



Fire Commission Report – September 2024

EMS Division

October 9, 2024

Assistant Deputy Chief Tony Molloy



Operations

Over the past month, we explored some ways to present the data to you in a different way. Like I mentioned in my report last month, we would like to include additional elements that I have been working on with our CQI office to better understand our division’s performance and where we can improve. To the right is an image of the former style of data presentation. We’ve taken this information and put it into two different tables: one for monthly key performance indicators and one for cardiac arrest analysis.

Month	Daily Runs (Average)	Time on Task (Average (minutes))	90 th Percentile APOT (min)	SFFD Market Share (%)	Narcans (Admin./ month)
June	358	91	33.30	77%	202
July	345	94	35.34	74%	202
Aug	334	93	35.33	76%	188
Total (10,703)					
Average	346	92.7	34.66	76.67%	197.33

Figure 1 - Former chart style

Below is our monthly review of those key performance indicators that we’d like to share. We are still working on the format, presentation, and data choices, but hope this presents a more approachable view of our division’s operations that we can discuss each month.

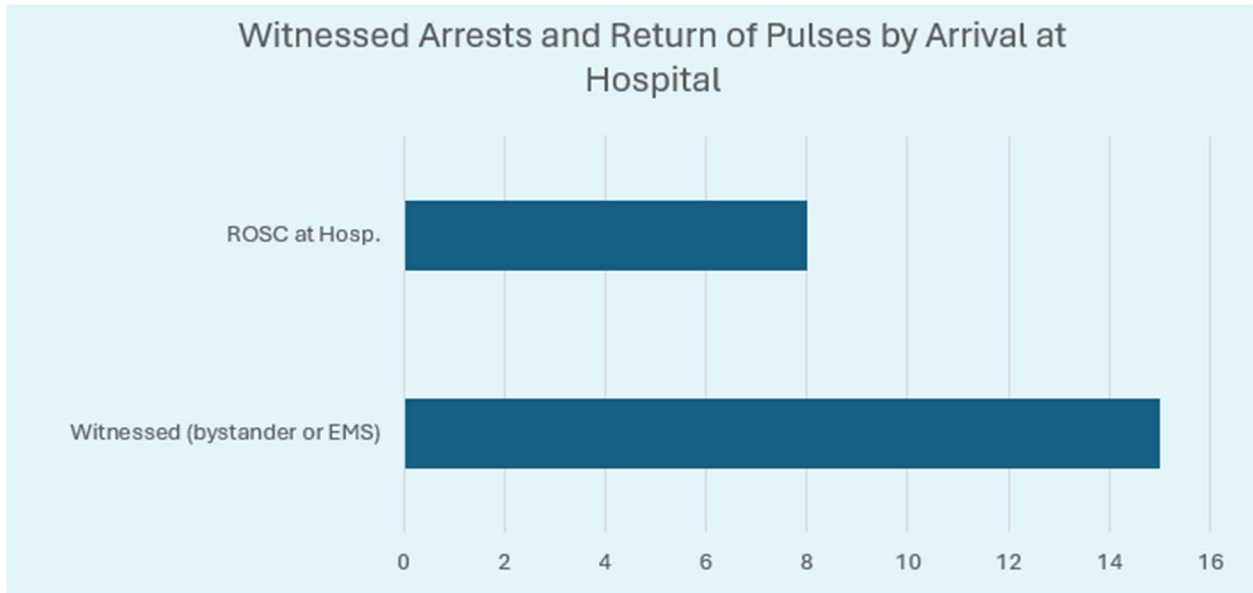
Key Performance Indicators	June	July	Aug	Sept
Total Monthly runs	10,740	10,703	10,008	11,002
Average Daily Runs	358	345	334	367
Average Length of Call (min)	91	94	93	92
90th percentile APOT (min)	33.3	35.34	35.33	31.41
SFFD Market Share	77%	74%	76%	79%
Narcan Use (Admin./ month)	202	202	188	171

We’ll try to present these data in some additional visualizations during the commission meeting as well.

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Cardiac Arrest Data

Over the past month, we reviewed our crews' performance with respect to witnessed cardiac arrests. This is where a patient's event is witnessed by either a bystander or one of our crews. Witnessed arrests should have excellent response to treatment and our results correlated with that presumption. Out of 15 witnessed arrests, our crews were able to regain and sustain pulses on eight of those cases when they transported to the hospital.



Here is a more complete list of cardiac arrest data for the month of September.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
June	137	42	23	6	10	10	26%
July	121	31	28	9	14	11	35%
August	125	36	21	9	11	12	33.33%
September	101	23	15	5	9	8	34.78%

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Notable EMS Activity

9/11 Memorial Our EMS members recognized the 9/11 Memorial this year with the solemn reading of the names of those firefighters and EMS personnel who perished that day. The events of 9/11 left an indelible mark on all in public safety who pledge to serve their community. Members of Station 49 gathered to renew our Oath to Never Forget.



EMS Memorial Bike Ride The 2024 EMS Memorial Bike Ride concluded its six-day, 400-mile ride from Reno, Nevada to the Presidio at Station 51. On September 21, Chief Molloy spoke to the riders and guests who came to recognize 83 EMS professionals, many of whom died in the line of duty.



H3L1 and L2 Class We have two new classes of EMTs and PMs running at DOT TI. They started on September 16 with the paramedics finishing in November and the EMTs to graduate in December. We are hopeful these members will arrive just in time for the winter surge we are expecting.

Notable Calls

Protracted Cardiac Arrest with Excellent Outcome

Responders: PM Soto, EMT Hernandez-Onofre, FF/PM Recendez

Our members responded to a man in his late thirties, pulseless and apneic in cardiac arrest. After rapid and aggressive treatment, he was in and out of ROSC for about 90 minutes. Medics identified an inferior STEMI (ST elevation myocardial infarction) and he was transported to a cath lab where cardiac surgeons inserted a stent in his coronary artery. While in the ICU, he was temporarily on ECMO and intubated. He is currently talking and walking (with OT assistance). The patient would not have survived or had such an excellent outcome without our crews' consistent high level of quality EMS care.

Rapid Recognition and Precise Treatment of Stroke Patient with Good Prognosis

Responders: PM Verza, EMT Nunez

This crew responded to a man in his fifties with a history of diabetes, hypertension, cerebrovascular accident (CVA, aka a "stroke"), and a recent amputation. Our crews recognized the telltale signs of a new CVA and quickly and appropriately treated this patient as a stroke activation. After a rapid transport to a Stroke receiving hospital, doctors were able to determine with a CT that it was likely an ischemic stroke where a vessel is blocked. They successfully cleared the blockage and the patient's outcome appears to be very positive after a couple of days in the hospital. Our crew's excellent assessment and rapid treatment was instrumental in giving this man such a great chance for recovery.

Great Management of Scene and Patient's Serious Bleed

Responders: PM Lyons, EMT Bruno-Tyne, PM Helbling, EMT Danzinger

The crew of QRV1 recognized early the seriousness of the bleeding once they made patient contact, despite being dispatched code 2. They were diligent in taking multiple blood pressures to monitor the pt's hemodynamic status while attempting to control the scene (large aggressive dog) and control the bleeding. Two tourniquets, a pressure bandage, and IV were all administered before the ambulance crew arrived to assist getting the patient down to the ambulance and transporting code 3 to SFGH. In summary: The quick recognition of the serious bleed by QRV1 and rapid application of a tourniquet and establishment of an IV prevented the patient from going into hypovolemic shock.