

H3L1 Class #24 Graduates



SFFD

EMS AND COMMUNITY PARAMEDICINE

**FIRE COMMISSION REPORT
OCTOBER AND NOVEMBER 2023**

DEPUTY CHIEF SANDY TONG

EMS DIVISION
October and November 2023
Assistant Deputy Chief Niels Tangherlini

OPERATIONS

Three-month Data Lookback SFFD EMS Division					
Month	Daily Runs (average)	Time on Task (average)	SFFD Market Share	Narcan Use	<i>Cardiac Arrests:</i> 1. <i>Total</i> 2. <i>Resus Attempted</i> 3. <i>Witnessed</i> 4. <i>VF</i> 5. <i>CPR/AED</i> 6. <i>ROSC at ED</i> 7. <i>% survival</i>
September	370	91	78	305	1. 153 2. 47 3. 28 4. 8 5. 9 6. 11 7. 24%
October	372	90	76	299	1. 155 2. 42 3. 24 4. 5 5. 16 6. 14 7. 31%
November	353	92	76	237	1. 144 2. 49 3. 29 4. 3 5. 19 6. 14 7. 27%
Average	365	91	77	280	27% monthly average cardiac arrest survival

- On October 27th, Cohort 5 of the 9910 program finished their 2-week training program. These members are now in the field working alongside other members of the EMS Division.
- Station 49, like all other stations in the Department, maintains a gym. Unlike other stations, however, this gym is used by nearly 300 people making it the busiest gym facility in the SFFD. Although new, the high use of this facility was beginning to show signs of wear. During one of his regular work outs with members, Assistant Deputy Chief Tangherlini heard from members of the Division that the gym would benefit from improvements to the walls, which suffer regular strikes from weights. Within 2 days members Kevin Shepard and Clark Stern had received funding from the house collector, purchased diamond plating, and installed it on the walls. This demonstrates the growing culture of community and

commitment that is defining the EMS Division. It should be noted that Paramedic Shepard regularly introduces members wanting to begin an exercise regimen to both techniques and approach to regular exercise.

- On November 4th, members of the EMS Division joined representatives from private ambulance providers in assisting the City EMT program in conducting their MCI drills for their latest cohort. Three ambulance crews joined Captain Covitz and Assistant Deputy Chief Niels Tangherlini in working with students to respond to and debrief from 3 exercises in a row. These exercises confronted students with up to 20 victims in challenging scenarios set up City EMT staff, including Lt. Segura and EMT Babendir. Students had a chance to practice their skills and test out cutting-edge MCI technology. The EMS Division will continue to explore new ways to expand its partnership with City EMT.
- On November 9th EMT Carlos Martinez was awarded the Firefighter of the Year for Community Service award by American Legion Post 456. He was honored for his ongoing work to bring medical care to rural communities across El Salvador. Each year EMT Martinez recruits dozens of medical volunteers, including several from Station 49, to spend a week bringing unprecedented care to thousands of people who otherwise receive no medical services at all.
- From November 12th through November 18th the EMS Division joined the rest of the Department, along with multiple local, state, and federal agencies, in providing outstanding coverage and support to the APEC Conference. With more than 21 heads of state, including the President and Vice President of the United States, the EMS Division was with an unprecedented demand for support. Under the immediate leadership of Section Chief Kevin Chocker, the EMS Division was able to create contingency plans that spanned multiple high-security venues and motorcades. This included being able to add and subtract motorcade support at a moment's notice. APEC has been seen as a highly successful and safe event.
- On November 22nd, H3 L1 class 24 graduated 12 new EMTs. These members have joined the ranks of the EMS Division and are making a difference every day. The EMS Division would like to thank President Nakajo for attending the graduation ceremony and invite all members of the commission to attend these events.
- During Thanksgiving, members of the EMS and CP Divisions gathered at the CP station located at 1415 Evans Street for on-duty meals. Members from both divisions worked to cook and serve food to crews as they rotated through.

RESEARCH UPDATE

The research team from Mind Rhythm was happy to announce that they had collected all the data needed to complete the final phase of research. Crews were asked to stop enrolling patients at midnight on December 1st. Final data will be analyzed and then submitted to the FDA for approval of a new medical device. The EMS Division will continue its effort to ensure that these devices can be deployed immediately on our ambulances when they are first available for clinical use. The EMS Division will continue to work with Mind Rhythm as they develop new technologies aimed at improving the care we provide.

NOTABLE ACTIVITIES

October:

1. On October 6th M84 responded to an 83 Y/O female fall victim who was not verbal on their arrival. The crew was able to determine patient name and history of memory issues via medical bracelet. They were then able to converse with pt in Mandarin as pt was non-English speaking and crew was fluent. Patient transported to the hospital for additional care.
2. On October 11th, an ambulance crew converted a pulsing V-tach with a complaint of chest pain and shortness of breath. Quick treatment with an anti-arrhythmic and decision making stabilized this patient. After V-tach conversion, the crew advised the hospital about the STEMI reading in the field. The crew transmitted all cardiac readouts, so the hospital could treat them quickly and effectively. The patient received additional care at the receiving hospital and is expected to recover.

3. On October 18th, M53 responded for an unwitnessed cardiac arrest with CPR in progress with bystander AED/CPR. After ALS interventions, the patient obtained ROSC and was transported code 3 to closest STAR center in A-fib. The patient is still receiving rehab care in the hospital.
4. On October 20th crews responded to a 45+ male in a gym playing ping pong. He collapsed and bystander quickly called 911 and started CPR after his arrest. Fire/EMS got on scene, and he was in V-fib, the crew shocked him twice and he regained pulses, the crew did a 12 lead and identified a STEMI and transported C3 to UCSF. Patient has released from the hospital. The patient was treated by M62, E18 and RC2.

November:

1. On November 20th crews responded to a 35 y/o male witnessed arrest at a martial arts gym. Multiple defibs on scene with ROSC obtained and transported to closest STAR facility. The patient is still being treated at the hospital.
2. On November 27th crews responded to a 28 y/o Female with signs of imminent childbirth. During transport, crowning, once in ambulance bay, baby's head was out and fully delivered in the ED. Mother and child are both doing great.

