Fire Commission Report – February 2025

EMS Division

March 12, 2025

Assistant Deputy Chief Tony Molloy

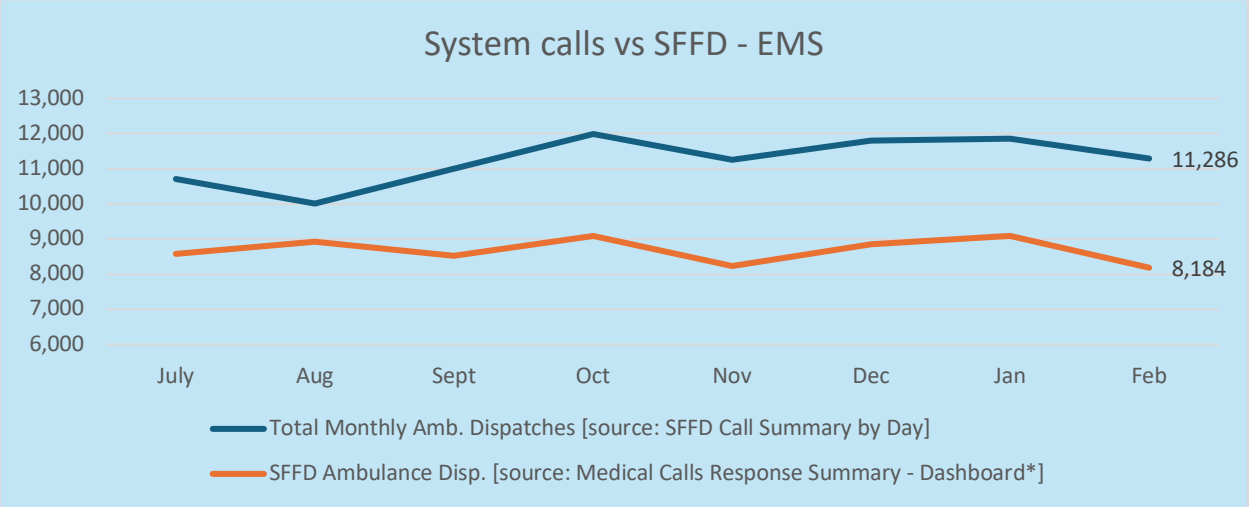
Operations

Monthly Call Volume

We are continuing with our review of the data presentation for our Fire Commissions. The goal is to give you the historical context and a graphical presentation so it's easier to recognize trends.

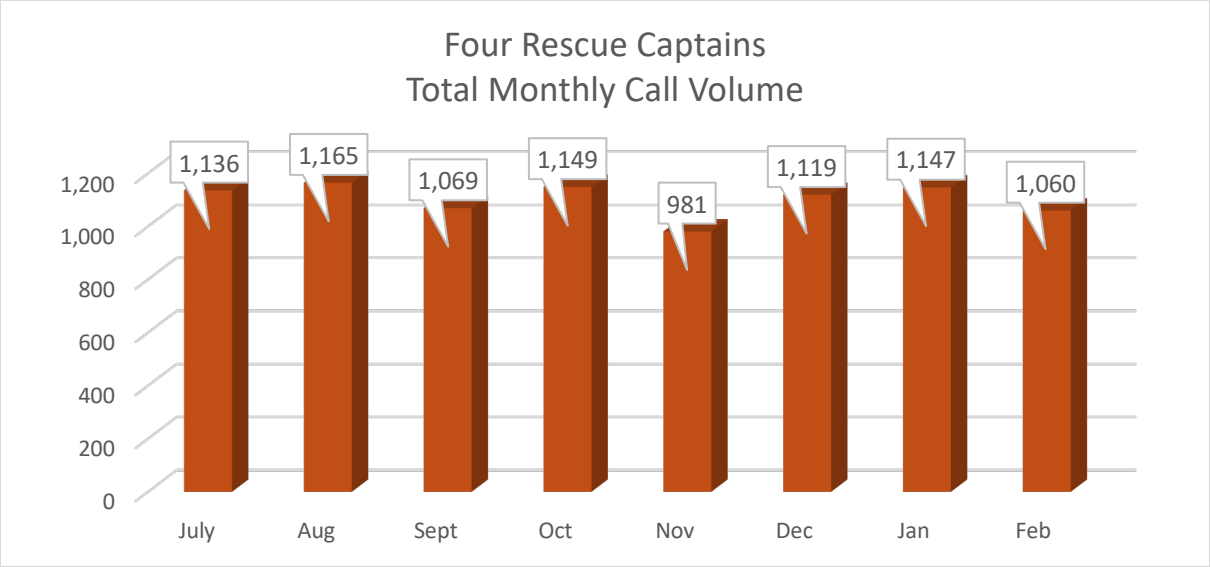
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb
Total Monthly Amb. Dispatches [source: SFFD Call Summary by Day]	10,703	10,008	11,002	11,986	11,257	11,806	11,856	11,286
SFFD Ambulance Disp. [source: Medical Calls Response Summary - Dashboard*]	8,586	8,919	8,528	9,079	8,239	8,857	9,089	8,184
RC total calls [source: Medic Calls by Date]	1,136	1,165	1,069	1,149	981	1,119	1,147	1,060

System volume continues to vary between 10 and 12 thousand calls. Since last month, we started identifying SFFD transport runs as a portion of the system calls, both of which are noted on the chart above and graph below.



