



COVID-19 Report

March through June 2020



COUNTY OF SANTA CLARA
Health System

The world has changed since the County of Santa Clara issued the first Health Order to have the community shelter in place in response to the COVID-19 pandemic. The Order, like the pandemic, was unprecedented.

At the beginning of the year as the warning signs of a possible pandemic became evident, the Public Health Department began assigning staff to the Medical Health Emergency Operations Center (January & February). In March, with support from the County's Office of Emergency Management, the Public Health Department expanded emergency operations. As the pandemic grew and more resources were needed, the Office of Emergency Management opened the Emergency Operations Center (EOC). Public Health moved staff and operations to the EOC and other County departments were called in to support or lead specific functions.

Santa Clara Valley Medical Center led the establishment of Hospital Command Centers, including those at O'Connor Hospital and St. Louise Regional Hospital. These centers oversaw medical operations and communications for the hospitals and clinic system. Executives from the Behavioral Health Services Department joined the daily management calls and reported in on pandemic-related activities.

As the healthcare safety net, the County of Santa Clara Health System looked beyond its walls to provide the services needed for the community. The Health System provided guidance and expanded services to provide testing, care, and support for the community.

The impact of the pandemic has been felt by every individual, every community and most every aspect of the economy. Many have had difficulty coping during this time, but the Shelter in Place Order did what it was intended to do — save lives and flatten the curve to give healthcare providers time to prepare for treating more and more COVID-19 patients.

Emergency Operations

The Public Health Department, County of Santa Clara and Santa Clara Valley Medical Center: Hospitals and Clinics, ramped up efforts to protect the health of the community.

- ✓ First established a Medical Health Emergency Operations Center, set up and staffed primarily by Public Health with support from the Office of Emergency Management (OEM), the Health System and Santa Clara Valley Medical Center.
- ✓ With the County of Santa Clara and the OEM, the Public Health Department expanded emergency operations.
- ✓ A COVID-19 specific website was created and launched with information for the community.
 - By March 31, nearly 2 million unique visitors viewed pages over 6 million times. By June 30, unique visitors numbered 2,675,100 and they visited the page nearly 12 million times.
 - Information is available in English, Spanish, Vietnamese, Chinese, and Tagalog.
 - Includes: Important Updates, Social Distancing Protocols, COVID19 Data Dashboards, and Testing Sites.

Pandemic Timeline

Day 1: December 30, 2019

Santa Clara County Public Health Department began monitoring global activity of a novel coronavirus detected in Wuhan, China.

Day 29: January 27, 2020

The County's Medical Health Joint Operations Center is fully activated to coordinate local planning and response to the novel coronavirus.

Day 33: January 31, 2020

First confirmed case of COVID-19 identified in Santa Clara County.

Day 43: February 3, 2020

Public Health Emergency announced by the County of Santa Clara Health Officer, the first emergency declaration in the state.

Day 71: March 9, 2020

First Health Order cancelled events of more than 1,000 people.

Day 75: March 13, 2020

County of Santa Clara announced Health Order to cancel mass events or more than 100 people; County hospitals canceled elective procedures for high-risk patients.

Day 78: March 16, 2020

Santa Clara County led six other Bay Area counties to declare Shelter in Place Order; non-essential services closed; County hospitals canceled elective procedures for all patients.

Day 81: March 19, 2020

State of California issued statewide Stay at Home Order.

Day 122: April 29, 2020

County of Santa Clara extended the Shelter in Place Order through May 31; announced beginning of Phase II recovery.

Day 127: May 4, 2020

County hospitals resumed scheduling and performing elective procedures and surgeries.

Day 145: May 22, 2020

Public Health Department and Santa Clara Valley Medical Center opened first pop-up COVID-19 community testing site at the Tropicana Shopping Center in San Jose. The free, no-appointment testing program expanded to increase availability, especially in underserved communities.

Day 162: June 8, 2020

Santa Clara Valley Medical Center (SCVMC) continued to lead the way in community testing with the first sites opened in Gilroy and San Jose.

Day 164: June 10, 2020

Health Officer issued Order requiring healthcare facilities in Santa Clara County to offer COVID-19 diagnostic testing to expand the testing capabilities.

Day 172: June 16, 2020

Santa Clara Valley Medical Center expanded community testing with more sites stood up and staffed across the county.

Day 184: June 30, 2020

A total of 5,076 confirmed cases of COVID-19 in Santa Clara County and 161 deaths.

