



Fire Commission Report – January 2025

EMS Division

February 12, 2025

Assistant Deputy Chief Tony Molloy



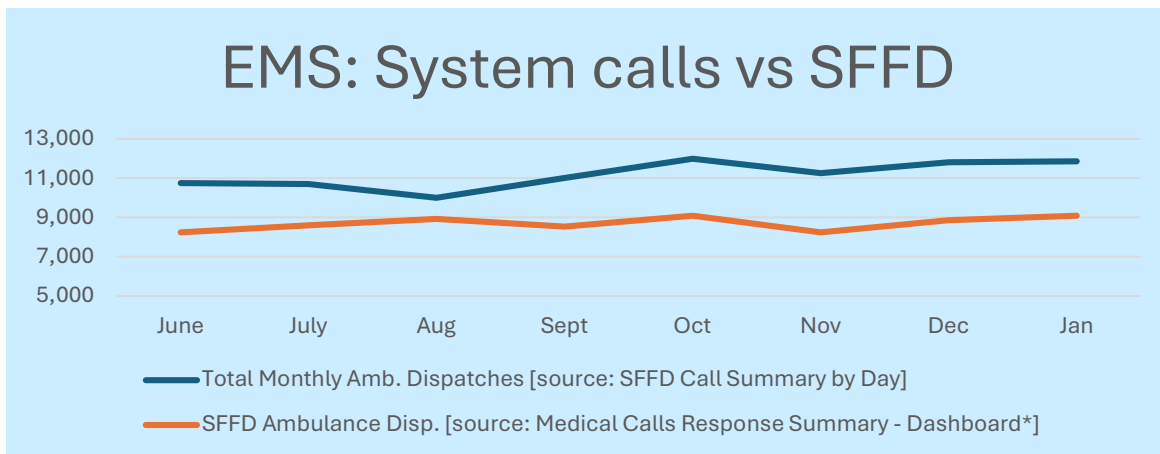
Operations

Monthly Call Volume

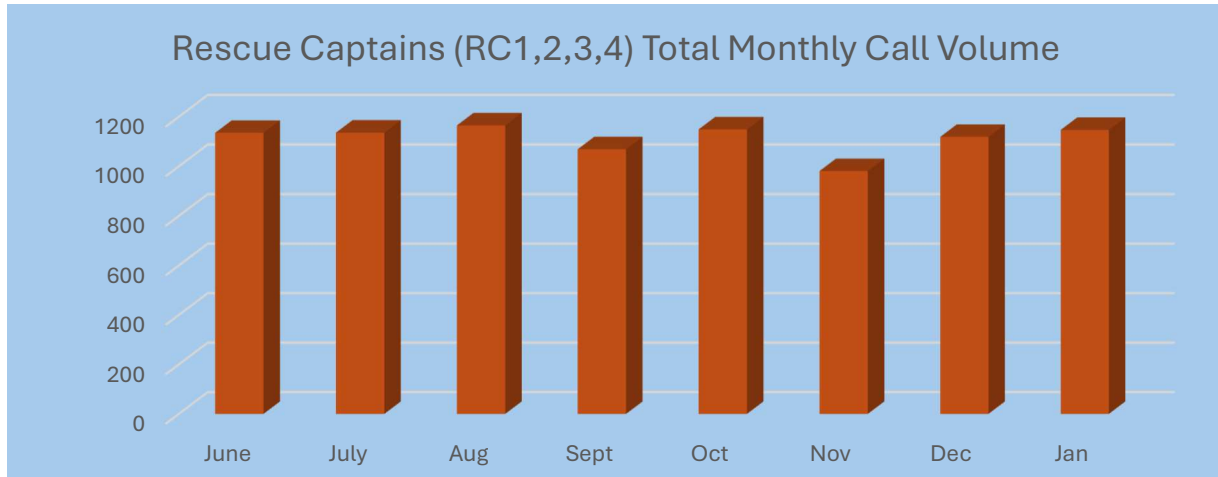
As promised, we have revisited our data over the past few months to present a new format for the Fire Commission reporting. We've decided to look at these data in slightly different ways to make it more presentable and useful for discussion and analysis.

