed SO/Gi training</td>
</tr>
<tr>
<td></td>
<td><strong>JHS</strong></td>
<td>Increase treatment &amp; linkages for patients with substance abuse disorders</td>
<td>Improve the rate of time of charting</td>
<td>Increase patient satisfaction</td>
<td>Increase % of non-enrolled Medi-Cal eligible clients who enroll in Medi-Cal</td>
<td>Increase gonorrhea and chlamydia screening in African American population</td>
</tr>
<tr>
<td></td>
<td>Improve completion of IIPP activities</td>
<td>Increase overall patient satisfaction score</td>
<td>Decrease mandated overtime</td>
<td>Increase the % of non-enrolled Medi-Cal eligible clients who enroll in Medi-Cal</td>
<td>Increase % of clinicians who have completed SO/Gi training</td>
<td>Increase % of clinicians who have completed SO/Gi training</td>
</tr>
<tr>
<td></td>
<td><strong>MCAH</strong></td>
<td><strong>BHS</strong></td>
<td><strong>CMI</strong></td>
<td><strong>JHS</strong></td>
<td><strong>MCAH</strong></td>
<td><strong>BHS</strong></td>
</tr>
<tr>
<td></td>
<td>Increase % of enrollment in prenatal programs</td>
<td>Maintain enrollment in WIC program for children over 1 years of age</td>
<td>Increase staff ratings of race equity in the workplace</td>
<td>Decrease redundancies in ordering through SS</td>
<td>Increase the recruitment/retention of African American field nurses</td>
<td>Improve completion of IIPP activities</td>
</tr>
</tbody>
</table>
San Francisco Health Network - COVID19 Efforts & Associated Delivery System Impacts

Overall Challenges

- Reduction/delay in clinical services
- Worsening health outcomes of populations served
- Reduction/delay in Performance Improvement activities
- Reduction in value-based care incentive payments
- Staff redeployment from routine clinical care to COVID-19 specific activities
- Staff fatigue and manager burnout
Mental Health SF
Changing timelines due to COVID 19

Fall 2020
Mental Health SF Planning

- DPH established governance structure for internal planning
  - Draws from experience with Epic EHR implementation
  - Organized around 4 major initiatives required by legislation and adds Overdose Prevention WG
  - Leads and project managers identified for each domain
  - Data, HR, and Equity form infrastructure backbone for all planning and implementation considerations
- Steering and Executive committees launched
- Design workshop for Mental Health Services Center December 2020
- New Director of BHS / Mental Health SF tentatively starting by January 2021
- MHSF Implementation Working group starting December 2020

**DPH Mental Health SF Governance Structure**

- **Leadership Steering Committee**
- **1. Office of Coordinated Care**
- **2. Street Crisis Response Team**
- **3. Mental Health Service Center**
- **4. New Beds and Facilities**
- **5. Implementation Working Group**

- Data and IT Systems, HR Hiring and Pipeline, Equity
# Mental Health SF – Status of Domain Workgroups

<table>
<thead>
<tr>
<th>Domain Workgroups</th>
<th>Current Status</th>
<th>Goals: Dec-Jan-Feb</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office of Care Coordination</td>
<td>Workgroup formed</td>
<td>Refining bed tracking system</td>
<td>Not yet launched</td>
</tr>
<tr>
<td>Street Crisis Response Team</td>
<td>First SCR Team launching 11/30</td>
<td>Expand to all 5 teams</td>
<td>On track to launch</td>
</tr>
<tr>
<td>Mental Health Service Center</td>
<td>Workgroup formed</td>
<td>Design workshop with key stakeholders (Dec) Implement input of IWG (January)</td>
<td>Planning initiated</td>
</tr>
<tr>
<td>New Beds and Facilities</td>
<td>Workgroup formed; site visits begun</td>
<td>Prioritize and operationalize purchases/leases</td>
<td>Launched</td>
</tr>
<tr>
<td>Overdose Prevention Project</td>
<td>Workgroup formed; A3 created</td>
<td>Prioritize countermeasures and develop work plan</td>
<td>Launched</td>
</tr>
</tbody>
</table>
Draft Behavioral Health Services Organizational Chart