PHOTOS

EMT Carlos Martinez with CD1 receiving the award for Firefighter of the Year for Community Service



Members Kevin Shepard and Clark Stern pose in front of their work to improve the Station 49 gym.



Members of the EMS Division working with City EMT students during their MCI drill.



Twelve new members are taking the oath as part of their graduation.



APEC – Moscone EMS resources



CP and EMS Thanksgiving Meals at Evans Street



SFFD ACTIVITY SUMMARY – October 2023

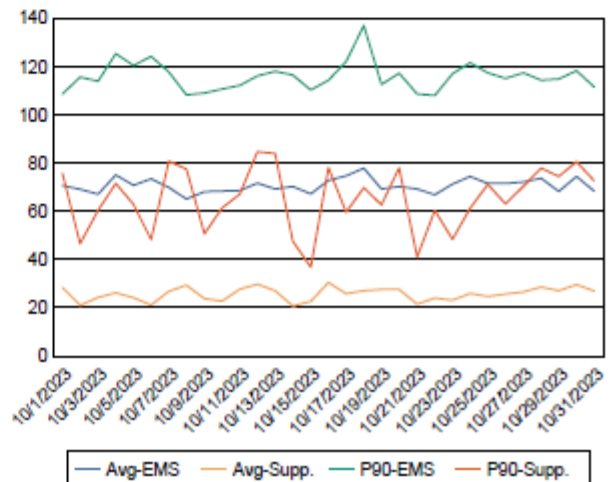
SFFD Activity Summary From 10/01/2023 To 10/31/2023

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS P90 (Min)	Suppression P90 (Min)
10/01/2023	341	93	434	70.72	90.10	28.32	108.72	75.74
10/02/2023	388	144	532	69.18	92.02	21.05	115.70	46.62
10/03/2023	386	118	504	67.13	91.83	24.29	114.05	60.47
10/04/2023	448	167	615	75.10	98.53	26.16	125.43	71.50
10/05/2023	484	137	621	70.76	96.85	24.12	120.52	62.98
10/06/2023	449	142	591	73.51	101.03	21.09	124.27	48.30
10/07/2023	432	134	566	69.89	94.33	26.79	117.83	80.86
10/08/2023	341	103	444	65.10	88.32	29.38	108.32	77.56
10/09/2023	347	112	459	68.15	86.71	23.84	109.11	50.61
10/10/2023	349	116	465	68.43	88.67	22.84	110.75	61.43
10/11/2023	358	97	455	68.61	90.48	27.74	112.24	67.14
10/12/2023	357	114	471	71.69	92.23	29.70	116.21	84.71
10/13/2023	397	121	518	69.32	91.30	27.08	118.07	83.98
10/14/2023	342	118	460	70.34	88.94	20.70	116.54	47.57
10/15/2023	354	97	451	67.28	88.54	22.63	110.31	36.85
10/16/2023	325	113	438	72.88	91.98	30.51	114.36	78.16
10/17/2023	353	108	461	74.67	95.80	25.82	122.10	59.59
10/18/2023	421	120	541	77.90	104.98	27.13	137.00	69.84
10/19/2023	432	134	566	69.32	96.02	27.58	112.61	62.67
10/20/2023	362	99	461	70.25	93.47	27.59	117.30	78.03
10/21/2023	365	116	481	69.28	88.36	21.52	108.62	41.07
10/22/2023	324	123	447	66.86	85.94	24.03	108.04	60.36
10/23/2023	361	129	490	71.27	89.57	23.15	117.05	48.40
10/24/2023	335	117	452	74.50	92.48	26.01	121.60	61.35
10/25/2023	324	127	451	71.52	94.64	24.64	117.44	71.15
10/26/2023	344	129	473	71.62	89.29	25.66	115.10	63.01
10/27/2023	395	126	521	72.15	93.24	26.55	117.39	70.48
10/28/2023	369	123	492	73.72	92.29	28.59	114.36	77.92
10/29/2023	356	123	479	68.30	90.89	27.12	114.83	74.52
10/30/2023	354	121	475	74.48	94.16	29.65	118.31	80.57
10/31/2023	352	115	467	68.38	88.86	27.01	111.58	72.64

Calls By Date



Call Length (Average and P90)

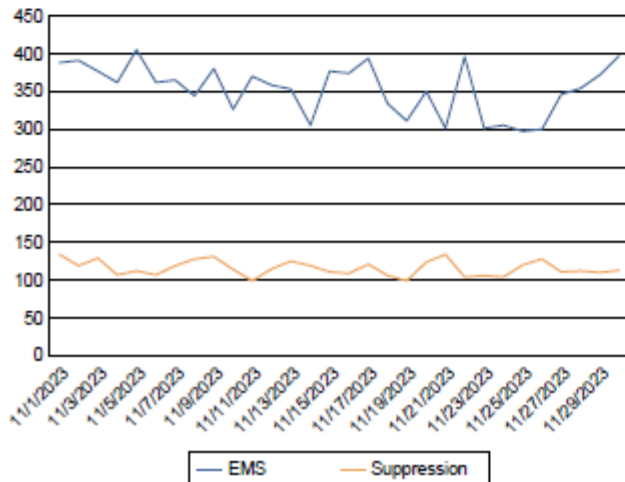


SFFD ACTIVITY SUMMARY – November 2023

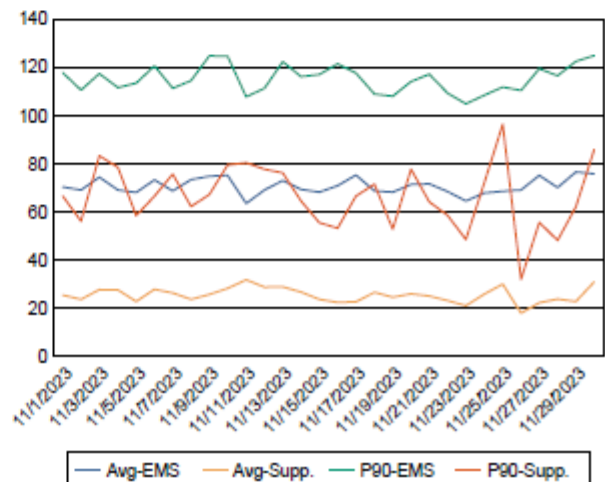
SFFD Activity Summary From 11/01/2023 To 11/30/2023