Key Performance Indicators	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Total Monthly System Ambulance Dispatches [source: SFFD Call Summary by Day]	10,740	10,703	10,008	11,002	11,986	11,257	11,806	11,856
SFFD Ambulance Dispatches [source: Medical Calls Response Summary - Dashboard]	8,241	8,586	8,919	8,528	9,079	8,239	8,857	9,089
RC total calls [source: Medic Calls by Date]	1,135	1,136	1,165	1,069	1,149	981	1,119	1,147

System calls vary between 10k and 12k. Our prior reporting showed system numbers only. We want to break out SFFD ambulances, which we are showing here. We generally run approximately 78% of the system EMS calls. As you can see from the graph, our capacity is approximately 9k calls for service.

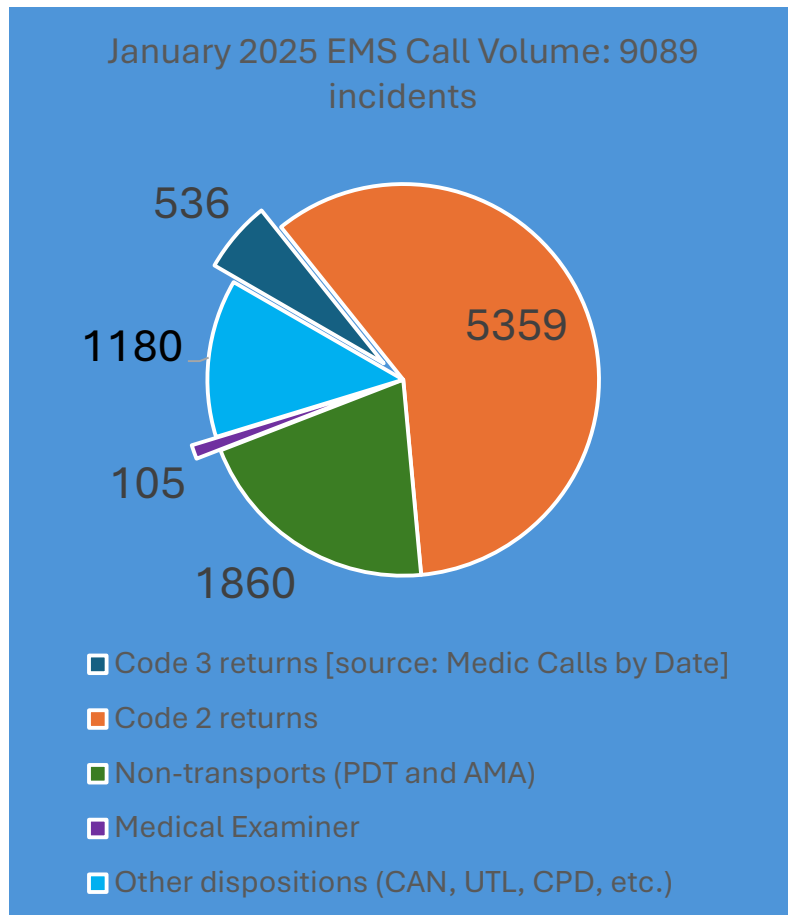


The following chart shows the total calls for all four field Rescue Captain units. These are some of the highest, if not the highest of all units in the field.