Health Orders

Up to June 30, 2020, there were 11 Health Orders issued by the Health Officer and County of Santa Clara. These orders addressed everything from prohibiting mass gatherings to inventories of personal protective equipment to sheltering in place to wearing face coverings.

"Face coverings must be worn at all times and by all individuals as specified in the CDPH's mandatory Guidance for the Use of Face Coverings and in accordance with any additional directives issued by the County Health Officer. Further, all individuals must wear face coverings at all times when inside a business facility or using public transportation."

Case Investigation and Contact Tracing

Case investigation and contact tracing were used early in the pandemic to ensure the safe and effective quarantine of potential contacts and to slow the spread of COVID-19 throughout the community. Public Health then utilized other mitigation measures, such as Shelter in Place, to limit the spread of the virus.

An aggressive expansion of contact tracing began in May to identify people who have COVID-19 or who have been exposed to COVID-19. The level of resources needed for this effort was unprecedented and has meant an expansion of the Public Health infrastructure. Public Health, Health System and County staff have been re-assigned and trained. Staff from community partner organizations and community volunteers have also been recruited and trained for this effort.

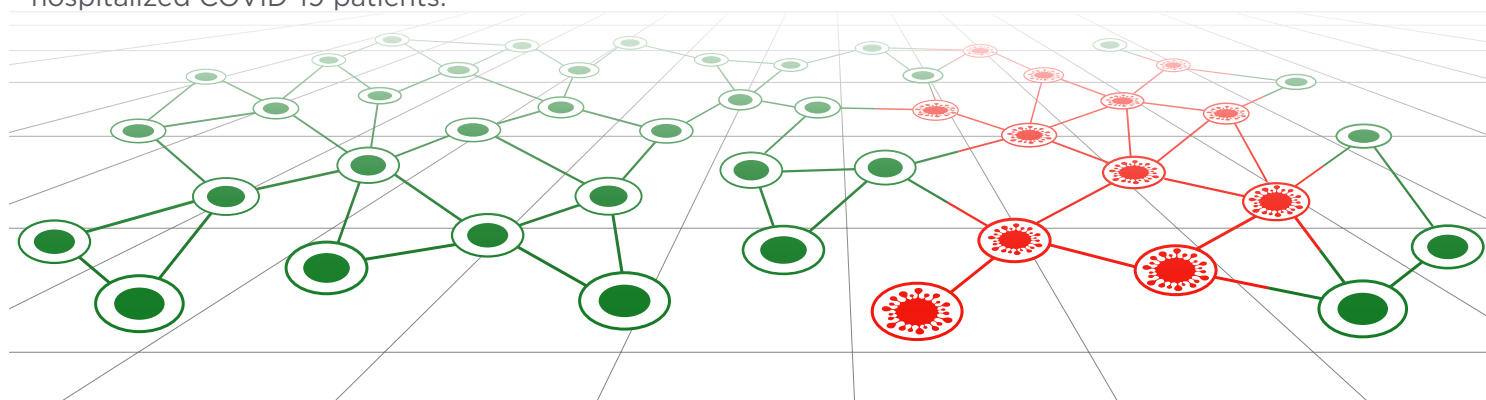
- Over 800 staff and volunteers have been trained, including 354 county employees (June 2020).
- As of June 30, 2020, a total of 384 individual cases were being investigated. Overall, 100% of the people with positive COVID-19 test were called at least 6 times, with 79% of these individuals completing an interview.

Laboratory Testing

The Public Health Department's Laboratory was one of the first public health labs to test for the COVID-19 virus outside of the CDC. Testing was conducted to identify people with COVID-19 and understand disease patterns in the community. Initially, limited supplies of test kits made this difficult. Every day more COVID-19 tests are conducted (see community testing below).

Hospital Operations and Preparedness

Santa Clara Valley Medical Center, O'Connor Hospital and St. Louise Regional Hospital (Hospitals) began treating patients and prepared for an expected surge of patients from COVID-19. On March 13, the Hospitals canceled elective procedures for high-risk patients and then on March 16, canceled elective procedures for all patients. This was done to create capacity and to be able to provide care for anticipated surges in hospitalized COVID-19 patients.



PUBLIC HEALTH SETS STATE STANDARD

When the County of Santa Clara began to expand its contract tracing efforts, they found there was a lack of resources to train, manage and support the newly assigned contact tracers.

The Public Health Department developed its own training materials and job aids for case investigation and contact tracing.

Checklists, tools, forms, and a reference guide were developed for managers and the large workforce working remotely.

These resources were shared with other public health departments and local jurisdictions.