Call Date	EMS Calls	Suppression Calls	Total Calls	EMS Call Avg. (Min)	Transport Avg. (Min)	Suppression Avg. (Min)	EMS Suppression P90 (Min)	Suppression P90 (Min)
11/01/2023	388	134	522	70.37	93.59	25.59	117.78	66.57
11/02/2023	391	119	510	69.09	91.05	23.76	110.58	56.24
11/03/2023	377	129	506	74.49	92.06	27.91	117.41	83.34
11/04/2023	362	107	469	69.19	90.78	27.73	111.62	78.54
11/05/2023	405	112	517	68.16	87.60	22.96	113.49	58.45
11/06/2023	362	107	469	73.33	96.32	27.93	120.52	66.59
11/07/2023	365	119	484	68.72	90.04	26.52	111.36	75.80
11/08/2023	344	128	472	73.46	91.20	23.75	114.53	62.30
11/09/2023	380	131	511	74.90	98.45	25.88	124.81	67.20
11/10/2023	326	114	440	75.26	94.82	28.34	124.58	79.58
11/11/2023	370	99	469	63.56	88.36	31.93	107.86	80.44
11/12/2023	358	115	473	69.11	87.94	28.93	111.37	77.73
11/13/2023	353	125	478	73.13	94.69	29.04	122.37	76.23
11/14/2023	305	119	424	69.45	93.06	26.81	116.19	64.55
11/15/2023	377	111	488	68.32	94.98	23.77	117.05	55.62
11/16/2023	374	109	483	70.96	96.95	22.48	121.51	53.35
11/17/2023	394	121	515	75.42	95.91	22.80	117.68	66.58
11/18/2023	334	106	440	68.79	88.68	26.68	108.92	71.60
11/19/2023	311	99	410	68.20	85.13	24.73	108.08	52.99
11/20/2023	350	124	474	71.45	90.42	26.07	114.08	77.77
11/21/2023	301	134	435	71.70	92.54	25.16	117.12	64.23
11/22/2023	396	104	500	68.55	89.28	23.32	109.37	58.58
11/23/2023	301	106	407	64.55	83.88	21.17	104.90	48.69
11/24/2023	305	104	409	67.94	85.39	25.98	108.39	71.88
11/25/2023	297	120	417	68.60	88.30	30.10	111.89	96.42
11/26/2023	300	128	428	69.21	86.43	18.10	110.47	32.12
11/27/2023	346	111	457	75.28	92.88	22.45	119.43	55.78
11/28/2023	354	112	466	70.11	91.72	23.97	116.49	48.28
11/29/2023	372	110	482	76.61	99.23	22.97	122.53	62.17
11/30/2023	397	113	510	75.88	96.92	30.97	124.87	85.87

Calls By Date



Call Length (Average and P90)



