

Santa Clara County Public Health Department Surge Management Overview

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Jim Oberhofer KN6PE

Presented by
Mike Bryne NG4N



Topics

1. Terms
2. Surge Planning
3. Surge Process
4. ARES/RACES role



Topic expectations

Why is this important?

1. Aligns with our Mission.
2. Supports the Preparedness Mission: Helps us...
 - understand a specific community need and requirement,
 - supports our process, procedure, and response refinement.



Topic expectations

1. This information will not make you an expert on SCC PHD or the Surge Process.
2. This information is presented for context-setting only. For Details on an ARES/RACES response, refer to the procedures from your city or county jurisdiction.
3. This material was developed from discussions with SCC PHD representatives and other online information.



Introduction

Definitions

- **Acute care:** for sudden, severe conditions requiring immediate attention, like a broken bone or a heart attack.
- **Non-acute care:** for conditions that are not life-threatening or require immediate intervention, but rather ongoing support and management.



Introduction

More Definitions

- **Surge – Healthcare Surge**, the overwhelming increase in demand for medical care arising out of an emergency event... (*and patients “surge” to hospitals*).
- **AHF – Allied Health Facilities**, a term used by SCC PHD to describe the Skilled Nursing Facilities (SNFs) with whom they coordinate.



Introduction

The Players

- **Skilled Nursing Facilities, SNF** – provides inpatient rehabilitation and medical treatment for individuals recovering from illness, injury, or surgery (56 on SCC).
- **Santa Clara County Public Health Department, SCC PHD** – Ensures ongoing communication, planning, training and education to SNFs for emergency preparedness.
- **Santa Clara County Emergency Operations Center, SCC EOC** – Alternate destination for messages destined for SCC PHD.
- **Santa Clara Valley Healthcare (SCVH) System** – County-owned acute care hospitals (3 in SCC).
- Other Hospitals in Santa Clara County (9 in SCC).



Surge Planning

Even More Definitions

EOP – Emergency Operations Plans

Outline the procedures and duties of an organization in the event of an emergency or disaster.

HVA – Hazard Vulnerability Analyses

A technique used to recognize possible hazards and assess the vulnerability of a community to these risks, which helps in prioritizing planning, mitigation, response, and recovery activities.

SCC PHD sees working together with external partners and agencies as crucial for an effective emergency response.



Surge Plan Overview (high level)

What happened during COVID?

Key strategies used during COVID SCC PHD surges:

1. Opening surge units for critical care.
2. Transferring patients across county hospitals
3. Collaborating with other hospitals partners
4. Expediting discharges to reduce hospital stay durations



Surge Plan Overview (high level)

Key strategies used during COVID SCC PHD surges:

For instance: DePaul Health Center

- Located in Morgan Hill, used as a non-acute alternate care facility. During Covid, accepted transfer patients such as:
- Homeless individuals needing continued care
- SNF patients unable to return to their facilities
- Congregate living residents needing isolation or quarantine



Surge Plan Overview (high level)

Key strategies used during COVID SCC PHD surges:

5. Skilled Nursing Facilities (SNFs)

- SCC PHD has pre-established agreements, methods, and procedures with SNFs for seamless coordination, and alternate care sites.

In Summary

Santa Clara County's approach to managing hospital surges involves

1. comprehensive emergency preparedness,
2. strategic coordination with SNFs, and
3. the use of alternate care facilities to ensure that patients receive timely and appropriate care.



How transfers work

1. Monitoring hospital capacity and identifying transfer candidates
2. Assessing SNF bed availability
3. Coordinating transfers
4. Ensuring compliance with regulatory requirements
5. Post-transfer follow-up



1. Monitor Capacity and Transfers

Monitor Hospital Capacity & Identify Transfers

- Hospitals assess available beds and identify non-acute patients for discharge to SNFs.