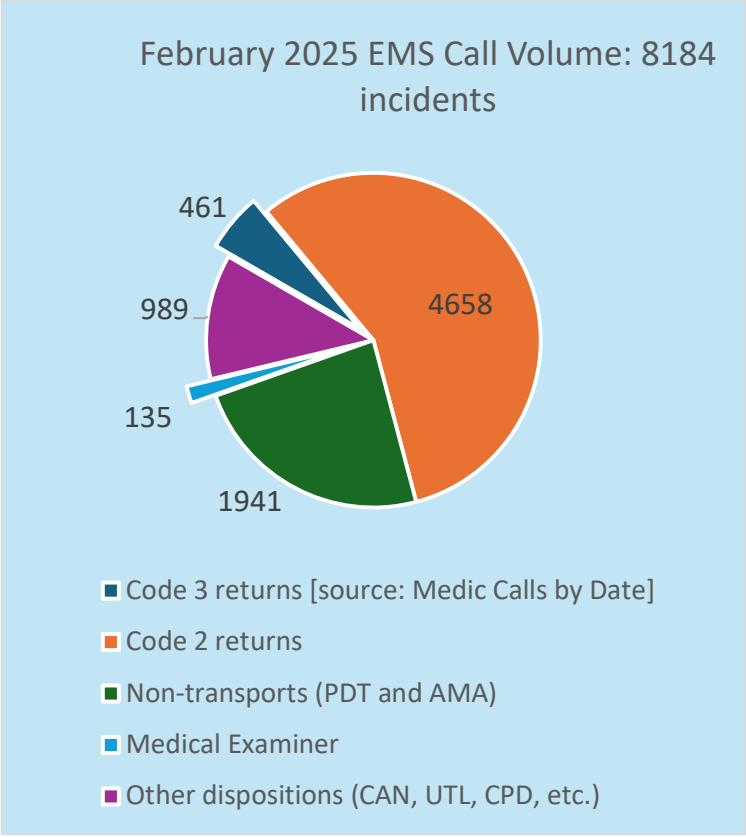
San Francisco Fire Department EMS Rescue Captains

The following chart shows the total calls for all four field Rescue Captain units. Last month, our four rescue captains ran approximately 38 calls per day. To provide you with some background, our EMS Captains run on all high acuity calls such as cardiac arrests, serious pediatric calls, and multiple casualty incidents, just to name a few.



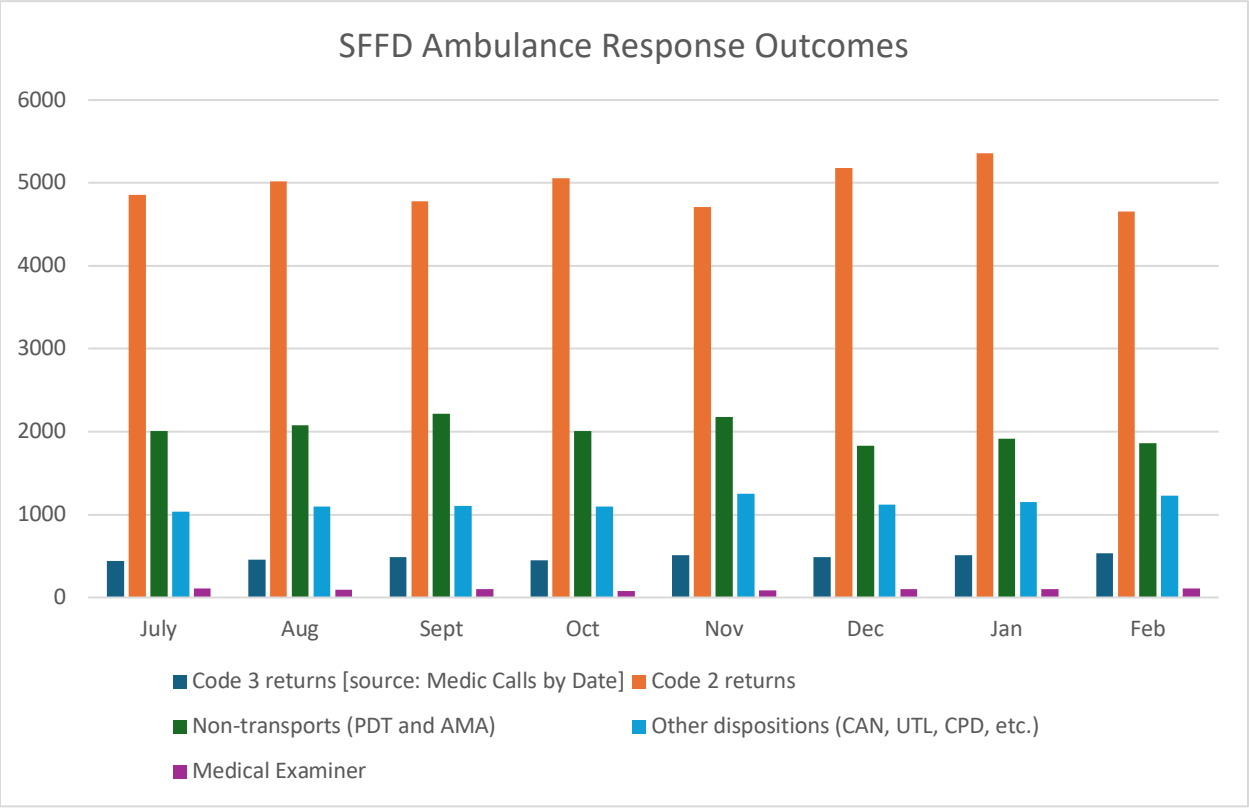
EMS Call Outcomes

Referring to those SFFD EMS calls, here are the outcomes to the right for this month. Code 3 calls are lights and sirens to the hospital and 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, and 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, multiple patient transfers, and a few other very small outcomes.