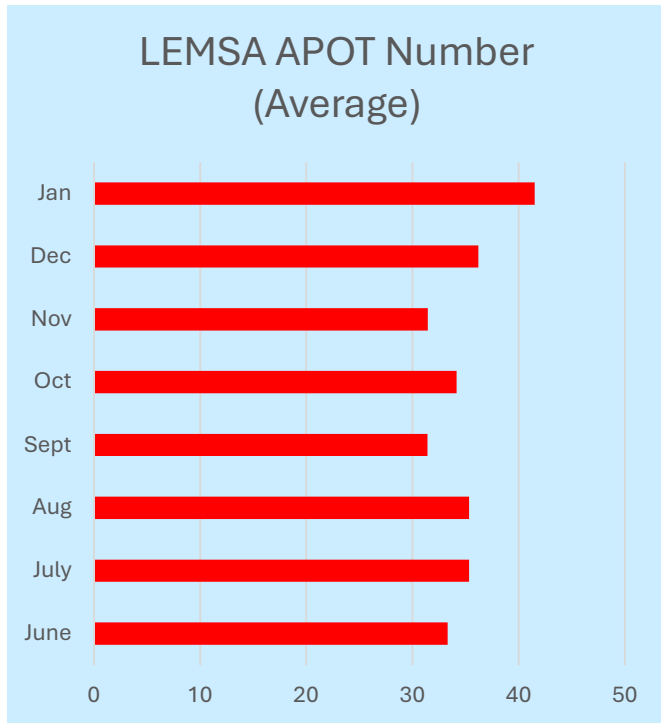


EMS Call Outcomes

Referring to those SFFD EMS calls, here are the outcomes shows to the right. Code 3 calls are lights and sirens to the hospital, Code 2 calls are non-emergent transports. Non-transports are when a person with capacity decides not to go the hospital. We call them "Patient Declines Transport" and "Against Medical Advice". AMA is more serious where we really think you should go. Medical Examiner outcomes are anytime we pronounce a person at the scene. This could be from someone who we do CPR on or those who are deceased and cannot be resuscitated when we arrive. Last are the remainder, which include those where we are canceled, cannot locate a patient, PD cancels us and a few other very small outcomes. [canceled, unable to locate a patient, canceled by police, transported multiple patients from an MCI, e.g.].



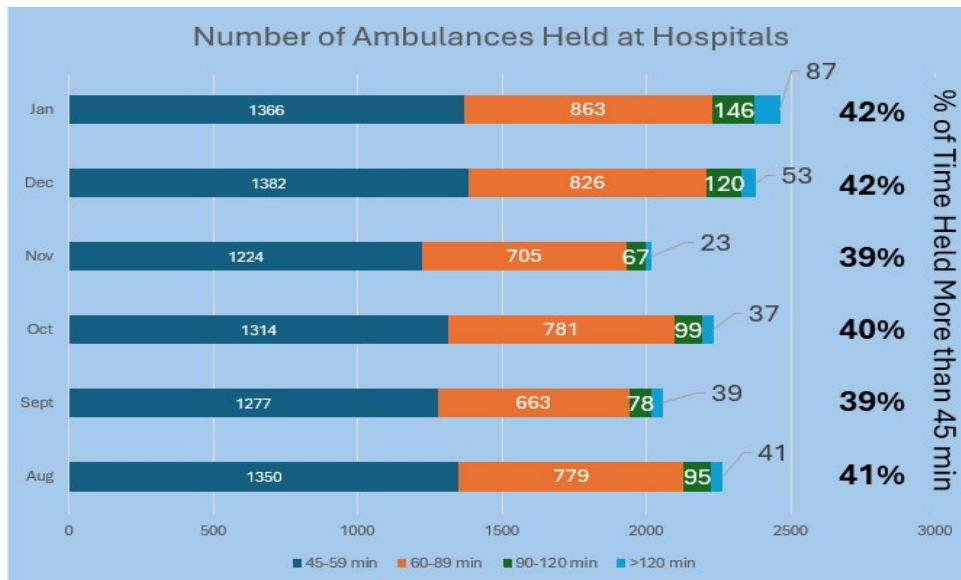
Ambulance Patient Offload Times



Ambulance Patient Offload Time is an industry standard that measures the time from arrival to patient transfer of care.

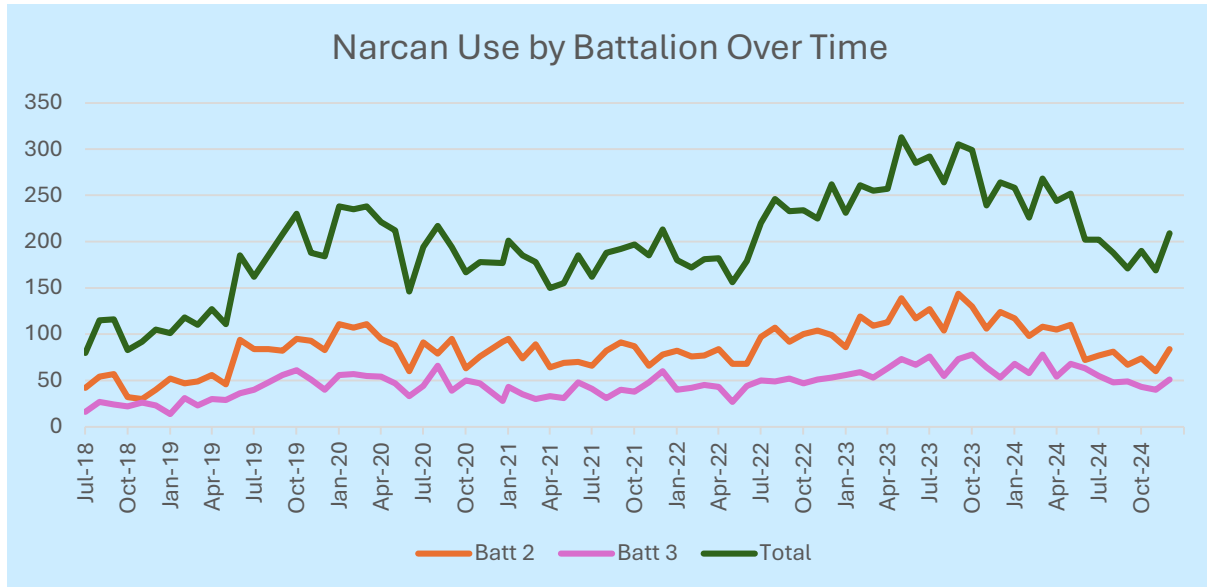
Here are times for ambulances held at hospitals. As you can see, LEMSA's numbers show the average is almost 50 minutes for ambulance arrival to patient turnover. Recent Assembly Bill 40 has a benchmark number of 30 minutes. Since those LEMSA numbers are the average, there are some ambulances held much longer than this.