2. SNF Bed Availability

Assessing SNF Bed Availability

- Real-time coordination with SNFs to determine available beds and care capacity
- SNF-to-PHD communications by standard means
- SNF-to-PHD communications by **amateur radio** when commercial systems fail (if resources are available)

SCC PUBLIC HEALTH DEPARTMENT BED TRACKING

DIATRICS	2800 UROLOGY	3000 NEUROLOGY	3200 MATERNITY	4000 ORTHO	5000 ONCOLOGY	6100 NEUROL
	2804A	3002A	3201	4010A	5012A	6101
	B	B	3202	B	B	6102
	2805	3003A	3203	4011A	5013A	6103
	2806A	B	3204	B	B	6104
	B	3004A	3205	4012A	5014A	6105
	2807A	B	3206	B	B	6106
	B	3005A	3207	4013A	5015	6107
	2809A	B	3208A	B	5016	6108
	B	3006A	B	4014	5017	
	2810	B	3209A	4015	5018A	
	2812	3007A	B	4016A	B	
	2813	B	3210A	B	5019A	
		3008A	B	4017A	B	
		B	3211A	B	5025	
	2910	3009A	B	4018A	5026	
	2911	B	3212A	B	5027A	
	2912	3010	B	B	B	
	2913	3011	3213A	B	5028A	
	2914	3012	B	B	B	
	2915A	3013	3214	402	5029A	
	B	3014	3215	4023	B	
	2916A	3015	3216	B	5030	
	B	3016A	3217	4024A	5031	
	2917A	B	3218A	B		
	B	3017A	B	4025A		
	2918A	B	3219A	B		
	B	3018A	B	4026A	5035A	
	2919A	B	3230	B	B	
	B	3019A	3231	4027	5036A	
	2920	B	3232A		B	
	2921		B		5037A	
	2922		3233		B	



3. Coordinating Transfers

Coordinating Transfers

- Ensure smooth patient handoff:
 - Medical records transfer
 - Transportation logistics
 - Care continuity planning



4. Compliance and Regulations

Compliance with Regulations

- Adherence to state and federal regulations for patient transfers
- Consent, documentation, and discharge notices



5. Post-Transfer Follow-up

Post-Transfer Follow-Up

- Ensure patient well-being after transfer
- Address issues that may arise during transition



Process Summary

This process helps SCC PHD and SNFs effectively manage...

- hospital capacity during emergencies,
- ensuring that critical patients receive timely care, while...
- maintaining quality care for those transferred to SNFs.

For ARES/RACES,
this is what it is all about



Role of ARES/RACES

- Ensures efficient communication during emergencies (when all else fails)
- SCC RACES worked with the SCC PHD on a packet version of the *DEOC-9 Allied Health Facility Status* form.
- ARES/RACES operators will deploy to SNFs and hospitals to provide backup voice and packet message-passing (if resources are available). This may be at the request from SCC EOC or SCC PHD to city jurisdictions.
- Packet radio operators can transmit this forms' data reliably and effectively from a SNF to SCC PHD.





What information do we pass?

- First, SNFs will always try all standard communications methods if available. Then, Amateur Radio
- Information that SNFs need to pass to SCC PHD:
 - ICS 213 messages
 - ICS213RR Resource Requests
 - Allied Health Facility Status Short Form (DEOC-9)
 - Possibly a Damage Report (plain text?)
 - The usual check-in/-out

The image shows a screenshot of a web-based form interface. At the top, there are buttons for 'Submit to Outpost', 'Submit via Email', 'Reset Form', 'Show PDF', and 'Show Text Message'. Below these buttons, the form is titled 'MESSAGE FORM' and includes fields for 'Origin Msa #' and 'Destination Msa #'. The main form is titled 'Santa Clara County EOC Resource Request Form 213RR' and includes a version number 'Version: 8/17 PIF: 2.4'. Below this, there is a section for 'Allied Health Status Report Short Form (DEOC-9)' with a version number 'Version: February 2018 PIF: 2.3'. The form contains various fields for message numbers, origin, destination, date, time, handling (Immediate, Priority, Routine), ICS position, location, name, contact info, report type (Update, Complete), facility name, facility type, date, time, contact name, phone number, fax number, other phone/fax/cell/radio, incident name and date, facility status (Green, Red, Black), and additional attachments provided (NHICS/ICS Organization Chart, DEOC-9A Resource Request Forms, NHICS/ICS Status Report Form - Standard, NHICS/ICS Incident Action Plan).