Trend Analysis for Call Outcomes

These data are necessarily presented as monthly reports, but the difference in length of the months can skew the data up or down. For example, it appears that February was a slower month, but the per day volume of calls was virtually identical over January and February. January had 293 calls for EMS service per day, while February had 292 each day. When it comes to transports to the hospital, over the past eight months, we average approximately 180 transports each day, increasing over the past three months with the expected onset of the winter respiratory infections.



Ambulance Patient Offload Times

Ambulance Patient Offload Time (APOT) is an industry standard that measures the time from arrival at hospital to transfer of patient care. Transfer of care includes the physical moving of a patient to a hospital bed or chair, and a turnover report given to a nurse or doctor.

We delved into this in our last report and for the Fire Commission presentation. After last month's Fire Commission Meeting, the Chronicle reached out to interview the Department regarding the ambulance patient offload time issue. I expect to see that article in March.

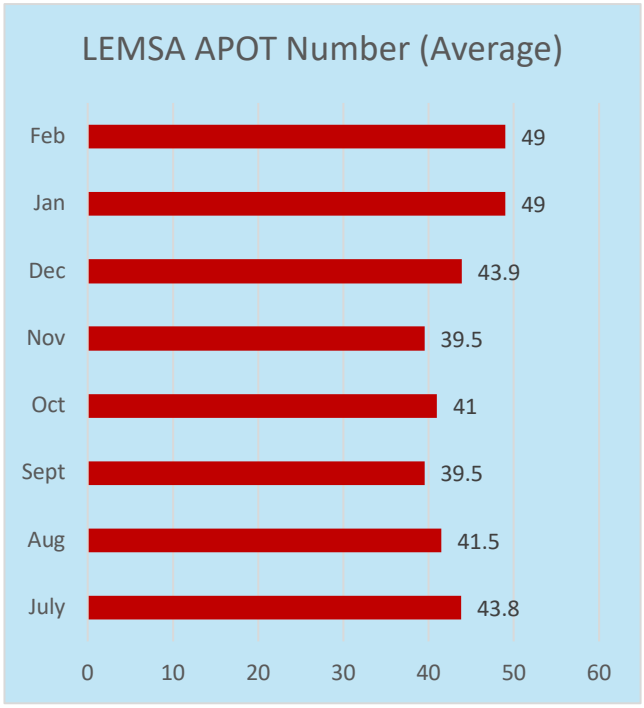


Figure: Here are the average times ambulances take at City emergency rooms to transfer of patient care to hospital staff.

Second, we proposed a stakeholder meeting with LEMSA to bring all parties together. This would be a day-long meeting with all stakeholders working to come up with a plan of action to reduce APOT. Stakeholder meetings in other counties have yielded significant improvements and it is our goal to work with all the other entities involved in order to improve the system.

Last, we announced a series of townhall meetings with our members to discuss the issue, hear their feedback and concerns, and share the Department's goals. We will report on these meetings next month.

This is a solvable problem and one that can be better managed if all of us work together.

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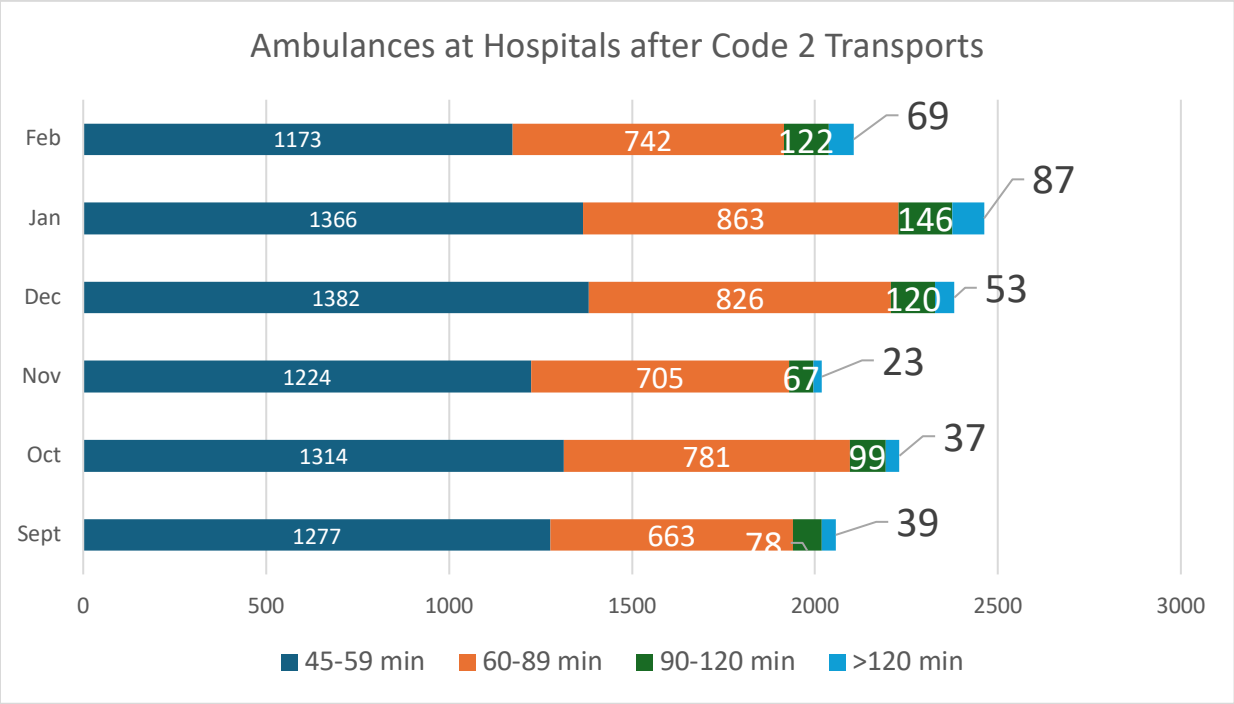
This next chart we launched last month. It demonstrates how many ambulances are at hospitals for different periods of time. Our target for clearing the hospital for Code 2 transports (i.e., non-emergent) is 30 minutes. For purposes of our analysis, this chart starts at 45 minutes to allow our crews time to clean up and prepare for the next call. Even with this extra buffer, we have too many ambulances held at the hospital beyond a reasonable time. We recognize that this is not the fault of the nurses' or doctors' in the emergency departments. This is a systemic problem, which will call for a systems approach and collaboration to solve.