Updated with MHSF Positions
Questions
Background Slides

COVID Command Center
Strategies to Address Staff Burnout

- CCC Wellness Officer
- Wellness Room and activities at Moscone
- Employee Assistance Program (EAP)
**COMMUNITY BRANCH**

<table>
<thead>
<tr>
<th>Action</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disseminate</td>
<td>Disseminate COVID-19 information and guidance to each of the community priority settings, leveraging neighborhood and community partners with an equity lens.</td>
</tr>
<tr>
<td>Respond</td>
<td>Respond to concerns and questions of community priority settings and vulnerable communities to connect neighborhoods and communities to their needs.</td>
</tr>
<tr>
<td>Conduct</td>
<td>Conduct COVID-19+ site exposure notifications with managers in community priority settings utilizing an equity lens.</td>
</tr>
<tr>
<td>Support</td>
<td>Support outbreak prevention and response in community priority settings with a population, equity, and neighborhood lens.</td>
</tr>
<tr>
<td>Expand</td>
<td>Expand branch focus to integrate community voice and support engagement of CBOs into COVID-19 Command Center operations, leveraging partnership in the community.</td>
</tr>
</tbody>
</table>
**Note: The timeline does not include outbreak response which has been provided since April to mitigate spread in congregate settings.
San Francisco: A model for “test, trace, isolate”

Figure. Contact Tracing Outcomes of 791 People With COVID-19 and Their 1214 Contacts, San Francisco, California, May 5 to June 8, 2020

A
Cases of COVID-19

Person interviewed (n = 791)
Named ≥1 contact (n = 404)
Notified ≥1 contact (n = 356)
Tested ≥1 contact (n = 206)
Newly diagnosed COVID-19 in ≥1 contact (n = 72)

B
Contacts of people with COVID-19

Contact identified (n = 1214)
Notified (n = 1017)
Tested (n = 457)
Newly diagnosed COVID-19 (n = 120)

Percentages are shown for people with coronavirus disease 2019 (COVID-19) (A) and their contacts (B) at selected stages of contact tracing implementation.

Sachdev, D et al. JAMA Internal Medicine, published online Nov 2, 2020
MEDICAL OPERATIONS GROUP

• Implement strategies to support the preservation of San Francisco hospital capacity and mitigate a COVID surge
  o Create more clinical space to mitigate COVID surge
  o Implement hospital level-loading tactics
  o Establish a COVID vaccination plan in coordination with CDPH and CCSF health system partners

• Health system coordination
  o Communicate with hospital and health system partners
  o Work with regional and state entities to fill resource gaps (i.e. PPE, staffing, etc)

• Support CCC strategies to reduce transmission and mitigate health consequences for our most vulnerable populations
  o Manage clinical operations at I&Q sites (for suspected or confirmed COVID positive)
  o Provide clinical support at Shelter-In-Place sites (for COVID vulnerable marginally housed)
  o Coordinate Frontline Worker hotels with Human Services Branch
**Hospital Inflow**
- Level-loading to ensure no single hospital is impacted
- Setting MOUs/ agreements between healthcare entities across levels of care
- Divert patients away from hospital ED-ICU to Field Care Clinic
- COVID patient transport, field testing, and DTU (decedent testing)

**Hospital Outflow**
- Offload hospitals to alternate care system
- Support low-acuity hospital discharges
  - Non-COVID to Low-Acuity Continuing Care (LACC site)
  - COVID positive to Isolation and Quarantine (I&Q) space
- Identify and negotiate new space to support LLOC discharges

**Surge Management**
- Surge planning and exercises with CMOs/ hospitals
- Surge planning playbook
# THE IMPACT OF THE SAN FRANCISCO COVID RESPONSE