INDIVIDUALS EXPERIENCING HOMELESSNESS – Incident Distribution

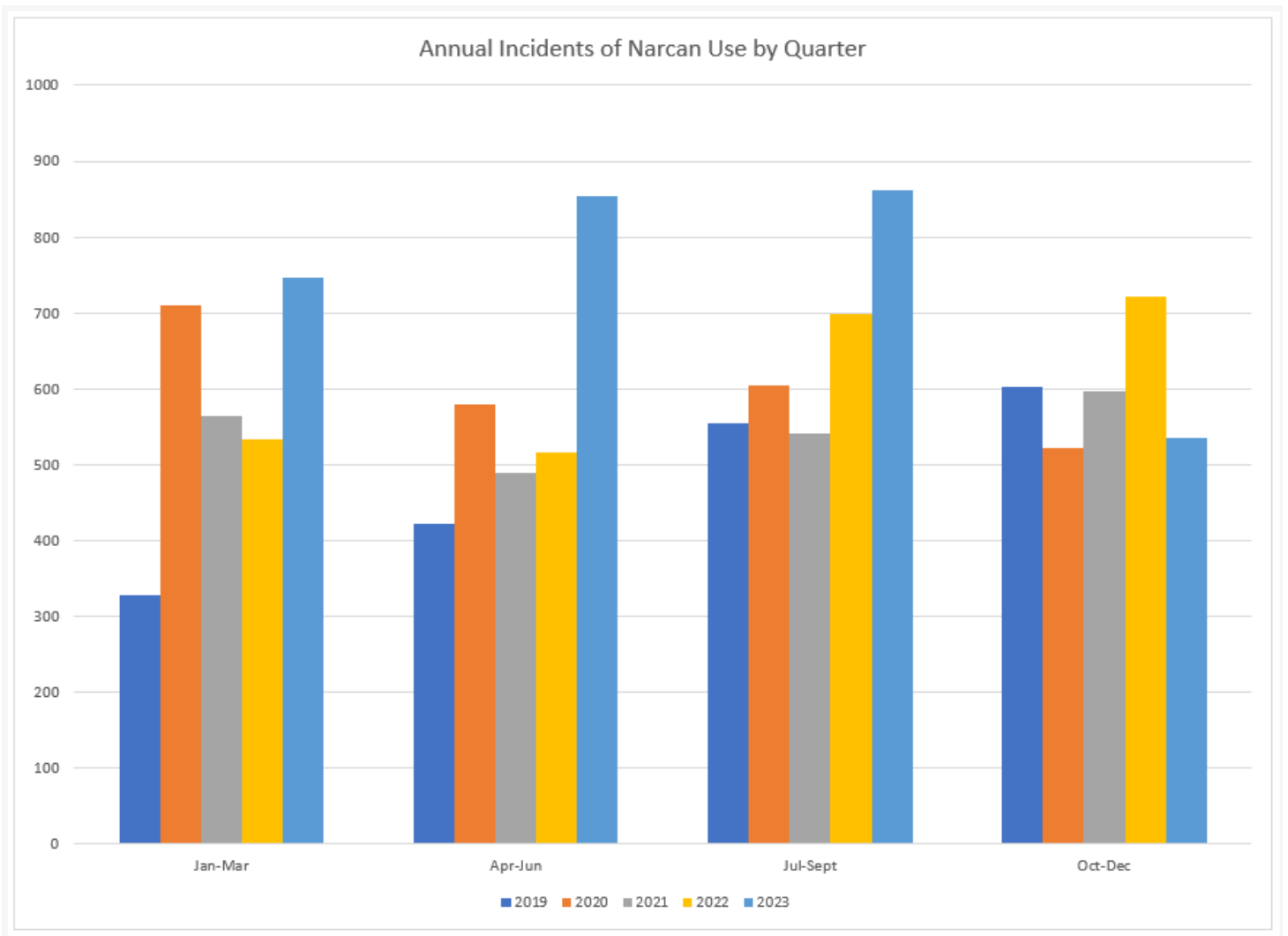
San Francisco Fire Department

Incident Distribution - Individuals Experiencing Homelessness (Last 6 Months)

		No		Yes		Total
EMS6	2023/06	92	49%	97	51%	189
	2023/07	90	50%	90	50%	180
	2023/08	68	59%	47	41%	115
	2023/09	153	62%	95	38%	248
	2023/10	102	52%	93	48%	195
	2023/11	33	46%	39	54%	72
	2023/12	4	36%	7	64%	11
Fire Incidents	2023/06			65		65
	2023/07			67		67
	2023/08			73		73
	2023/09			60		60
	2023/10			78		78
	2023/11			51		51
Medical Incidents	2023/06	5,320	76%	1,654	24%	6,974
	2023/07	5,500	76%	1,701	24%	7,201
	2023/08	5,709	77%	1,663	23%	7,372
	2023/09	5,530	77%	1,631	23%	7,161
	2023/10	2,550	74%	883	26%	3,433
	2023/11	343	62%	208	38%	551
	2023/12	167	83%	35	17%	202

NARCAN ADMINISTRATION

	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	Annual Total
2019	329	423	555	602	1909
2020	711	579	605	522	2417
2021	564	490	542	597	2193
2022	533	517	699	721	2470
2023	747	855	861	536	2999



COMMUNITY PARAMEDICINE DIVISION

Assistant Deputy Chief Simon Pang
October and November 2023

Program Overview and Timeline

Program	Service Population	Launch Date	Full Implementation
EMS-6	Frequent 911 users	January 31, 2016	
Street Crisis Response Team	Community members in behavioral crisis & requiring well-being checks	November 30, 2020	7 th team added May 28, 2022 (EMD on June 22, 2022) SWRT reconfigured March 4, 2023
Street Overdose Response Team	Overdose response	August 2, 2021	2 nd team added June 27, 2022

Community Paramedicine Division Highlights

- **National Science Foundation Conference:** Section Chief of CP Administration Michael Mason attended a 2-day conference at the National Science Foundation headquarters in Alexandria, Virginia over October 26th and 27th with our San Jose State University project partners Dr. Miranda Worthen & Dr. Soma de Bourbon. The group received presentations and guidance from NSF leadership and had the opportunity to learn and collaborate with other Civic Innovation Challenge awardees. As reported in the July 2023 report to the Fire Commission, the Department, in collaboration with San Jose State University, has been awarded a grant from the National Science Foundation to explore and quantify moral injury amongst our members, including possible interventions to reduce its impacts.



- **CARESTAR Partner Summit:** Captain Daniel Nazzareta & Section Chief Mason attended the CARESTAR Foundation Partner Summit in Berkeley on October 20th. The 1-day summit brought together a diverse group of EMS and EMS-adjacent providers who have received grant funding from CARESTAR. Section Chief

Mason participated in a panel alongside retired SFFD member Attica Bowden, who is now the founder & Executive Director of City EMT.



- **DPH Richard Fine Peoples Clinic Overdose Presentation:** Section Chief Mason presented to over seventy (70) DPH providers from the Richard Fine Peoples Clinic during their annual retreat at the Lake Merced Boathouse on October 18th. Chief Mason shared information on SORT, discussed the current opioid epidemic through an EMS lens, and reviewed current best practices on how pre-hospital and primary care systems can coordinate to support individuals with opioid use disorder.
- **Data System Transition:** On November 1st, 2023, in response to newly implemented regulations within the state health & safety code, the Community Paramedicine Division transitioned its electronic health care record system to the Department’s selected electronic patient care report platform known as ESO. The Division wishes to recognize the MIS team, particularly Department Chief Information Officer Jesus Mora and his development team, as well as CP Division Data & Policy Analyst Eugene Tse, EMS Division CQI team, and CP Division CQI Captain Chelsea Meyers for supporting this transition. There will be some changes and improvements in the next several months to reported CP Division performance measures.
- **APEC CP Involvement:** Preparing for the Asia-Pacific Economic Cooperation (APEC) Conference, Section Chief Sloan served as co-chair on the Vulnerable Populations Workgroup overseen by the US Secret Service. Chief Sloan led the Community Paramedicine Division’s planning efforts and incorporated SCRT and CP captain resources into the Department’s coordinated response and Event Action Plan.
- **Thanksgiving Community Events:** Assistant Deputy Chief Pang, with Department Command Staff, attended the annual “Giving Thanks on Golden Gate” event hosted by St. Anthony’s. Section Chief Mason represented the Department at the annual SF Interfaith Thanksgiving Prayer Breakfast.



- **Treatment on Demand Hearing:** On November 9th, Assistant Deputy Chief Pang was called to represent the Department in a hearing of the Public Safety and Neighborhood Services Board of Supervisors Committee on the topic of Treatment on Demand. Chief Pang presented a variety of data-supported narratives describing the Fire Department’s vantage on the current state and demand for treatment services.