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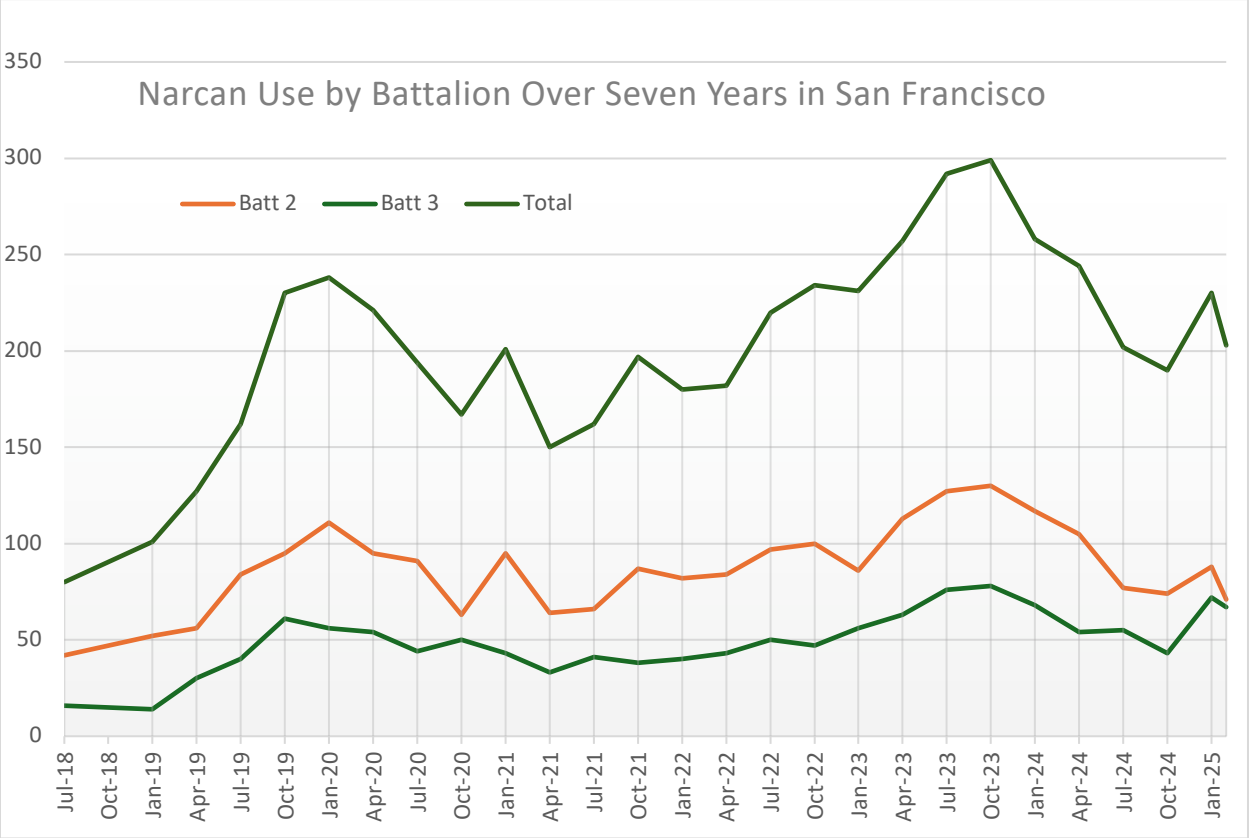
Narcan Administration for Opioid Overdoses

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.

In this month's presentation, we limited the data set to just show the plot each three months, plus the month that we are currently reviewing (February 2025). This will smooth out the graph and may provide a more overall trend to the information.