## County Comparison

<table>
<thead>
<tr>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Deaths/100,000</th>
<th>Cases/1000</th>
<th>Deaths/1000 cases</th>
<th>Tests/1000</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Francisco</td>
<td>San Francisco</td>
<td>CA</td>
<td>16.2</td>
<td>14.1</td>
<td>1.15%</td>
<td>5.86</td>
</tr>
<tr>
<td>Seattle</td>
<td>King</td>
<td>WA</td>
<td>35.9</td>
<td>11.8</td>
<td>3.05%</td>
<td>2.73</td>
</tr>
<tr>
<td>Atlanta</td>
<td>Fulton</td>
<td>GA</td>
<td>58.2</td>
<td>29.1</td>
<td>2.00%</td>
<td>1.21</td>
</tr>
<tr>
<td>Baltimore</td>
<td>Baltimore City</td>
<td>MD</td>
<td>60.6</td>
<td>21.2</td>
<td>2.85%</td>
<td>4.40</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>Los Angeles</td>
<td>CA</td>
<td>67.3</td>
<td>28.9</td>
<td>2.33%</td>
<td>1.41</td>
</tr>
<tr>
<td>Denver</td>
<td>Denver</td>
<td>CO</td>
<td>72.8</td>
<td>28.8</td>
<td>2.52%</td>
<td>4.52</td>
</tr>
<tr>
<td>DC</td>
<td>DC</td>
<td>DC</td>
<td>91.7</td>
<td>24.1</td>
<td>3.81%</td>
<td>5.31</td>
</tr>
<tr>
<td>Philadelphia</td>
<td>Philadelphia</td>
<td>PA</td>
<td>117.4</td>
<td>27.1</td>
<td>4.32%</td>
<td>2.51</td>
</tr>
<tr>
<td>Miami</td>
<td>Miami-dade</td>
<td>FL</td>
<td>133.1</td>
<td>67.2</td>
<td>1.98%</td>
<td>4.64</td>
</tr>
<tr>
<td>Boston</td>
<td>Suffolk</td>
<td>MA</td>
<td>145.7</td>
<td>34.6</td>
<td>4.21%</td>
<td>NA</td>
</tr>
<tr>
<td>New York City</td>
<td>New York City</td>
<td>NY</td>
<td>284.1</td>
<td>30.3</td>
<td>9.36%</td>
<td>4.60</td>
</tr>
</tbody>
</table>
Metropolitan Area Death Rates Applied to SF Population

- Seattle: 165
- Los Angeles: 448
- Miami: 1026
- New York City: 2330

Excess deaths based on Metropolitan Area death rates applied to SF population
ADVANCED PLANNING: Surge Forecasting - Partnership with UC Berkeley

Scenario 1: Median Re increases to 1.32 over 1 week beginning November 2; decreases to .83 over one week starting December 2

Scenario 2: Median Re increases to 1.32 over 1 week beginning November 2; sustains
ADVANCED PLANNING: Internal Data Request Metrics

- Total # of Requests Received: 176
- Total # of Completed Requests: 147
- Overall % of Requests Completed: 84%
- Average # of Days to Complete a Request: 33
- Average # of Requests Completed per 7 days: 6.2
INFORMATION & GUIDANCE: Documents by Target Population and Threshold Languages

Total Documents Created/Updated

- Commercial businesses: 79
- COVID General Public Info: 68
- Education, children, childcare: 45
- Priority populations: 44
- CCSF/DOC Internal Facing: 40
- Special Events: 19
- Flu: 9
- Multi-Hazards: 7
- Other: 3

Total Requests Completed: 638
Total Documents Completed: 294

Documents Currently Available on Public Webpage

- Threshold: 43%
- Threshold and Other Requested: 35%
- English Only: 22%
Background Slides

Operations
Capturing COVID – Transforming Data Into Action (IT Submission for CAPH)

The story of the DOC Advance Planning/Data Units in the early days of the pandemic

- The Problem – Planning months into the future while meeting immediate demands for information and analytics on the state of the pandemic

- Accomplishments (abbreviated)
  - COVID database, source of truth for testing, geolocation, utilization of I&Q housing, etc.
  - COVID indicators system to inform decisions on reopening the economy
  - Predictive modelling of COVID hospitalizations in partnership with Cal Berkeley
  - Internal and publicly available dashboards to support media relations and the public
  - Daily hospitalization summary to inform EMS and acute hospital level-loading