- **Community Paramedicine Speaker Series:**

October: Department of Public Health Comprehensive Crisis Director Stephanie Felder spoke to Division and Department members. Comprehensive Crisis includes Mobile Crisis, Child Crisis, and the Crisis Intervention Specialist Team which supports SFPD’s Crisis Intervention Team.

October 30th
 1:00 – 2:30 pm (virtual)
San Francisco Fire Department
 Community Paramedicine Division
 2023 Monthly Speaker Series





Department of Public Health Comprehensive Crisis Services Director Stephanie Felder will provide an overview of the 24/7 mobile crisis unit that responds to acute mental health needs for both adults and children.

Join us for a 30-minute presentation followed by a Q&A discussion and enhance your practice, knowledge, and understanding of our City’s mental health crisis services, especially for youth.


All San Francisco Fire Department Members Welcome
No Registration Required: tinyurl.com/CPSpeakerOctober

If you require assistance registering or accommodation attending email Michael.Mason@sfgov.org or call (628) 732-6041

November: Department of Public Health Office of Coordinated Care (OCC) staff members Robin Candler (Director of Shelter and Supportive Housing) and Maureen Edwards (Director of Care management and Transitional Support Services) presented to Department members on the critical work and partnership that OCC supports.

November 30th
 2:00 – 3:00 pm (virtual)
San Francisco Fire Department
 Community Paramedicine Division
 2023 Monthly Speaker Series





Department of Public Health’s Office of Coordinated Care (OCC) provides vital outreach and follow-up services, including to individuals referred by the Street Crisis Response Team. Robin Candler (OCC Director of Shelter & Supportive Housing) & Maureen Edwards (OCC Director of Care Management and Transition Support Services) will be joining us to present on their office’s critical work & continued collaboration with the Fire Department.

Join us for a 30-minute presentation followed by a Q&A discussion and enhance your practice, knowledge, and understanding of our City’s mental health crisis services, follow-up care, and coordination between SCRT & OCC.

All San Francisco Fire Department Members Welcome
No Registration Required: tinyurl.com/CPSpeakerNovember

If you require assistance registering or accommodation attending email Michael.Mason@sfgov.org or call (628) 732-6041

EMS-6

October

Operational period: 10/1/2023 – 10/30/2023

Total encounters: 341

Average encounters per day: 11

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -43%

Encounter Type	Number
911 - EMS6 self-assigned	25
911 - EMS6 special call	40
911 - System	4
Case Conference	23
Consult	119
Outreach	130
Total	341

November

Operational period: 11/1/2023 – 11/30/2023

Total encounters: 361

Average encounters per day: 12

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -46%

Encounter Type*	Number
Case Conference	18
Conservator Show of Support	1
Phone Consult	129
911 System Contact	213
Total	361

*Note: EMS-6 encounter types have updated after the November 1st, 2023, data system update.

EMS-6 Successes & Challenges:

- **EMS-6 Coordinated Involuntary Hold & Care for Recently Discharged Individual:** EMS-6 units responded to a special call by an EMS Division medic unit to provide clinical guidance for an individual found on the sidewalk near hospital grounds. On arrival, EMS-6 Alpha & Delta units found a 45-year-old male who had recently been discharged from the hospital but was assessed to be clinically fragile and gravely disabled. A chart review on-scene revealed this was the client's second hospital discharge within 24-hours. The individual was placed on an involuntary psychiatric hold and transported to a hospital. Their case manager and psychiatrist were notified and agreed to respond to the hospital. The individual was subsequently admitted with co-morbid medical issues. This case represents both the challenging system issues our EMS providers face as well as the excellent care coordination provided by EMS-6 providers that our system continually requires.
- **High-Utilizer Located & Connected to Hospice:** A high-utilizer of EMS (48 SFFD contacts within the past calendar year) was connected to hospice through a multi-agency effort. The individual, a 74-year-old

unhoused male, had EMS-6 contacts recorded since 2020 when the team was instrumental in connecting him with a shelter-in-place hotel. Recently, the client’s health deteriorated to the point that he was unable to care for himself. EMS-6 captains coordinated with multiple hospital social workers and teams such as DPH’s Street Medicine, the Homeless Outreach Team, the Bridge & Engagement Services Team (BEST), and Shelter Health to locate and connect the individual with a residential hospice program.

- **High-Utilizer Referred from the Managed Alcohol Program to Residential Treatment:** A known high-utilizer residing at the Managed Alcohol Program received a successful referral to a residential treatment facility. The individual, a 39-year-old male, had 92 SFFD EMS contacts documented in the past calendar year. The EMS-6 team has been persistently engaging this individual and directing them to the sobering center and the Managed Alcohol Program (MAP). EMS-6 supported the referral to the residential treatment center by coordinating the client’s prescriptions with a DPH urgent care clinic, originating the referral, and arranging for transport.
- **Vulnerable Elderly Resident Identified & Connected to Care:** Truck 3 special called EMS-6 to the scene of an elderly neighborhood resident. The resident, an 85-year-old woman, required Truck 3’s assistance 7 times in November for lift assists. EMS-6 performed a home safety assessment and identified an aging mattress as contributing to her falls. Truck 3 members took it upon themselves to provide the resident with a new mattress, which they delivered themselves. The following day, another EMS-6 captain followed up with the individual and found she had continued to experience falls in the past 24-hours and had her transported to a hospital for further evaluation. EMS-6 advocated with hospital staff for potential skilled nursing facility placement and has opened an Adult Protective Services referral. The client expressed gratitude to the Fire Department for our efforts to support and coordinate her care.