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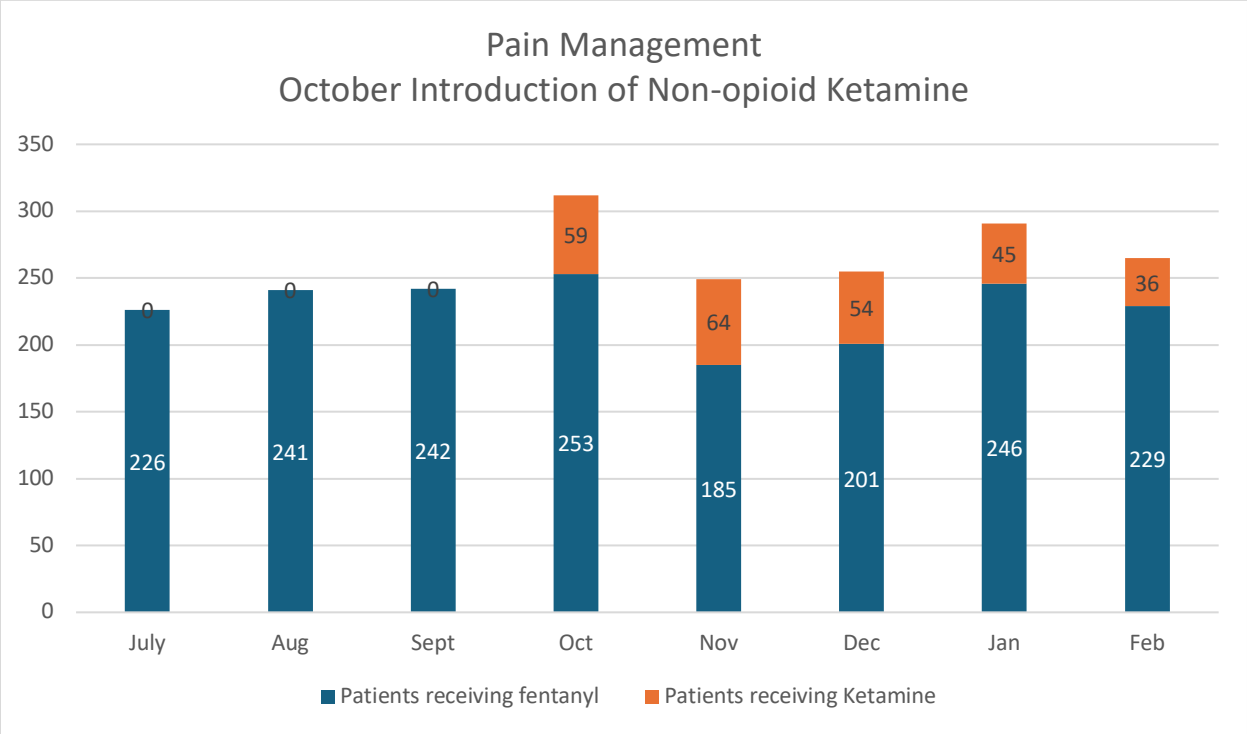
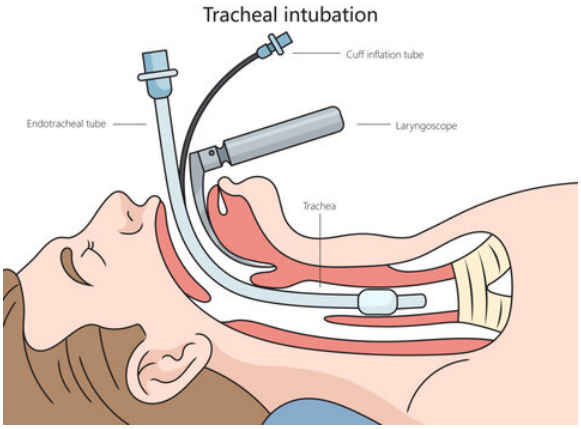
Ketamine Introduction for Pain Management

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



Last month, we introduced advanced skills performance indicators. In our first month, we highlighted laryngoscopy, which is where we look into the patient's throat, normally to place a breathing tube. That practice is depicted to the right.

This week, we want to share the next item on the advance skills list: Continuous Positive Airway Pressure (CPAP). The acronym CPAP also refers to a device used to move air into a person while they sleep. The device we use in the field also moves high pressure air into a patient who is generally suffering from pulmonary edema. This is where there is fluid in the lungs that prevents a patient from effectively moving gases (oxygen and carbon dioxide) into and out of the alveoli.

Key Performance Indicators EMS / Advanced Skills [source:ESO]	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**
Intubation: Direct Laryngoscopy	2	3	0	0	2	5	4	4
Intubation: Video Laryngoscopy	15	20	18	15	24	18	28	15
Continuous Positive Airway Pressure (CPAP)	31	34	22	30	42	50	45	41
Pleural Decompression	1	0	1	1	0	2	1	0
Needle Cricothyrotomy	0	0	0	0	0	0	0	0
Cardioversion	1	2	0	2	5	3	4	2
Transcutaneous Pacing	3	0	0	2	3	3	4	2
Intraosseous Infusion Adult	33	28	12	46	31	33	47	24
Intraosseous Infusion Pediatric	2	0	0	0	1	1	2	0

The CPAP devices we use look like this and are run off a standard oxygen bottle.

The goal of CPAP is to help the lungs work more effectively, which allows for gas exchange: oxygen in and carbon dioxide out. This will reduce the patient's work of breathing.

For patients who benefit from CPAP, the results can be astounding. From the application of this treatment to relief can be mere minutes. The relief you can see on patient's faces is often dramatic. This non-invasive device is used frequently by our crews as you can see above.

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Cardiac Arrest Data

In out-of-hospital cardiac arrest, the Utstein Scale is the uniform template for comparing cardiac arrest data. It has been around since 1991 and has been revised to adjust for new areas of information collected and other reasons. The Utstein template is the source of some of the headings on our chart below. It is this template that led to the development of the chain of survival in cardiac arrest, which include early recognition of the event, early CPR (i.e., bystander CPR), early defibrillation (i.e., shockable rhythm), and post resuscitation care.