The State of California has recognized Santa Clara County as a best practice for developing high-quality resources and materials.

Role of VMC Foundation

The VMC Foundation joined the battle against COVID-19 and quickly collected as much personal protective equipment (PPE) and donations as possible. The Foundation headquarters became the central repository for all PPE donated to support the Health System, and later for other hospitals, clinics and skilled nursing facilities.

Between March 16 and June 30, the VMC Foundation brought in over 6,000,000 items, at a fair market value that exceeded \$10M. The VMC Foundation launched other COVID-19 fundraising efforts that brought in over \$8M to be used in the COVID-19 battle.

Employee and Visitor Screenings

To reduce the risk of COVID-19 to patients and staff, all people entering hospitals and clinic sites were screened for fever, cough, and other respiratory symptoms. People with symptoms were asked not to enter the facility.

Screening continues for all employees, vendors, and visitors. To increase efficiency and reduce the number of staff needed to conduct screenings, robotic thermal scanners were purchased by the VMC Foundation: three at SCVMC, two at O'Connor, and one at St. Louise.

People Experiencing Homelessness

People in congregate homeless shelters were transitioned to non-congregate settings. Since the crisis began, a total of 1,094 new units/beds have been added to the temporary shelter inventory. This includes dozens of hotel and motel rooms booked by the County's Office of Supportive Housing, and new congregate shelters supported by the City of San José and the County. The inventory includes:

- 739 non-congregate units (motel/hotel rooms) across 13 sites in seven cities (Campbell, Gilroy, Milpitas, Morgan Hill, San Jose, Santa Clara, and Sunnyvale).
- 275 temporary shelter beds at Gateway Pavilion at the Santa Clara County Fairgrounds, Parkside Hall and South Hall in downtown San José, and a family shelter at Camden Community Center.
- Another 363 beds/units are being made available for occupancy if needed.

SCVMC's Valley Homeless Healthcare Program (VHHP), treated people who were identified as being COVID-19 positive, needing isolation, and placed in motel rooms.

- COVID-19 positive patients received daily medical visits and close oversight by VHHP physicians. VHHP also coordinated screening and testing in collaboration with the Public Health Department at both encampments and shelter sites. Backpack Medicine teams diagnosed and tested unhoused people in the field.
- Medical and behavioral health support for all high-risk individuals placed at motels and other temporary housing locations were provided by VHHP. They also ensured the continuity of prescribed medications for clients.
- One of VHHP's three Medical Mobile Units was designated as the COVID-19 unit to rapidly respond to encampments and other areas where the Backpack Medicine team needed assistance to screen and test homeless clients immediately.

VHHP's Backpack Medicine teams continue to go to encampments to identify vulnerable homeless clients who need medical treatment, behavioral health care, and education regarding the pandemic.





Skilled Nursing Facilities

In March, April and May, the County Health Officer issued guidance to skilled nursing facilities and other long-term care facilities on practices related to COVID-19. The Department conducted onsite consultation as needed and provided comprehensive testing to assess potential outbreaks.

Also in March, to meet critical staff needs, Santa Clara Valley Medical Center sent teams to a skilled nursing facility. The SCVMC teams, made up of clinical nurses and other staff, provided guidance, oversight and care at these facilities. A total of 18 workers supported the facility, making it possible for them to maintain essential care for their patients.

Public Communication and Social Media

Requests for information to the Public Health Department (PHD) from the news media and public were constant and numerous. Requests ranged from information about individuals with COVID-19, testing, hospital status, PPE and the various guidelines and measures from the Public Health Department.

Inquiries to the Hospitals and the Behavioral Health Services Department included requests for data, interviews with hospital leaders, clinicians, behavioral health subject matter experts, and other general information.

Social Media was used to inform, educate and raise awareness, particularly around Public Health guidance and public measures.

- The Public Health Department and the Emergency Operation Center created and issued 589 original Facebook posts, which were posted to Health System, Hospitals, Behavioral Health Services Department (BHSD), and EMS platforms.
 - ✓ 220,000 people viewed the livestream of the regional Shelter in Place Order announcement press conference on 3/16/20.
- Together, the PHD and PHD-Spanish, Health System, BHSD, OEM, County of Santa Clara, EMS, and the three hospitals' Facebook accounts had 3,493 posts combined. Behavioral Health included more posts on mental health issues, suicide prevention and other topics, but all platforms primarily posted about COVID-19.
- PHD/EOC hosted 51 Facebook Live sessions updating the public on Health Orders, providing guidance to business sectors, answering community questions, and sharing medical, social, and behavioral health resources. The Health System (BHSD, Hospitals) hosted another 5 Facebook "Live with the County" events on hospital and emergency department safety, behavioral health resources, fentanyl abuse and support, resources for children, youth and families and thanking the community for donations and support.
- PHD alone issued 1082 tweets, and with the Health System, County and EMS, they combined to issue 2170 tweets. PHD created almost 600 original images on COVID-19 topics.