SCRT

October

Operational period 10/1/2023 – 10/31/2023

Total Calls for Service: 1251

Average Response Time: 17.25

Average on Scene Time: 46.68

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	236	18.86%
Ambulance transport to ED	197	15.75%
Remained in the community	512	40.93%
Unable to Locate	239	19.10%
Walked Away	67	5.36%
Total	1,251	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	236	24.97%
Ambulance transport to ED	197	20.85%
Remained in community	512	54.18%
Total	945	100.00%

5150

Grave disability	8
Self-harm	15
Harm to others	3
Total	25

**Note: Each hold may have multiple reasons associated, thus the total sum may be less than the row totals*

Police Presence on Scene

		Percent of total calls for service (1251)
PD On Scene Prior to Arrival	31	2.48%
PD requested by SCRT	13	1.04%
SCRT requested by PD	28	2.24%
PD arrived without request	4	0.32%
Total Incidents with PD present on scene	76	6.08%

Assistance provided by Police

		Percent of total calls for service (1251)
Immediate danger to personnel or public	7	0.56%
Assist with Restraints	5	0.40%
Scene Management	10	0.80%
Total	22	1.76%

Destination of Non-Emergency Transport

Shelter	72	31%
Mental Health Facility	18	8%
Community Clinic	12	5%
Sobering Center	56	24%
Treatment Program	1	0%
Other Destination (Case management, ride home, food kitchen, etc.)	77	33%
Total	236	100%

November

Operational period 11/1/2023 – 11/30/2023

Total Calls for Service: 1037

Average Response Time: 16.57

Average on Scene Time: 47.61

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	188	18.13%
Ambulance transport to ED	132	12.73%
Remained in the community	494	47.64%
Unable to Locate & Walked Away	223	21.50%
Total	1037	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	188	23.10%
Ambulance transport to ED	132	16.22%
Remained in community	494	60.69%
Total	814	100.00%

5150

Total	17
-------	----

Police Presence on Scene

		Percent of total calls for service (1037)
PD On Scene Prior to Arrival	12	1.16%
PD requested by SCRT	3	0.29%
SCRT requested by PD	185	17.84%
Total Incidents with PD present on scene	200	19.29%

SCRT Successes & Challenges:

- **Client Medications Refilled & Connected to Mental-Health Drop-in:** SCRT-10 (Community Paramedic Backman & EMT Sylvester) were special called by an ambulance for an individual inside a Post Office. On arrival they found an unhoused 64-year-old female with a history of psychiatric issues requesting medication refill assistance. The SCRT members transported the client to urgent care to have her medications refilled, and then arranged for secondary transport to a mental health drop-in center. This incident demonstrates SCRT's ability to provide immediate, real-time interventions to individuals requiring multiple systems of care, while allowing our SFFD ambulance to rapidly return to service.
- **BART Incident Resolved with SCRT:** BART Police activated SFFD EMS resources for an individual found lying within the station. On further medical assessment from the ambulance personnel, an SCRT unit was requested as the most appropriate resource. The individual, a 34-year-old unsheltered male with 8 prior EMS contacts and a history of opioid overdose, was diverted from a hospital emergency department and transported directly to a drug sobering center. An automated follow-up referral to the Post Overdose Engagement Team was generated from the encounter.

SORT

October

Operational period 10/1/2023 – 10/31/2023

Calls for Service: 183

Suboxone Starts (including facilitating connection to Suboxone): 9

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	7	3.83%
Ambulance transport to ED	122	66.67%
Remained in the community	40	21.86%
Unable to Locate & Walked Away	14	7.65%
Total	183	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	7	4.14%
Ambulance transport to ED	122	72.19%
Remained in community	40	23.67%
Total	169	100.00%

November

Operational period 11/1/2023 – 11/30/2023

Calls for Service: 120

Suboxone Starts (including facilitating connection to Suboxone): 0

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	4	3.33%
Ambulance transport to ED	68	56.67%
Remained in the community	33	27.50%
Unable to Locate & Walked Away	15	12.50%
Total	120	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	4	3.81%
Ambulance transport to ED	68	64.76%
Remained in community	33	31.43%
Total	105	100.00%

SORT Successes & Challenges:

- **Intensive Care Coordination for Overdose Survivor:** SORT-1 staffed by community paramedic Platt followed up with an individual transported to a hospital after experiencing a non-fatal opioid overdose and receiving bystander Narcan. CP Platt conducted a chart review from the field which revealed prior contacts with SORT, POET (Post Overdose Engagement Team), and other medication assisted treatment (MAT) providers. The client expressed interest in a residential recovery program, but no programs were accepting clients at that time. CP Platt coordinated with hospital staff to give the individual a prescription for buprenorphine and worked with POET to arrange transportation to a City pharmacy

following hospital discharge. A follow-up referral for treatment intake was developed with the client prior to departure.

- **Pre-hospital Buprenorphine Administered with Transport to Drug Sobering:** SORT-1 responded to a special call from ambulance personnel who were treating a patient experiencing opioid withdrawal symptoms. The SORT community paramedic mentored the EMS Division paramedic through their first Suboxone (buprenorphine) field induction and arranged for transport to a drug sobering center with follow-up care & a Suboxone prescription plan.
- **SORT Community Paramedics as Buprenorphine Champions:** Internal analysis has shown that community paramedics assigned to SORT have been involved with 84% of all pre-hospital Suboxone (buprenorphine) inductions between 5/1/2023 and 10/31/23. SORT community paramedics are serving as buprenorphine “champions,” modeling trauma-informed, anti-stigma care for other EMS providers treating overdose survivors and assisting Department & private EMS providers with familiarizing themselves and administering this important medical intervention.