Planning for EMCOMM

1. Pre-deployment planning  **What to do now**
 2. Deployment to your assignment (SNF)
 3. Setup your station
 4. Check-in to the event net(s)
 5. Work with the local staff (SNF)
 6. Transmit messages
 7. Receive and hand off messages
 8. Maintain situational awareness
 9. Document and Report
 10. Demob
- 
- What we always do when we deploy**



Pre-deployment planning

Develop, review protocols and procedures

1. Familiarize themselves with the County protocols for SNF assignments, including the use of any forms and communication procedures.
2. Develop local response plans for specific use with SNFs if necessary.
3. Introduce your organization to the SNF staff and share, update, and review the deployment plan for an ARES/RACES deployment to their site. This includes (but not limited to):
 - local emergency power situation
 - access to the facilities
 - where to set up an operating position
 - constraints (or opportunities) for antenna use
 - to whom do we report
 - any special or additional reporting needs



Pre-deployment planning

Develop, review protocols and procedures

4. Develop the list of necessary equipment to bring, including radios (voice and packet), antennas, power supplies, and any required forms or documentation.
5. Document and share the plan with the SNF management
6. Share the plan with the local ARES/RACES staff.
7. Develop shared exercises to validate the plan.



Deploying to SNFs

What are the steps?

It is likely that our jurisdiction will be asked by SCC EOC to deploy to a SNFs. If we are deployed, **It's EMCOMM as usual...**

1. **First shift...** when assigned to start up a station
2. **Initial station setup...** equipment check-out
3. **Voice and Packet operations...** managing the message flow
4. **Incoming shift change...** if you are relieving someone else
5. **Outgoing shift change...** if you are being relieved
6. **Securing operations...** when directed to shut down



Deploying to SNFs

Additionally...

How we add value

- Ensure the SNF staff is aware of the necessary forms to be sent to SCC PHD. Offer them hard copies.
- Offer help with completing required forms, ensuring the information is accurate and complete.
- Use voice and packet radio.
- Relay medical messages to SCC PHD or SCC EOC.
- Be ready to explain how we can help.



NOTE: It must be made clear that any deployment is based on resources that may or may not be available for any given activation.



How this helps

ARES/RACES operators can ensure effective communication support to SNFs during disasters, contributing to the overall emergency response and recovery efforts within our cities and Santa Clara County.



But... Resource Reality Check

- During a major infrastructure-shaking event, it is unlikely that ARES/RACES will have the bandwidth to cover all emergency communications needs that need attention.
- Immediately following an incident, CERT (including ARES/RACES) will take care of themselves, their families, their homes, and their neighbors, and only then offer their services to their local ARES/RACES organization.
- Response priorities will be established by local jurisdictions usually with a focus on stabilizing the situation, supporting the community, and helping to coordinate the volunteer response.
- It is likely that deploying additional responders to a SNF will occur when requested by SCC EOC or SCC PHD.
- And, our support of SNFs will be based on our resource availability.



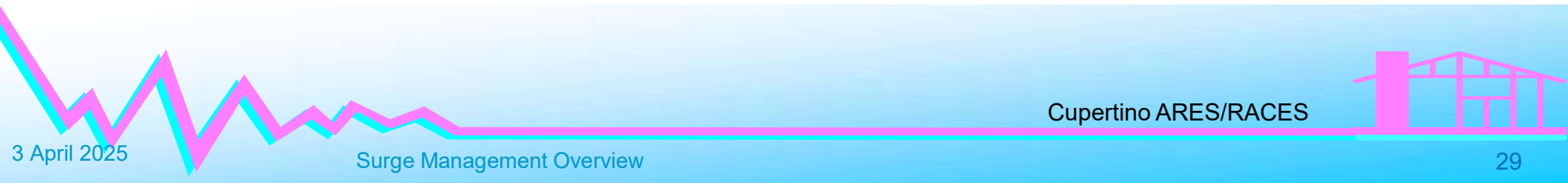
Thank you!