Community Testing

As more equipment and resources became available, testing was expanded with a goal of increasing to 4,000 and later 8,000 daily tests conducted each day. The EOC coordinated with the State and local partners to increase community testing, including sites for those residents who are at higher risk for severe disease.

Santa Clara Valley Medical Center led the way in providing COVID-19 testing to our community, staffing

Health System Laboratory Testing	March 6 to June 30, 2020
Community	
Community Testing	29,263
VHHP	413
Community and Patients	
Drive-Through	8,907
Inpatient & Emergency Department	8,779
Custody Health	2,847
Primary Care Clinics	1,821
Employees	
Employee Health	9,344

over 22 mobile and pop-up sites. The first public testing site opened on May 22, 2020 at the Tropicana Shopping Center in San Jose. The free, no-appointment testing program for people without symptoms was expanded to increase availability, especially in underserved communities. In June, Santa Clara Valley Medical Center started and staffed additional testing sites in San Jose, Cupertino, Gilroy, Los Altos, and Palo Alto.

In addition to sites, another four (4) drive-through and seven (7) clinic testing sites have been operated by SCVMC for testing both patients and community members.

Information for Providers

The Public Health Department continued to work closely with healthcare providers, hospitals, and partners to address novel coronavirus. A COVID-19 for Providers home page was established. The page provides important updates, case reporting forms, data dashboards, an archive of Health Alerts, and the ability for providers to sign up for Health Alerts. A total of 12 Health Alerts, Health Advisories or Health Updates were issued by the department. Topics included guidance for facilities, monitoring and testing patients.

Health Alert: Requires immediate action or attention; highest level of importance.

Health Advisory: May not require immediate action; provides important information for a specific incident or situation.

Health Update: Unlikely to require immediate action; provides updated information regarding an incident or situation.





Triage and Treatment

During infectious disease outbreaks, triage is particularly important. Triage is used to separate patients likely to be infected from others to decrease the risk of being exposed to the virus.

- Staff trained on triage procedures, COVID-19 case definition and appropriate PPE use.
- Patient screening protocols put into place. Assessments were made over the phone, and if an appointment was needed, instructions were given to wear a face mask during transport and in the facility.
- Dedicated clinical staff assigned to the evaluation of patients presenting with respiratory symptoms at registration or patient triage.
- Masks provided to patients and patients with symptoms were isolated.
- Triage tents established at each Hospital location.
- Physicians and data experts developed a risk score to use to determine how sick a COVID-19 patient may get to maximize resources and direct treatments.

Practical approaches to care and treatment of patients were adopted to protect healthcare personnel, patients, families, and communities.

- Units and floors were identified specifically for COVID-19 patients.
- Initially, visitors were not allowed in the Hospitals unless necessary. This was done to lessen the chance of disease transmission. Later, and in certain units, visitors were limited to one per patient.
- Areas of all three County hospitals were retrofitted for additional negative pressure rooms.

Since an entirely new coronavirus began spreading around the world, our medical professionals have learned more on how to treat patients with COVID-19.

- “Proning”, which means putting patients on their stomachs to relieve pressure on the lungs, can reduce the need for mechanical ventilation.
- Patients are at increased risk of blood clots and blood thinning agents can help.
- The coronavirus can attack many organs in addition to the respiratory system and lungs. This includes the heart, liver, kidneys, and brain.
- Promising treatments include the anti-viral remdesivir; dexamethasone, a steroid that treats the body’s inflammatory response to the virus; and plasma donated by patients who have antibodies to the disease. Led by Santa Clara Valley Medical Center, our public hospitals have been part of a national convalescent plasma study to determine its effectiveness.
- Widespread testing and quicker results help relieve pressure on hospitals.
- Community compliance with Health Orders is critical. The medical community needs the public to do their part with good hygiene, masks and social distancing to prevent more people from becoming ill.