San Francisco Fire Department
EMS and CP Divisions

Acronyms/Abbreviations/Terms

5250	14-day hold placed after a 5150	<i>CP</i>
800B	Police code for “report of mentally disturbed person”, B priority (non-violent, no weapon)	<i>CP</i>
910B	Police code for “check on wellbeing”, B priority (non-violent, no weapon)	<i>CP</i>
AB1544	CA State Assembly Bill 1544 codifies Community Paramedicine into the CA Health & Safety Code	<i>CP</i>
ABC's	Airway, Breathing, Circulation	<i>Training</i>
ACLS	Advanced Cardiac Life Support	<i>Training</i>
ADU	Acute Diversion Unit	<i>CP</i>
AED	Automatic External Defibrillator	<i>Training</i>
ALS	Advanced Life Support	<i>MCI/Training</i>
AMA	Against Medical Advice	<i>Operations</i>
Amb	Ambulance	<i>Operations</i>
AMS	Altered Mental Status	<i>Training</i>
AOS	Arrived on Scene	<i>Operations</i>
AOT	Assisted Outpatient Treatment (Laura's Law)	<i>CP</i>
APS	Adult Protective Services	<i>CP</i>
ASA	Aspirin	<i>Training</i>
AUD	Alcohol Use Disorder	<i>CP</i>
BLS	Basic Life Support	<i>MCI/Training</i>
BP	Blood Pressure	<i>Training</i>
BVM	Bag Valve Mask	<i>Training</i>
CaCl	Calcium Chloride	<i>Training</i>
CAL-MAT	California Medical Assistance Team	<i>MCI</i>
CCP	Casualty Collection Point	<i>Active Shooter</i>
CCP Leader	Casualty Collection Leader	<i>Active Shooter</i>
CDMIN	California Disaster Medical Network	<i>MCI</i>
CDPH	California Department of Public Health	<i>MCI</i>
CECC	Central Emergency Communication Center	<i>Operations</i>
CHF	Congestive Heart Failure	<i>Training</i>
CIT	Crisis Intervention Team (SFPD)	<i>CP</i>
CIWA	Clinical Institute Withdrawal Assessment	<i>CP</i>
CM	Case Manager	<i>CP</i>
COPD	Chronic Obstructive Pulmonary Disease	<i>Training</i>
CP	Community Paramedic	<i>CP</i>
COWS	Clinical Opioid Withdrawal Scale	<i>CP</i>
CP1	ADC CP Division	<i>CP</i>
CP2	Section Chief of Operations, CP Division	<i>CP</i>
CP3	Section Chief of Administration, CP Division	<i>CP</i>
CP5	Field Community Paramedic Rescue Captain	<i>CP</i>
CPR	Cardio-Pulmonary Resuscitation	<i>Training</i>
CQI	Continuous Quality Improvement	<i>Operations</i>
C-Spine	Cervical Spine	<i>Training</i>
D₁₀W	Dextrose 10% in water	<i>Training</i>

D25W	Dextrose 25% in water	<i>Training</i>
D50W	Dextrose 50% in water	<i>Training</i>
DEM	Department of Emergency Management	<i>MCI</i>
DKA	Diabetic Ketoacidosis	<i>Training</i>
DMAT	Disaster Medical Assistance Team	<i>MCI</i>
DMORT	Disaster Mortuary Team	<i>MCI</i>
DNR	Do Not Resuscitate	<i>Training</i>
DOA	Dead on Arrival	<i>Operations</i>
DOC	Department Operations Center	<i>MCI</i>
DPH	Department of Public Health	<i>MCI</i>
DPH-OCC	Department of Public Health Office of Care Coordination	<i>CP</i>
DUCC	Dore Urgent Care Clinic – a behavioral health clinic	<i>CP</i>
DX	Diagnosis	<i>Operations</i>
ECG	Electro-Cardiogram	<i>Training</i>
ED	Emergency Department	<i>Training</i>
EDCM	Emergency Department Case Management	<i>CP</i>
EDIE	Emergency Department Information Exchange	<i>CP</i>
EMS	Emergency Medical Services	<i>MCI/Training</i>
EMS1	Assistant Deputy Chief, EMS Division	<i>Operations</i>
EMS2	Section Chief, EMS Operations	<i>Operations</i>
EMS6	Responds to frequent 911 users	<i>Operations</i>
EMS6A	Field Unit Call Sign (Alpha)	<i>CP</i>
EMS6B	Field Unit Call Sign (Bravo)	<i>CP</i>
EMS6C	Field Unit Call Sign (Charlie)	<i>CP</i>
EMS6D	Field Unit Call Sign (Delta)	<i>CP</i>
EMSA	Emergency Medical Services Agency	<i>Operations</i>
EMT	Emergency Medical Technician	<i>Operations</i>
EOC	Emergency Operations Center	<i>MCI</i>
EOP	Emergency Operations Plan	<i>MCI</i>
Epi	Epinephrine	<i>Training</i>
ESF	Emergency Support Function	<i>MCI</i>
ET3	A new reimbursement/billing framework designed to reimburse providers for non-ED transports or treat in place scenarios	<i>CP</i>
ETT	Endotracheal Tube	<i>Training</i>
FEMA	Federal Emergency Management Agency	<i>MCI</i>
FF/PM	Firefighter Paramedic	<i>Operations</i>
G	Gram	<i>Training</i>
GCS	Glasgow Coma Scale	<i>Training</i>
GYN	Gynecological	<i>Training</i>
HazMat	Hazardous Materials Incident	<i>Training</i>
HICT	High Intensity Care Team	<i>CP</i>
HIPAA	Health Insurance Portability and Accountability Act of 1996 (regulations protecting the privacy and security of certain health information)	<i>CP</i>
HOT	Homeless Outreach Team	<i>CP</i>
HR360	Health Right 360 (a community-based organization)	<i>CP</i>
HSOC	Healthy Streets Operation Center (Mayor’s response task force for unhoused)	<i>CP</i>
HTN	Hypertension	<i>Training</i>
I&Q Site	Isolation and Quarantine Site (COVID)	<i>CP</i>

