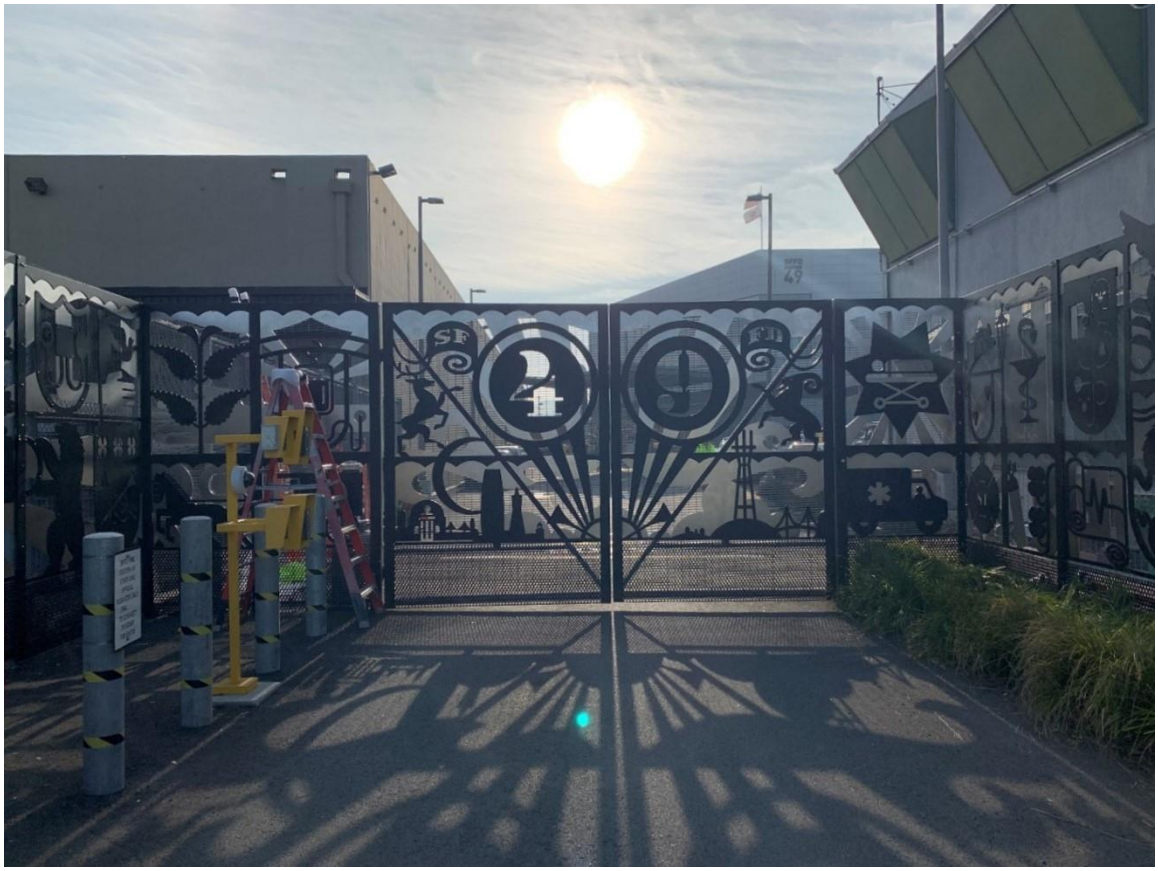
Fire Commission Report – April 2025

EMS Division

May 14, 2025

Assistant Deputy Chief Tony Molloy



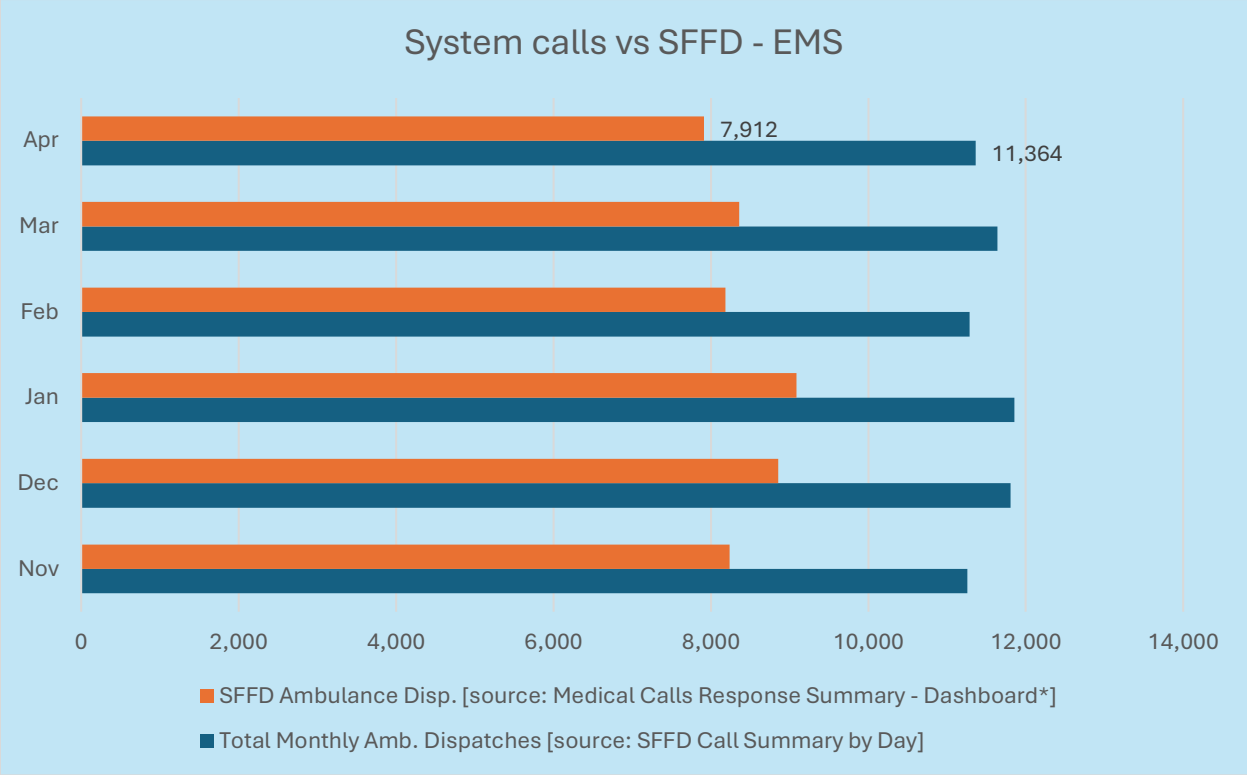
Operations

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 to easier recognize trends. We are continuing to use a six-month review to make the presentation uniform. We may provide more information to compare yearly figures as we move forward.

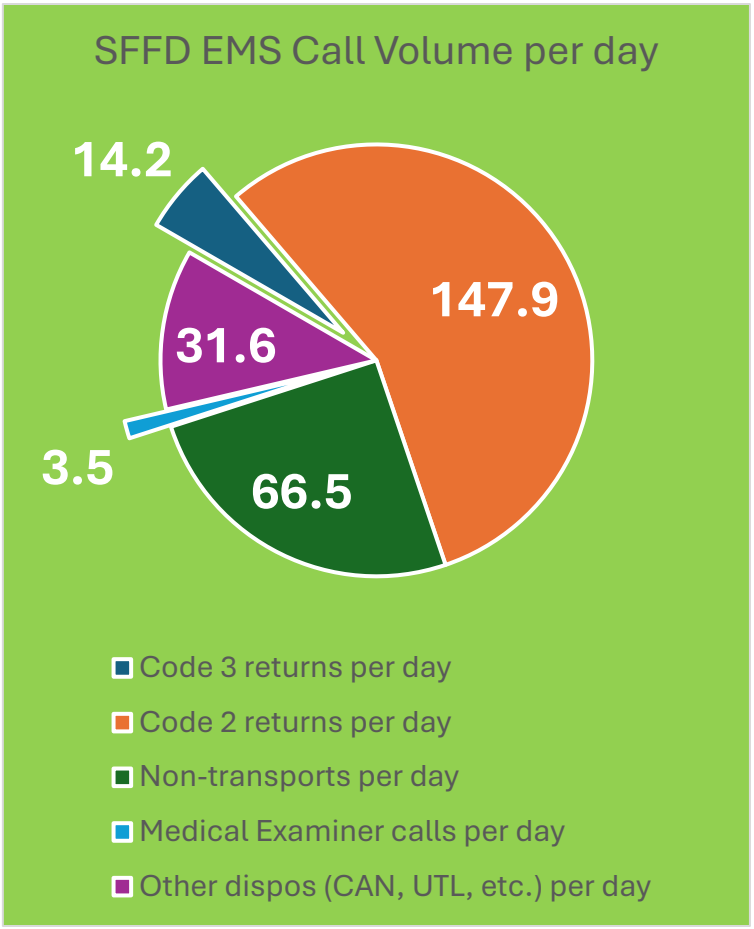
	Nov	Dec	Jan	Feb	Mar	Apr
Total Monthly Amb. Dispatches [source: SFFD Call Summary by Day]	11,257	11,806	11,856	11,286	11,640	11,364
SFFD Ambulance Disp. [source: Medical Calls Response Summary - Dashboard*]	8,239	8,857	9,089	8,184	8,359	7,912
RC total calls [source: Medic Calls by Date]	981	1,119	1,147	1,060	1,150	1,090

Over the past six months, system volume varies between 11 and 12 thousand calls a month. Recently, we started identifying SFFD runs as a portion of the system calls, both of which are noted on the chart above and graph below. The total includes SFFD and all private ambulances in the system.