Behavioral Health

When Shelter in Place was ordered, the Behavioral Health Services Department transitioned services to ensure the continuation of care:

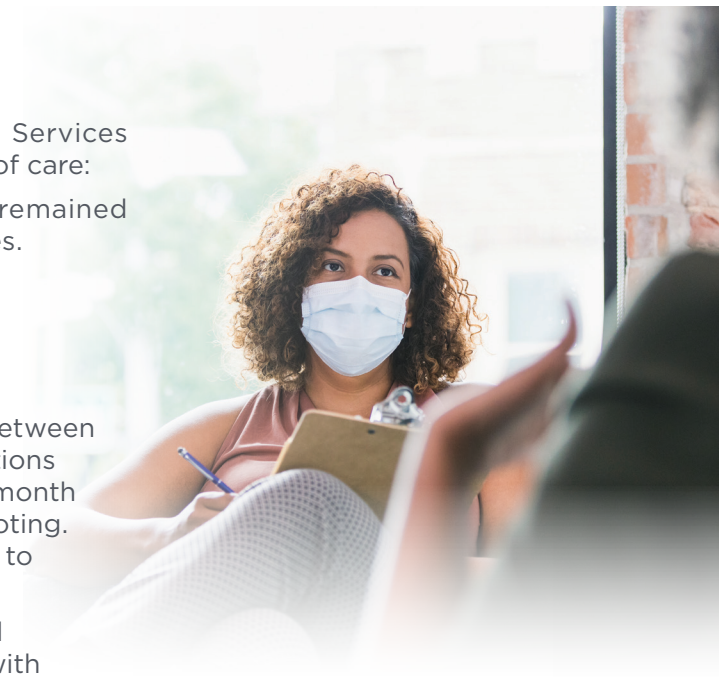
- Call lines for mental health and substance use services remained open 24/7, offering screening, triaging and referral services.

Crisis Text Line	March 2020
Text Conversations	171

- Since its launch, Crisis Text Line conversations averaged between 20-40 conversations per month. The March text conversations were significantly higher, with the only other comparable month being August 2019 following the Gilroy Garlic Festival shooting. Text conversations have averaged 68 a month from March to June 2020.
- The Mobile Crisis Response Teams screened, assessed and responded to situations that involved individuals in crisis with mental health symptoms, may be suicidal or at-risk, or need an evaluation for psychiatric hospitalization. Since the beginning of the pandemic, calls have continued to rise.

Mobile Crisis Response Team	February 2020	March 2020	April 2020	May 2020	June 2020
Calls Received	157	159	171	215	311
Services Provided	47	38	56	98	120
Field Visits	35	23	41	74	92
5150s	13	7	19	26	24

- A series of virtual Town Hall meetings were conducted by mental health experts, along with community peers. Information, resources and coping tips were shared. Eleven sessions were held with various cultural communities including: Chinese, Hispanic/Latinx, Indian, Korean, Nepalese, South Asian, Vietnamese, LGBTQ+, and youth. Over 475 people participated live and at least another 2,200 views of the recorded sessions on Facebook.
- When appropriate, medical, behavioral health and substance use disorder appointments were shifted to telehealth to protect the health of both the public and caregivers. This change led to expanded roles for substance use disorder counselors and mental health providers, with additional training, protocols, and technologies.



Patients Want the Telehealth Option

Our patients with diabetes express relief that we are providing telephone visits. Many of our patients take the bus to the clinic and they are nervous about increased exposure to COVID-19. They are willing to have more frequent telephone visits and adjustments made to their diabetes regimen because it is convenient and takes less time since there is no travel involved.

We have also used this opportunity for outreach. We have been able to find patients that have been lost for follow-up care and have been able to assist them in re-establishing care with their primary care physician and resuming diabetes care through the telephone visits.