Any Questions?



References

1. Hospitals in Santa Clara County
2. Skilled Nursing Facilities in Santa Clara County



Cupertino ARES/RACES



Hospitals in Santa Clara County

Santa Clara Valley Healthcare (SCVH) System:

1. Santa Clara Valley Medical Center (SCVMC)
2. O'Connor Hospital
3. St. Louise Regional Hospital
4. El Camino Hospital of Los Gatos
5. El Camino Hospital of Mountain View
6. Good Samaritan Hospital
7. Kaiser Permanente Santa Clara Medical Center
8. Kaiser Permanente San Jose Medical Center
9. Lucile Packard Children's Hospital at Stanford
10. Palo Alto VA Medical Center
11. Regional Medical Center of San Jose
12. Stanford Hospital and Clinics



SNFs in Santa Clara County

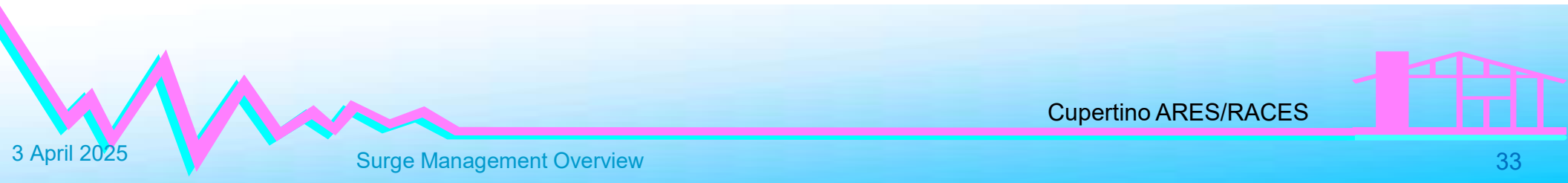
Campbell	Camden PostAcute Care, Inc. Children's Recovery Center of N.Ca Greenhills Manor	Milpitas	Milpitas Care Center
Cupertino	Cupertino Healthcare and Wellness Healthcare Center at the Forum Marianist Center Sunny View Manor	Morgan Hill	Hillview Convalescent Hospital Pacific Hills Manor Grant Cuesta Sub-Acute and Rehab Mountain View Center
Gilroy	Gilroy Healthcare and Rehab Center	Palo Alto	Channing House Palo Alto Sub-Acute & Rehab Center VI (VEE) at Palo Alto Webster House
Los Altos	Los Altos Sub-Acute & Rehab Center Maryknoll Frd & Bros The Terraces at Los Altos		
Los Gatos	Los Gatos Invigorate Post Acute Los Gatos Meadows Stonebrook Health and Rehab The Terraces of Los Gatos Vasona Creek Healthcare Center Woodlands Healthcare Center		



SNFs in Santa Clara County

San Jose	A Grace Sub Acute & Skilled Care	Santa Clara	Mission Skilled Nursing/Sub Acute Ctr
	Almaden Healthcare and Rehab Center		Valley House Rehab Center
	Amberwood Gardens	Saratoga	Our Lady of Fatima Villa
	Canyon Springs Post-Acute		Saratoga Pediatric Subacute
	Courtyard Care Center		Saratoga Retirement Community
	Empress Care Center	Sunnyvale	Health Center
	Golden Living Center		Cedar Crest Nursing & Rehab Center
	Lincoln Glen Skilled Nursing		Idylwood
	Mission de la Casa Nursing/Rehab Center		ManorCare Health Services
	Mt. Pleasant Nursing Center		Sunnyvale Post-Acute Center
	Plum Tree Care Center		
	San Jose Healthcare & Wellness Center		
	San Tomas Convalescent Hospital		
	Silicon Valley Post Acute		
	Skyline Healthcare Center - San Jose		
	Vista Manor Nursing Center		
	White Blossom Care Center		
	Willow Glen Center		





Deployment Plan