This next chart demonstrates how many ambulances are held for different periods of time and shows the percentage of time this happens.



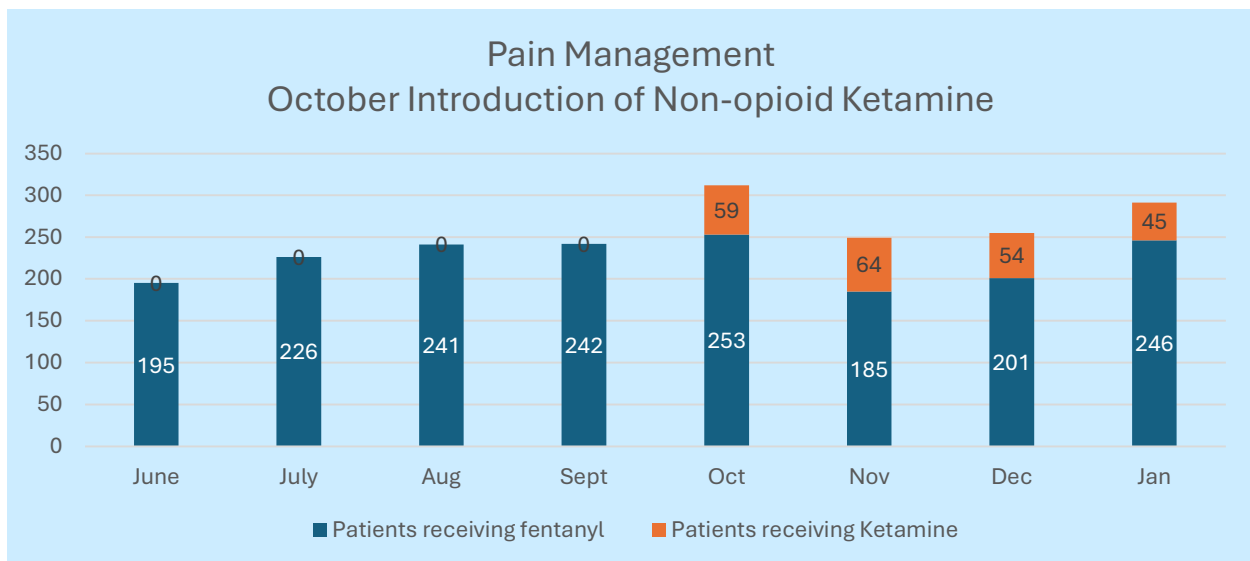
Narcan Administration for Opioid Overdoses

We have been tracking the use of Narcan over the past several years. This shows the total number of doses administered that are documented on the PCR. This administration could be bystander, first response engine or QRV, police, or ambulance. Batt 2 and 3 (TL and SOMA) account for the majority of administrations.



Ketamine Introduction for Pain Management

We introduced Ketamine, a non-opioid option for pain management, in the second week of October. We manage pain for many reasons, but sometimes, patients are allergic to fentanyl or other related medications, or do not want opioids for other reasons. Ketamine is an additional tool in the medics' toolbox for these situations.



Advanced Paramedic Skills for Emergent Patients

We would like to introduce some of the advanced skills that our practitioners employ with more critical patients. I plan to focus on some of these each month. This month, I'll show you this list of those that we are tracking and share with you the background on the first two: Intubation by direct and video laryngoscopy. Direct laryngoscopy is used predominantly to help a paramedic insert a breathing tube into a patient who is not breathing and cannot protect their own airway. Our Rescue Captains also have a video version of this tool, which increases the first pass success rate substantially. The faster you can control a patient's airway and provide ventilations, the better the outcome. Not only are ventilations critical, but patients who cannot control their airway have a significant chance of aspirating, which can lead to pneumonia complications. These can have very high mortality rates. As you can see from our numbers, the video option is highly preferred over direct laryngoscopy.