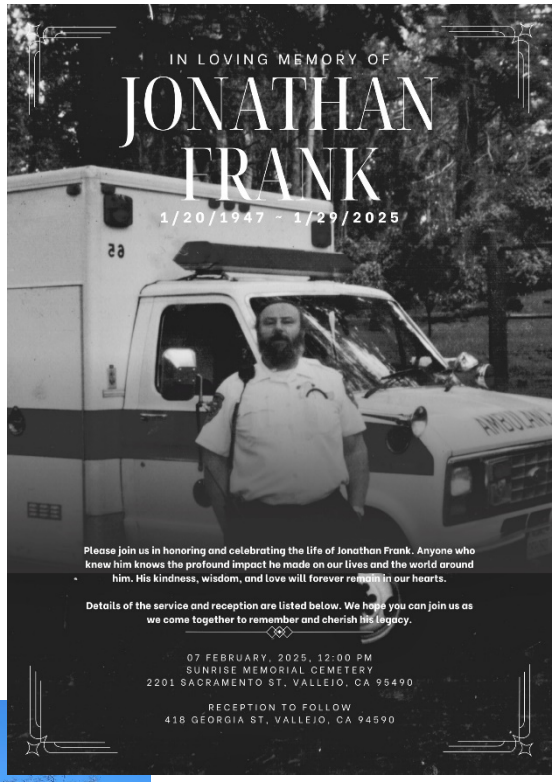
Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
June	137	42	23	6	10	10	26%
July	121	31	28	9	14	11	35%
August	125	36	21	9	11	12	33%
September	101	23	15	5	9	8	35%
October	126	36	24	4	13	11	31%
November	132	40	24	9	7	13	33%
December	116	32	20	3	10	4	13%
January	147	43	26	6	7	11	26%
February	144	26	17	2	14	12	46%

The unfortunate fact of the matter is that out-of-hospital cardiac arrests often result in patients that are not able to be resuscitated. If the system is not activated quickly, bystanders don't perform effective CPR, or the patient's heart rhythm is not shockable, these are often situations where there is a lower chance of survival. While we review all our cardiac arrest calls, we want to specifically focus on cases where our crews' involvement can make an impact. Timely response with quality Advance Cardiac Life Support (ACLS) care makes the difference often between survival and pronouncement in the field.

Notable Events

Paramedic Johnny Frank

On February 7 we laid to rest long-time paramedic Johnny Frank. He worked as a medic with DPH in the eighties and nineties, joined the Department in the merger in 1997, and spent a quarter of a century working on an ambulance as a public servant. If you met him, you'd remember his larger-than-life personality. His way of moving through the world and how he worked as a paramedic is part of all of our EMS members today. His impact on San Francisco EMS is immeasurable.



EMS, Purchasing Teams, and Accounting Luncheon

On February 5, EMS Division hosted a luncheon at Station 49 with our Support Services and Accounting teams. We work together every day! The pandemic changed our standard behaviors so we moved to electronic communications and fewer meetings. As such, we had not had a chance to meet each other in person. This was a moment to sit and share one another's company. Our Logistics Team, including Erl Juarez, Deb Larios, and Joe Lozano, cooked up an amazing Hawaiian bar-B-cue for the team. It was a wonderful experience.

Ambulance Patient Offload Time Workgroup

This workgroup includes EMS Providers (SFFD, AMR, King American), Hospital Administrators, and ED Staff lead by the SFEMS Agency. The purpose of the group is to discuss Ambulance Patient Offload Time (APOT) issues and try to find a pathway to lower APOT times. The reality is that since its inception there have been no real improvements in APOT times. In fact, February brought the highest time we have seen a hospital record for 90th percentile APOT: 90.4 minutes!

We will keep you posted on future meetings and outcomes. Lowering these costly delays will continue to be a priority moving forward.

EMS Division Candidates

We have 19 candidates who are headed through their medical evaluations as potential H3 L1 and L2 recruits. Our academies are scheduled to start in May for the EMTs and June for the paramedics. Our Division of Training team is prepared to onboard these new recruits and teach them to be amazing San Francisco Fire Department public servants.

Guardian of Life Award

On February 21, we celebrated the courageous and timely action of three USF Koret Health and Recreation Center lifeguards, Khaila Keneisha Esguerra, Nathaniel Gonzales, and Camila Pardi. On December 13, 2024, these three lifeguards saved an individual who experienced a sudden cardiac arrest while swimming in the center's pool. Khaila, Nathaniel and Camila were recognized for volunteering life-saving CPR and AED care that led to the survival of the individual. Our Engine 21 responded to provide care and was able to shock the patient into a viable cardiac rhythm. They then assisted with the transport.

Notable Calls

Excellent ACLS

E15 Lt Chris Boutilier, FF/PM Dayon Wiltshire, FF/EMT Maiko Bristow, FF/EMT Damian Garcia
M515 PM David Ashe, EMT Fidel Villalobos
RC4 Paul Bassett

On February 3, a man in his fifties was walking up from the BART train and collapsed. Bystanders started CPR and our crews arrived quickly. After two shocks, our patient had a sustained return of spontaneous circulation. After less than a week recovery in the hospital, including a new stent in his heart, he was discharged with no neurological deficits. This is the gold standard for care in cardiac arrest cases.

Cardiac Arrest in a Taxi

E03 Lt Gavin Marconi, FF/ PM Rich Nolan, FF/EMT Trevor Pratt, FF/EMT Dominic Carrasco
QRV2 PM Michael EMT Da'netta Kearney-Ferguson
M583 PM Benjamin Porter, EMT Joshua Baird
RC1 Sean Andrews

On February 9, a 73-year-old man was traveling home in a taxi when he had a heart attack. When they found the patient, he was in a Non shockable rhythm. Our crews worked quickly and effectively to achieve pulses. The patient was transported to the hospital and sent to ICU for monitoring.