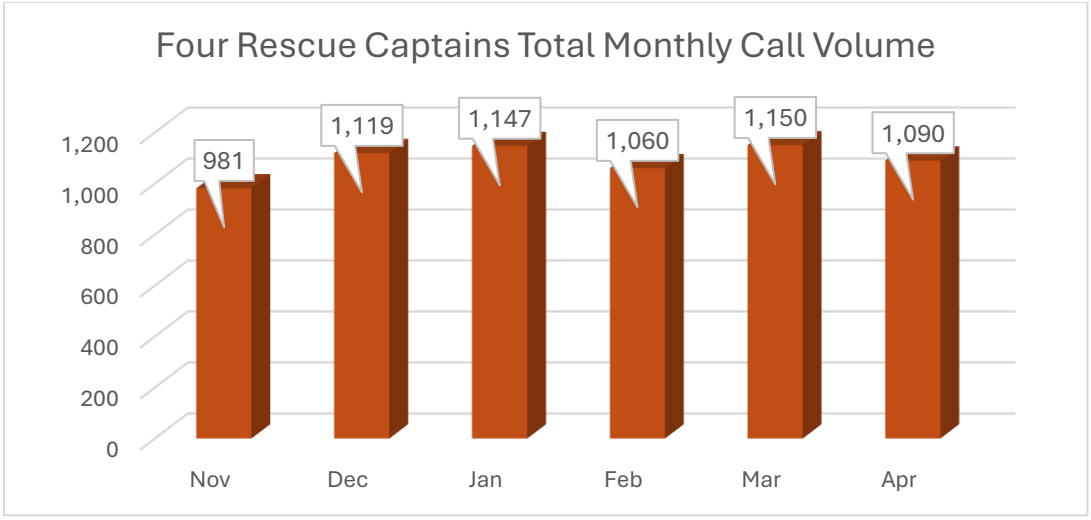
EMS Call Outcomes

Referring to those 7,912 SFFD EMS calls, here are the average daily outcomes to the right for this month. Code 3 calls are lights and sirens transports 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" or "Against Medical Advice." AMA is where we really think you should go, but the patient still declines. Medical Examiner outcomes are anytime we pronounce a person dead 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 by an earlier unit, we cannot locate a patient, PD cancels us, multiple patient transfers, and a few other very small outcomes.



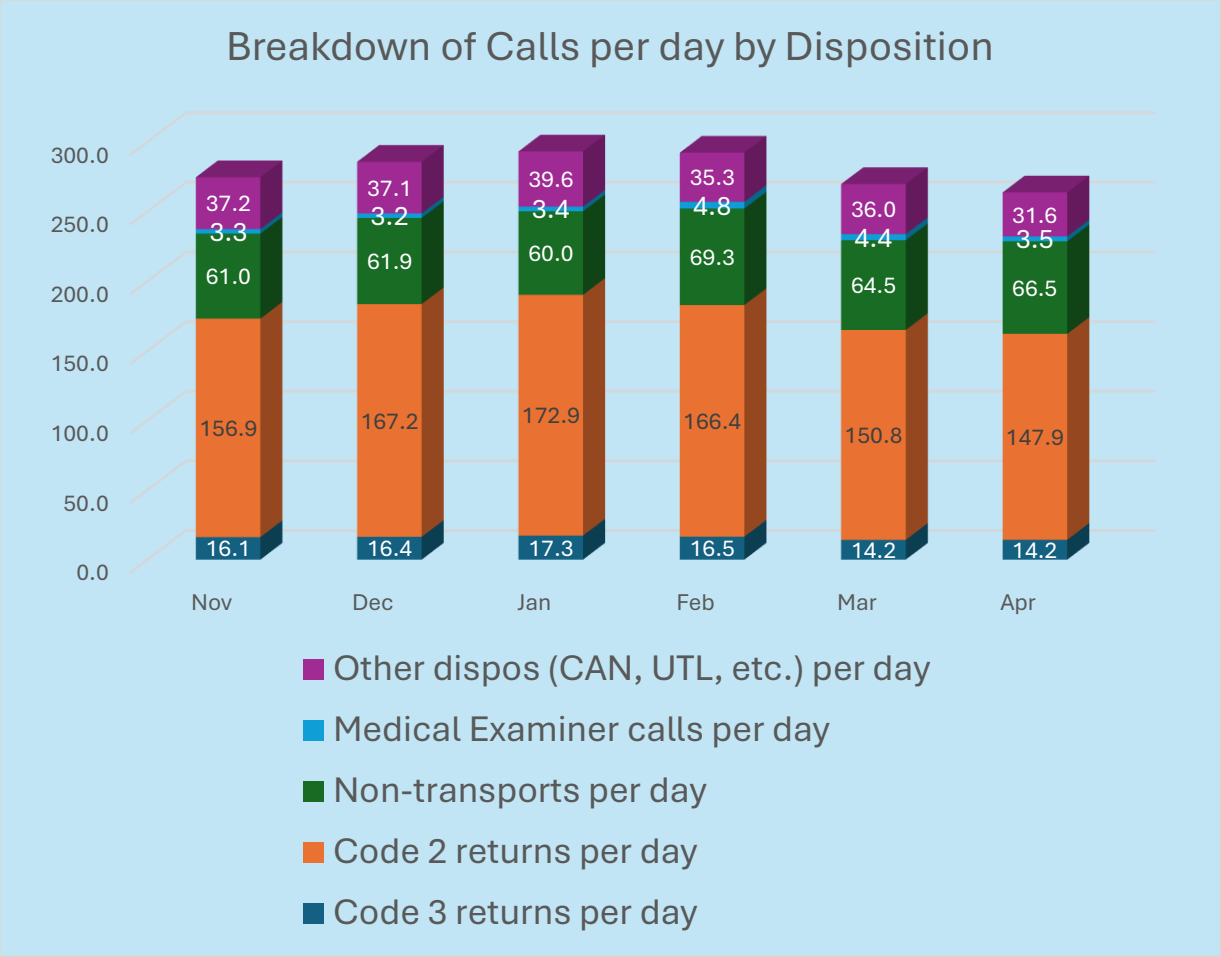
San Francisco Fire Department EMS Rescue Captains