Key Performance Indicators EMS / Advanced Skills [source:ESO]	June	July	Aug	Sept	Oct	Nov	Dec	Jan
Intubation: Direct Laryngoscopy	3	2	3	0	0	2	5	4
Intubation: Video Laryngoscopy	18	15	20	18	15	24	18	28
Continuous Positive Airway Pressure (CPAP)	31	31	34	22	30	42	50	45
Pleural Decompression	3	1	0	1	1	0	2	1
Needle Cricothyrotomy	0	0	0	0	0	0	0	0
Cardioversion	0	1	2	0	2	5	3	4
Transcutaneous Pacing	2	3	0	0	2	3	3	4
Intraosseous Infusion Adult	34	33	28	12	46	31	33	47
Intraosseous Infusion Pediatric	0	2	0	0	0	1	1	2

Cardiac Arrest Data

January was a good month where we were able to transport about a quarter of our patients that we attempted resuscitation to the hospital with pulses.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
June	137	42	23	6	10	10	26.0%
July	121	31	28	9	14	11	35.0%
August	125	36	21	9	11	12	33.3%
September	101	23	15	5	9	8	34.8%
October	126	36	24	4	13	11	31.0%
November	132	40	24	9	7	13	32.5%
December	116	32	20	3	10	4	12.5%
January	147	43	26	6	7	11	25.6%

We are doing more research with these data points to make this reporting more useful.

Notable Calls - January

SF Life Line

SFFD EMS Community Outreach members, in collaboration with UCSF medical students, visited 227 Bay Street to help senior residents set up and update their Life Line cards. This initiative, which began two years ago at 227 Bay Street, aims to ensure that seniors' medical information remains current and is available to first responders when they arrive to help.

Today's event was met with great appreciation from the residents, who were grateful for the Fire Department's support.

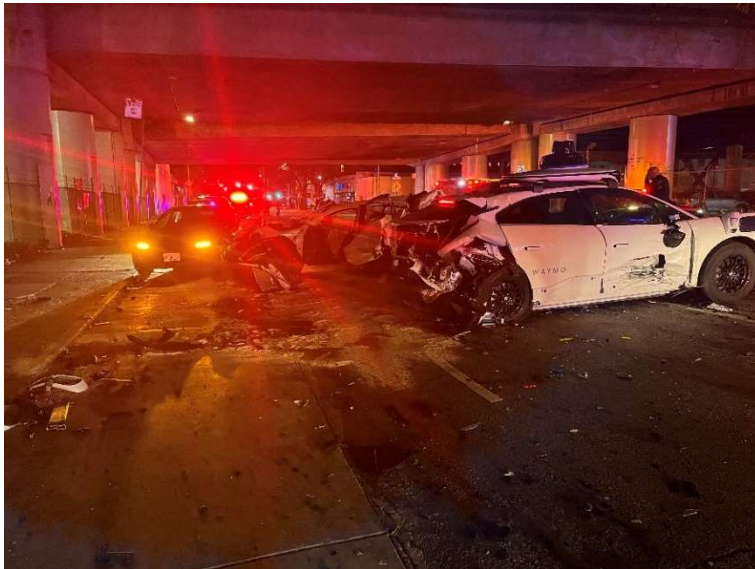
This event was staffed by outreach volunteers Anthony Tran, Jack Chen, Jackie Blumeyer, Emily Tam, Hoi Kit Cheung, Nicholas Koo, Melody Mui, and Adam Taffee



Notable Calls - January

MCI in SOMA

On January 19, E01 and M583 were dispatched for a motor vehicle accident at 6th and Harrison. SORT1 was in the area and added themselves to the call to assist. They were on scene when E01 arrived. E01 immediately recognized the gravity of the situation and declared a yellow alert once the number of patients was confirmed, a red alert was struck.