San Francisco Population Increased by Two

M567 PM Jovel, EMT Daniel Orengo
E19 Lt Jeffrey Grant, FF/PM Dennis Luong, FF/EMT Stephanie Levine, FF/EMT James Scharetg
E40 Lt Chris Posey, FF/EMT Tyler Tuiasosopo, FF/EMT Doug Murray, FF/EMT Mike Bohanon
M554 PM Marc Marino, EMT Etian Asplund Williams
RC2 Lisa Filiss

On February 21, our teams helped two new San Franciscans join the population! One of the twins was delivered en route to the hospital. Things were a little touch and go, but effective airway management and CPR resulted in great outcomes for all. Mother and new babies returned home after a five-day stay and are doing well.

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Community Paramedicine Division Fire Commission Report

February 2025

Community Paramedicine Division Highlights

6th Street Mobile Triage Center

Beginning February 5th, the Community Paramedicine Division joined multiple City agencies in supporting the 6th Street initiative and mobile triage center. One (1) community paramedic captain and one (1) SCRT unit are assigned to the corridor daily, 0700 – 2300, as 911-system needs allow. These units are responding to incidents within the corridor and supporting triage and service connections at the center.

Assistant Deputy Chief Sloan and Section Chief of Operations Daniel Nazzareta are coordinating daily with involved agencies to support operations. Data and Policy Analyst Eugene Tse is working closely with the Department of Emergency Management to automate and share Department data on this multi-agency initiative.

6th Street Corridor	2/5/25 – 2/28/25	Average per Day (2/5 – 2/28)	Average Per Day (6-Months Preceding 2/5)
911 Incidents	578	25.13	17.45
Building Alarms (52 Cards)	34	1.48	1.04
Outside Fires (67 Cards)	8	0.35	0.47
Outside Smoke Investigation (68 Cards)	0	0.00	0.02
Suspected ODs (23 Cards)	42	1.83	1.99
Mental Health Calls (25 Cards)	35	1.52	0.96
SCRT Incidents*	165	7.17	1.84
SORT Incidents	11	0.48	0.53

***SCRT Incidents**

6th Street Corridor	2/5/25 – 2/28/25	Average per Day (2/5 – 2/28)	Average Per Day (6-Months Preceding 2/5)
Dispatches	165	7.17	1.84
Engagements (excludes UTL/CXL from dispatches)	118	5.13	2.16
Transported to Hospital via Ambulance	12	0.52	0.31
Transported to Alternate Destination	26	1.13	0.43
Remained in Community	80	3.48	1.42

Max Giancontieri, left, gets coffee from Department members Shane Pinaula, center, and Ismael Orozco at the Sixth Street Triage Center in San Francisco on 2/27. Photo Credit: Gabrielle Lurie/The Chronicle: "Have S.F. Mayor Daniel Lurie's new efforts cleaned up Sixth Street? Here's what the data shows", 2/28/25.

EMS-6 Coverage Expansion

On February 14th, EMS-6 captain schedules were shifted to expand team coverage from twenty (20) to twenty-four (24) hours per day. This schedule shift will allow the EMS-6 team to increase their support of field operations, improve availability for consults with EMS and community paramedicine units, and coordinate with CP5 (24/7 community paramedic captain field supervisor) on clinically complex cases.

Sobering Center Overdose Prevention and Education (SCOPE) Program Referrals

SCOPE is a DPH pilot program allowing for low-barrier access to substance use disorder treatment and services. Based within the sobering center at 1171 Mission Street, SCOPE has closely coordinated with the Community Paramedicine Division to expand referral guidelines. Whereas previously only clients who were cleared from an emergency department could be referred, SCOPE is now accepting direct referrals of clients from SORT and SCRT units.

Since the pilot launch on May 24, 2024 through February 28th, 2025 there have been a total of 133 intakes.[1]

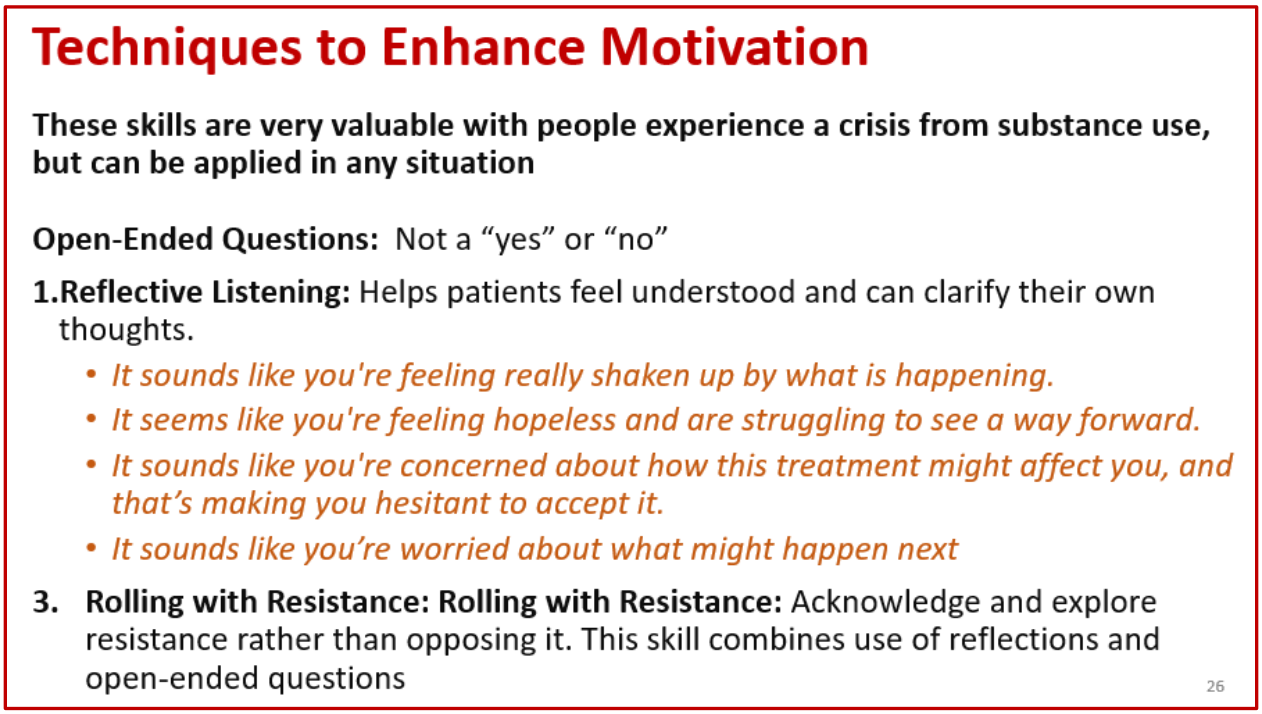
- Of these intakes, 50% were referred by SORT or SCRT units,
- 35% of SCOPE clients started on medication for opioid use disorder (MOUD), demonstrating the impact of immediate post-overdose engagement,