IC	Incident Commander	<i>Active Shooter</i>
ICM	Intensive Case Management	<i>CP</i>
ICS	Incident Command System	<i>MCI</i>
ICU	Intensive Care Unit	<i>Operations</i>
IM	Intramuscular	<i>Training</i>
IN	Intranasal	<i>Training</i>
IO	Intraosseous	<i>Training</i>
IV	Intravenous	<i>Training</i>
IVP	IV Push	<i>Training</i>
J	Joule (electrical measurement)	<i>Training</i>
JEOC	Joint Emergency Operations Center	<i>MCI</i>
kg	Kilogram	<i>Training</i>
LEMSA	Local Emergency Medical Services Agency	<i>Operations</i>
LOC	Level of Consciousness	<i>Training</i>
lpm	Liter Per Minute	<i>Training</i>
Lt49	Lieutenant, Station 49	<i>Operations</i>
LUCAS	Lund University Cardiopulmonary Assist System (mechanical chest compression device)	<i>Operations</i>
MAD	Mucosa Atomizer Device	<i>Training</i>
MAP	Managed Alcohol Program	<i>CP</i>
MAT	Medication-Assisted Treatment	<i>CP</i>
max	Maximum	<i>Training</i>
mcg	Microgram	<i>Training</i>
MCI	Multi-Casualty Incident	<i>MCI</i>
ME	Medical Examiner	<i>Operations</i>
meds	Medications	<i>Training</i>
mEq	Milliequivalent	<i>Training</i>
mg	Milligram	<i>Training</i>
MGS	Medical Group Supervisor	<i>MCI</i>
MHOAC	Medical/Health Operational Area Coordinator	<i>MCI</i>
min.	Minute	<i>Training</i>
MI	Myocardial Infarction	<i>Training</i>
ml	Milliliter	<i>Training</i>
MMRT	Mobile Medical Response Team	<i>CP</i>
MOU	Memorandum of Understanding	<i>Operations</i>
MVA	Motor Vehicle Accident	<i>Operations</i>
NDMS	National Disaster Medical System	<i>MCI</i>
NIMS	National Incident Management System	<i>MCI</i>
NPA	Nasopharyngeal Airway	<i>Training</i>
NPO	Nothing per mouth	<i>Training</i>
NS	Normal Saline	<i>Training</i>
NTG	Nitroglycerin	<i>Training</i>
NTI	Nasal Tracheal Intubation	<i>Training</i>
OA	Operational Area	<i>MCI</i>
OB	Obstetrical	<i>Training</i>
OES	Office of Emergency Services	<i>MCI</i>
OPA	Oropharyngeal Airway	<i>Training</i>
OTC	Over the Counter	<i>Training</i>
OTI	Oral Tracheal Intubation	<i>Training</i>
ODU	Opioid Use Disorder	<i>CP</i>

PACC	Post-Acute Community Conservatorship	<i>CP</i>
PALS	Pediatric Advanced Life Support	<i>Training</i>
PDC	Patient Distribution Center	<i>MCI</i>
PDT	Patient Declines Transport	<i>Operations</i>
PEA	Pulseless Electrical Activity	<i>Training</i>
PERRLA	Pupils equal, round, and reactive to light and accommodation	<i>Training</i>
PGO	Public Guardian Office	<i>CP</i>
PHI	Protected Health Information	<i>CP</i>
PM	Paramedic	<i>Operations</i>
PO	By Mouth	<i>Training</i>
POV	Privately Owned Vehicle	<i>Operations</i>
prn	As Needed	<i>Training</i>
PSH	Permanent Supportive Housing	<i>CP</i>
PT	Patient	<i>Operations</i>
PTA	Prior to Arrival	<i>Operations</i>
QRS	Parts of Cardiac Contraction Complex	<i>Training</i>
RAMS	Richmond Area Multi-Services (a community-based organization)	<i>CP</i>
R/O	Rule Out	<i>Training</i>
RC	Rescue Captain	<i>Operations</i>
RC1	Rescue Captain Field Unit 1	<i>Operations</i>
RC2	Rescue Captain Field Unit 2	<i>Operations</i>
RC3	Rescue Captain Field Unit 3	<i>Operations</i>
RC4	Rescue Captain Field Unit 4	<i>Operations</i>
RC49	Rescue Captain, Station 49	<i>Operations</i>
RC5	Rescue Captain Field Unit 5	<i>Operations</i>
RDMHC	Regional Disaster Medical/Health Coordinator	<i>MCI</i>
RDMHS	Regional Disaster Medical/Health Specialist	<i>MCI</i>
RGS	Rescue Group Supervisor	<i>Active Shooter</i>
RIS	Rapid Intoxication Scale	<i>CP</i>
RMM	Rescue Medical Manager	<i>Active Shooter</i>
ROI	Release of Information	<i>CP</i>
ROSC	Return of Spontaneous Circulation	<i>Operations</i>
RTF	Rescue Task Force	<i>Active Shooter</i>
SBP	Systolic Blood Pressure	<i>Training</i>
SCRT	Street Crisis Response Team	<i>CP</i>
SEMS	Standardized Emergency Management System	<i>MCI</i>
SFFD	San Francisco Fire Department	<i>MCI</i>
SFPD	San Francisco Police Department	<i>MCI</i>
SGA	Supraglottic Airway (airway device)	<i>Operations</i>
SIP Site	Shelter in Place Site (COVID)	<i>CP</i>
SL	Sublingual	<i>Training</i>
SORT	Street Overdose Response Team	<i>CP</i>
SP	Shared Priority	<i>CP</i>
SPA	Service Provider Agreement	<i>Operations</i>
SQ	Subcutaneous	<i>Training</i>
START	Simple Triage and Rapid Treatment	<i>Operations</i>
SUD	Substance Abuse Disorder	<i>CP</i>
SVT	Supraventricular Tachycardia	<i>Training</i>
SW	Social Worker	<i>CP</i>

SWRT	Street Wellness Response Team	<i>CP</i>
TEMS	Tactical Emergency Services Team	<i>Active Shooter</i>
Title 22	The section of the California Health & Safety Code which pertains to Emergency Medical Services	<i>CP</i>
TKO	To Keep Open	<i>Training</i>
TWUCC	Tom Waddell Urgent Care Clinic Golden Gate Ave	<i>CP</i>
Tx	Treatment	<i>Operations</i>
UOA	Upon Our Arrival	<i>Operations</i>
UTL	Unable to Locate	<i>Operations</i>
V-Fib	Ventricular Fibrillation	<i>Training</i>
V-Tach	Ventricular Tachycardia	<i>Training</i>
WPIC	Whole Person Integrated Care	<i>CP</i>
y/o	Years old	<i>Operations</i>