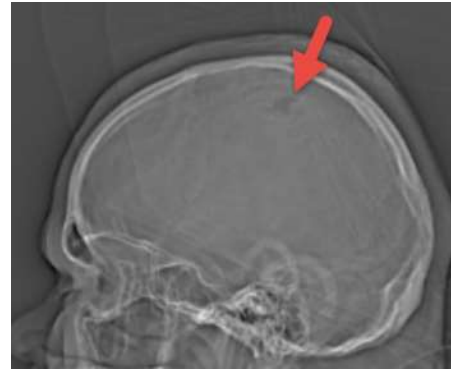
Batt 3 was the IC, RC1 assumed the Medical Group Supervisor role, and RC3 was the transport officer. M583 transported the critical patient and E01 and SORT triaged and treated the other patients. There was a total of nine patients. Multi casualty incidents such as this call for strong communication and coordination; the units responding to this call exemplified that across all divisions of the SFFD. Special kudos to E01, SORT1, RC1, RC3, M583, Batt 3, and EMS6B.

35 y/o male with head injury on job site

On January 7, Medic 515 responded to a job site for head injury. Upon arrival, crews found a 35 y/o male alert and oriented with a wrench impaled in the top left aspect of his skull. The wrench had fallen approximately 40 feet and landed pointed side down fracturing his skull and coming to rest there. Fortunately, the patient was not in great distress, with normal vitals and not in a



great amount of pain. The



patient had some neurologic deficits but was stable. The crew packaged the patient and due to the penetrating trauma to the head he was taken code 3 to SFGH. SFGH was able to stabilize the patient and his skull, and he was discharged less than a week later. And yes, he kept the wrench.

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Community Paramedicine Division Fire Commission Report

January 2025

Programs 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

Community Paramedicine Division Town Hall

On January 24, the Community Paramedicine Division hosted a virtual town hall to provide updates from Department and Division leadership. Chief Crispin opened the town hall to introduce himself and share the City's and Department's support for the Division and its work. The session included a 2024 year-in-review of key performance indicators, projects, ongoing initiatives and a facilitated Q&A session. Special thanks to Community Paramedic Dmitry Golovin for collecting questions and facilitating a question & answer session for members.

1. SCRT Key Performance Measures: 2024

How much work did we do?

Calls for Service

CAD: Any time an SCRT unit is dispatched

17,101

ESO Charts

ESO: Any time a unit arrives on scene

14,090

CP is involved with 18% of combined EMS & CP Divisions' calls for service

18%

CP handles over 10% of combined EMS & CP Divisions' calls for service

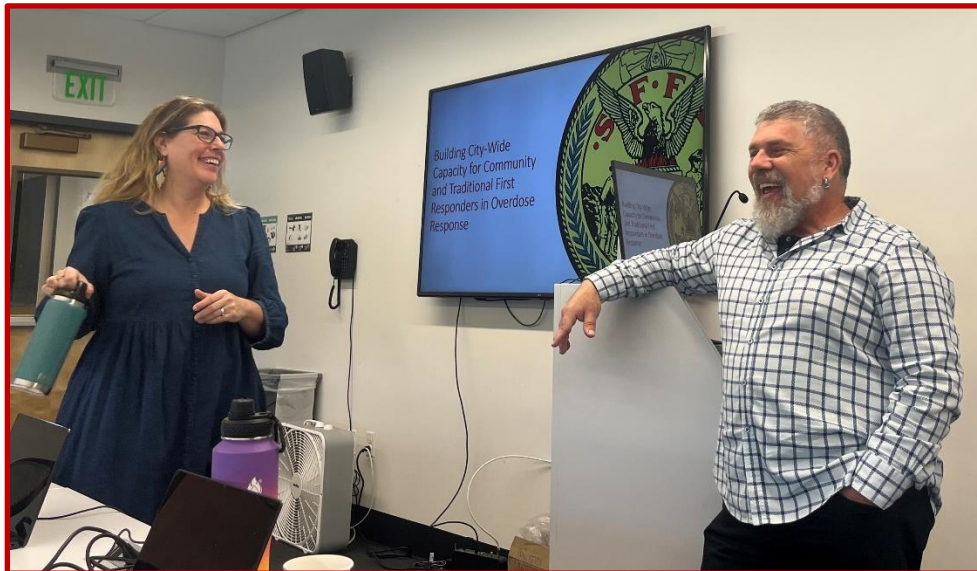
10%

Above: Excerpt from CP Division Town Hall presentation

UCLA Subject Matter Experts Deliver Substance Use Disorder Training: Beth Rutkowski and Thomas Freese, PhD, of the University of Southern California Integrated Substance Use and Addiction Programs Division, visited the SFFD over two days, January 22nd – 23rd. On the 22nd,


they rode with SORT-1 Community Paramedic Isaac James and RC-3 Captain Jeff Covitz, and observed our members caring for individuals with substance use disorders. On the 23rd they hosted a day-long 'train the trainer' session in our Station 49 classroom, training a dozen Department members on the curriculum that will be used to train all Department paramedics.