[1] Data source: SF DPH

- A new ED-to-SCOPE referral workflow for Brixadi (long-acting injectable buprenorphine) was launched, allowing ED physicians to coordinate directly with SORT for transport and follow-up care.

Substance Use Disorder Training: Module 2 "Building City-Wide Capacity for Community and Traditional First Responders in Overdose Response"

On February 18th, the Department's EMS In-Service Training team began delivering the second SAMSHA-funded training module as part of an ALS In-Service training update. As described in our February report, this module was developed in partnership with our DPH and UCLA staff, who travelled to Station 49 for a "train-the-trainer" session in January. Module 2 focuses on understanding stigma and motivational interviewing techniques. The goal of these trainings is to provide quality care to individuals with substance use disorders with a focus on connections to medication and treatment.



Above: Excerpt from Module 2 training

SF Local Emergency Services Agency (LEMSA) Quality Improvement (QI) Subcommittee Presentation

On February 20th, Section Chief Mason and Community Paramedicine CQI Captain Chelsea Meyers conducted a bi-annual presentation to the San Francisco LEMSA QI subcommittee. Each county in California has a local EMSA which provides regulatory and clinical oversight and serves as a conduit to the California State EMS Authority.

The LEMSA QI Subcommittee meets three times per year and is comprised of quality improvement staff and clinical directors from San Francisco EMS providers, hospitals, and the LEMSA.

Our twice-yearly presentation includes key performance indicators, QI measures, and specialized reporting such as involuntary mental health holds (5150).

1. Performance Measures

SCRT: 2024	Q3	Q4
% Encounters Reviewed Spot Audits	19%	18%
% Flagged for Review Member-driven	0.15%	0.14%
% 360 Degree Reviews: Focused QI Includes challenging incidents where CP's excelled	5%	4.3%

EMS-6

Operational period: 2/1/2025 – 3/02/2025[2]
Total encounters: 165
Average encounters per day: 5.47
Utilization changes of top 20 utilizers engaged by EMS-6 from month before the operational period to current: -55.62%

Encounter Type*	Number
Consult	53
In Person Visit	65
Case Conference	10
Show of Support	1
Care Coordination	28
Interagency Support	0
Chart Review	8
Total	165

SCRT

Operational period: 2/1/2025 – 2/28/2025
Total Calls for Service: 1,179
Average Response Time: 16.80
Average on Scene Time: 44.85

Disposition All Calls for Service

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

Non-ambulance transport to non-ED resource	261	22.14%
Ambulance transport to ED	146	12.38%
Remained in the community	514	43.60%
Unable to Locate & Walked Away	258	21.88%
Total	1,179	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	261	28.34%
Ambulance transport to ED	146	15.85%
Remained in community	514	55.81%
Total	921	100.00%

5150

Grave disability	32
Danger to Self	11
Danger to Others	7
Total*	42

*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 (1,179)
PD On Scene Prior to Arrival	3	0.25%
PD requested by SCRT	5	0.42%
SCRT requested by PD	324	27.48%
Total Incidents with PD present on scene	332	28.16%

SORT

Operational period 2/1/2025 – 2/28/2025
Calls for Service: 81
SFFD Suboxone Starts: 1
**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%
SORT	*3*	*2*	*3*	*1*	*0*	*0*	*2*	*1*	*1*	*1*	*0*	*0*	*14*	*18%*	*39*	*27%*
SCRT (inc CP5)	*0*	*0*	*0*	*1*	*0*	*0*	*1*	*2*	*0*	*2*	*2*	*2*	*10*	*13%*	*17*	*12%*
Medic Units / EMS	*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	Feb-25	YTD (2025)
AMR	0	0	0
King American	0	0	0
SFFD	10	1	11
SORT	*3*	*0*	*3*
SCRT (inc CP5)	*0*	*1*	*1*
Medic Units / EMS	*7*	*0*	*7*
Totals	10	1	11

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	24	14.39%
Ambulance transport to ED	9	13.67%
Remained in the community	41	61.87%
Unable to Locate & Walked Away	7	10.07%
Total	81	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	24	32.43%
Ambulance transport to ED	9	12.16%
Remained in community	41	55.41%
Total	74	100.00%