— Diabetes Care Team, VHC East Valley

Telehealth

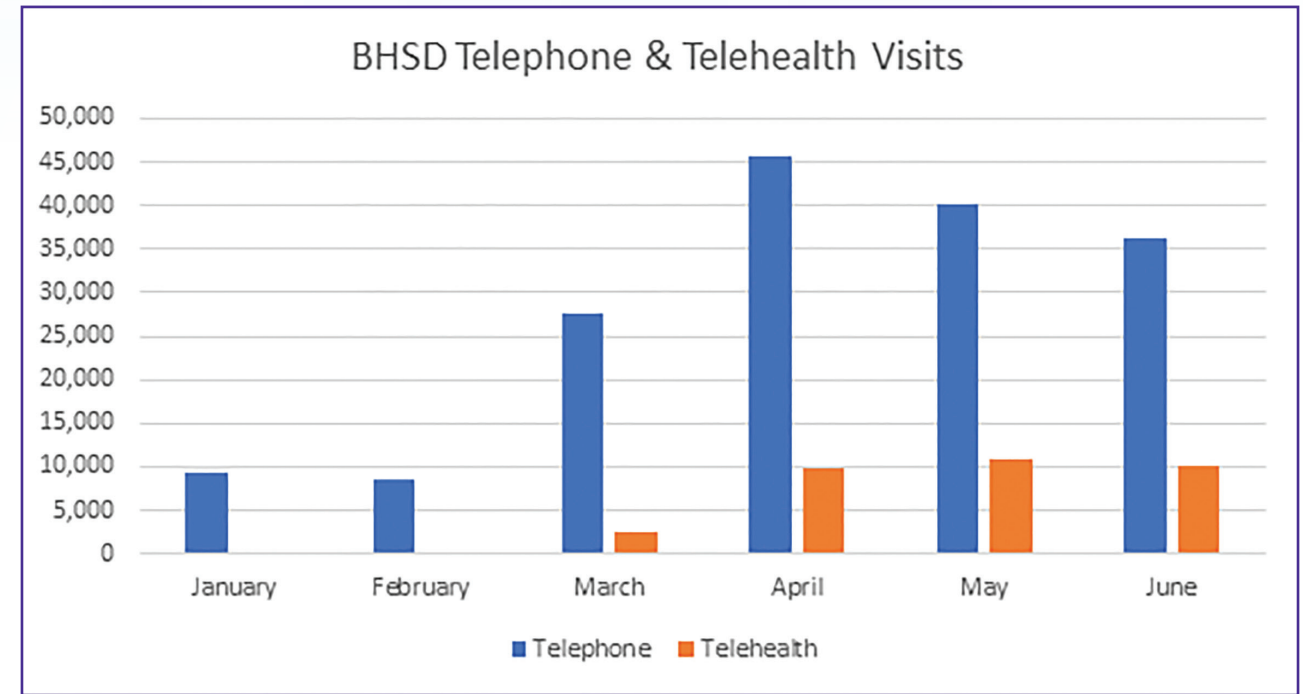
- Prior to the pandemic, less than 1% of outpatient services were via telehealth. Now more than 50% of these services are conducted through video or phone visits, with the majority being done by phone.
- Custody Health Services' (CHS) Telehealth Pilot Project started amid the pandemic. Telehealth provided nursing staff and inmates new opportunities to consult with medical providers and specialists and maintain physical distancing protocols. CHS anticipates that telephone visits will ultimately be replaced with video visits in both jail facilities.
- Telehealth provided nursing staff and inmates new opportunities to “meet” with medical providers and maintain physical distancing protocols:

- ✓ Consults with Custody Health Urgent Care providers at Main Jail.
- ✓ Video consult visits between inmate patients and Valley Specialty Clinic (VSC) providers.
- ✓ A total of eight different specialty services were consulted each month and a total of 44 appointments were completed.



Telehealth — Continued

- When appropriate, medical, behavioral health and substance use disorder appointments were shifted to telehealth to protect the health of both the public and caregivers. This change led to expanded roles for substance use disorder counselors and mental health providers, with additional training, protocols, and technologies.
- Both telephone and video sessions were used to support and care for clients. Sessions were adjusted to support client needs with shorter (two 30-minute sessions versus one 1-hour session) but more frequent sessions. As the pandemic continues, more telehealth appointments are scheduled every month.



Telehealth visits have made it possible for the Health System to maintain critical access to care. Low-income, elderly and other patients and clients who have difficulty with transportation or have other issues to accessing medical and behavioral health care, have found telehealth to be a valuable option. Even with the gradual re-opening, many patients have not converted back to in-person visits.

Caring for the Uninsured

Early in the year the Board of Supervisors approved the Healthcare Access Program. Now with more people losing income and jobs, and at a time when they may need critical healthcare services, another option for financial help for healthcare is available.

- The new program reduces the amount patients owe for services and/or medicines based on their income. For some people there will be no cost.
- A team of customer service representatives and financial counselors are helping people understand the range of programs and options for at different income levels.
- Soft launch began July 1, 2020 and the public launch was July 22, 2020.

Experts predict another large wave of infections in the fall and winter and smaller ones in 2021. The impact of COVID-19 on health and healthcare providers, the livelihood of individuals and families, on employers and organizations, as well as the resulting impact on healthcare coverage and access to care, will continue into 2021 and beyond.



COUNTY OF SANTA CLARA
Health System

© 2020 County of Santa Clara Health System
Printed on recycled paper.