This effort is closing year one of a four-year SAMSHA (Substance Abuse and Mental Health Services Administration) grant to develop training that will improve our member's ability to care for patients with substance use disorder. The grant is for a total of \$400,000 over 4 years.



Pictured: Beth Rutkowski and Thomas Freese


CP Medical Director Presentation to NAEMSP: Dr. Graterol, Community Paramedicine Division Medical Director, gave two presentations at the 2025 National Association of EMS Physicians Annual Meeting. The topics covered Mobile Integrated Health & Behavioral Health, and the role of EMS in supporting individuals with opioid use disorder.



2025
ANNUAL MEETING

Specialty Workshops,
Scientific Assembly &
Trade Show

January 6-11, 2025
Manchester Grand Hyatt San Diego
San Diego, CA



Considerations for increased EMS involvement in Behavioral Health calls

- Patient and Provider Safety
 - Increased training on de-escalation, appropriate restraint use, recognizing unsafe situations, reporting workplace violence.
- Collaboration with:
 - Behavioral Health agencies
 - Law Enforcement
 - Community/Peer-support groups.

Above: Excerpt from Dr. Graterol's NEMSP Presentation

Cohort 7 External Agency Information Session: On January 29th the Division hosted an information session for external fire and EMS agencies interested in participating in our upcoming community paramedicine training cohort. Beginning April 14th, the Division will host our seventh training cohort, and the second cohort to include outside agencies. Since 2017, the Department has trained over 80 community paramedics and is currently the only accredited community paramedicine training program in the state. A/Captain Seamus O'Donnell will be leading the 6-week cohort which we anticipate will include a mixture of Department members and external agency staff.

High-Utilizer with Opioid Use Disorder Connected to Treatment: In early January, EMS-6, SORT, and community partners worked together to successfully place a high-utilization client into treatment. The individual, a 34-year-old unhoused male, had 33 contacts with SFFD members in the past 12 months, 20 of which resulted in ambulance transports in the past 12 months. This multi-agency effort involved coordination between EMS-6, SORT, St. Francis Hospital, the Sobering Center, HealthRight 360, and case management services. Despite initial placement challenges, the team advocated for the client, ensuring continued medical oversight and successful admission to treatment. This case highlights the power of interagency collaboration in addressing substance use and chronic emergency system utilization.

Interagency Collaboration for PC Client Support

On January 30, SFFD, alongside partners from the Human Services Agency (HSA) Office of the Public Conservator and the Sheriff's Office, EMS-6 Captain Ben Sosin played a key role in facilitating medication administration for an individual conserved in the community. The individual was under community conservatorship, and court-ordered to receive a long-acting injectable (LAI) anti-psychotic. Additionally, the individual had a history of violent threats and behavior. Captain Sosin worked extensively with our partner agencies to coordinate a safe engagement which resulted with the client receiving their LAI from clinical staff and remaining stabilized in the community.

SFFD Supports Sobering Care Study

On January 10, Assistant Deputy Chief April Sloan and Community Paramedicine staff participated in a key informant interview for a study on sobering care implementation in California. The interview was conducted by the former director of the DPH Sobering Center, Shannon Smith-Bernadin, PhD, who now serves as the President of the National Sobering Collaborative. The research, funded by the California Health Care Foundation, aims to identify barriers and best practices in expanding sobering care across counties. The team shared insights on regulatory challenges and field paramedic experiences to support future improvements in sobering care services.

Engagement with Yolo County on Buprenorphine Implementation

On January 7, Community Paramedic Tony Acosta represented SFFD in a virtual presentation to Yolo County Health and Human Services and EMS agencies regarding the implementation of prehospital buprenorphine administration. The session covered best practices, trauma-informed care, and destigmatization strategies. The Field Training Officers (FTOs) and agency staff in attendance provided positive feedback on SFFD's approach, reinforcing the Department's leadership in expanding access to opioid use disorder treatment.

Critical Intervention for High-Risk Client at Sobering Center Opiate Prevention and Education (SCOPE) program

On January 10, SORT and CP units responded to a high-risk discharge case involving a client at SCOPE who had been prematurely released from CPMC Mission Bernal. The client, who had a history of overdoses and serious medical conditions, was found unresponsive in the morning with signs of respiratory distress. Despite an initial assumption of opioid overdose, further advocacy by SORT members led to a comprehensive medical evaluation at SFGH, which revealed acute kidney issues and metabolic imbalances. This case underscores the importance of interagency coordination and medical advocacy in preventing inappropriate discharges and ensuring patient safety.

SFFD-Led Research on Prehospital Buprenorphine Published


The Department's work on prehospital buprenorphine administration for opioid withdrawal was officially published in the journal *Prehospital Emergency Care*. The study, titled *Prehospital Buprenorphine in Treating Symptoms of Opioid Withdrawal – A Descriptive Review of the First 131 Cases in San Francisco, CA*, provides key insights into the effectiveness of field-initiated buprenorphine treatment. The research highlights the innovative role of EMS in addressing the opioid crisis and is expected to contribute to national best practices.

Department members cited include Dr. Lacocque, Dr. Graterol, Section Chief Michael Mason, and A/Captain Jenni Wiebers. The article can be found at:

<https://doi.org/10.1080/10903127.2024.2449512>

Preliminary Reports

Prehospital Buprenorphine in Treating Symptoms of Opioid Withdrawal – A Descriptive Review of the First 131 Cases in San Francisco, CA

Amelia L. Gurley  Jeremy Lacocque , Mary P. Mercer, Michael Mason, Jenni Wiebers, Vanessa Lara, ...show all

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 Cite this article  <https://doi.org/10.1080/10903127.2024.2449512>



EMS-6

Operational period: 1/1/2025 – 1/30/2025¹

Total encounters: 260

Average encounters per day: 8.67

Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -47.65%

Encounter Type*	Number
Consult	60
In Person Visit	133
Case Conference	14
Show of Support	1
Care Coordination	39
Interagency Support	0
Chart Review	13
Total	260

SCRT

Operational period: 1/1/2025 – 1/31/2025

Total Calls for Service: 1,350

Average Response Time: 17.40

Average on Scene Time: 44.78

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	297	22.00%
Ambulance transport to ED	211	15.63%
Remained in the community	631	46.74%
Unable to Locate & Walked Away	211	15.63%
Total	1,350	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	297	26.08%
Ambulance transport to ED	211	18.53%
Remained in community	631	55.40%
Total	1139	100.00%

¹ For EMS-6, operational data is compared in 30-day intervals for consistency across months.

5150

Grave disability	36
Danger to Self	19
Danger to Others	11
Total*	50

*As individuals may be placed on a hold for multiple reasons the total will not reflect the sum

Police Presence on Scene

		Percent of total calls for service (1350)
PD On Scene Prior to Arrival	8	0.59%
PD requested by SCRT	8	0.59%
SCRT requested by PD	368	27.26%
Total Incidents with PD present on scene	384	28.44%

SORT

Operational period 1/1/2025 – 1/31/2025

Calls for Service: 139

SFFD Suboxone Starts: 10

**Grand Total includes administrations since Suboxone pilot inception of April 1, 2023.*

2024																
Provider	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD (2024)	YTD % (2024)	Grand Total*	% of Grand Total
AMR	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	4	3%
King American	0	2	0	0	0	0	0	0	0	0	0	0	2	2%	7	4%
SFFD	4	11	10	9	6	3	9	6	6	7	3	5	79	98%	145	93%
<i>SORT</i>	3	2	3	1	0	0	2	1	1	1	0	0	14	18%	39	27%
<i>SCRT (inc CP5)</i>	0	0	0	1	0	0	1	2	0	2	2	2	10	13%	17	12%
<i>Medic Units / EMS</i>	1	9	7	7	6	3	6	3	5	4	1	3	55	70%	89	61%
Totals	4	13	10	9	6	3	9	6	6	7	3	5	81	100%	156	100%

2025		
Provider	Jan-25	YTD (2025)
AMR	0	0
King American	0	0
SFFD	10	10
<i>SORT</i>	3	3
<i>SCRT (inc CP5)</i>	0	0
<i>Medic Units / EMS</i>	7	7
Totals	10	10

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	20	14.39%
Ambulance transport to ED	19	13.67%
Remained in the community	86	61.87%
Unable to Locate & Walked Away	14	10.07%
Total	139	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	20	16.00%
Ambulance transport to ED	19	15.20%
Remained in community	86	68.80%
Total	125	100.00%