The following chart shows the total calls for all four field Rescue Captain units. Our four rescue captains continue to run approximately nine calls per day, with our downtown RC1 running many more each watch. 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.



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. We are continuing to present the calls per day to make it easier to compare months of data. The stacked bar in each month shows the same categories as the pie chart on the previous page, starting from the bottom: Code 3 returns to the hospital, Code 2 returns to the hospital, non-transports like AMAs and PDTs, Medical Examiner calls where we pronounce in the field, and remaining assorted dispositions. For example, in April, we averaged 147.9 Code 2 transports to the hospital per day.



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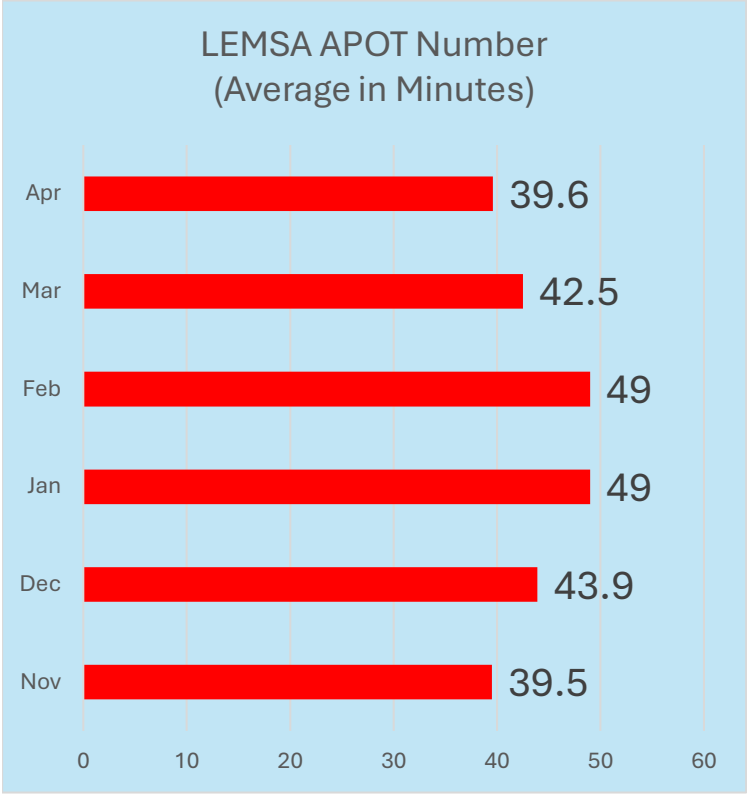
Ambulance Patient Offload Times

Our offload times at hospitals continue to trend in a positive direction. With the reduction of emergency department (ED) boarding and more effective offload policies, our APOT times have dropped. The average from LEMSA is now 39.6 minutes.



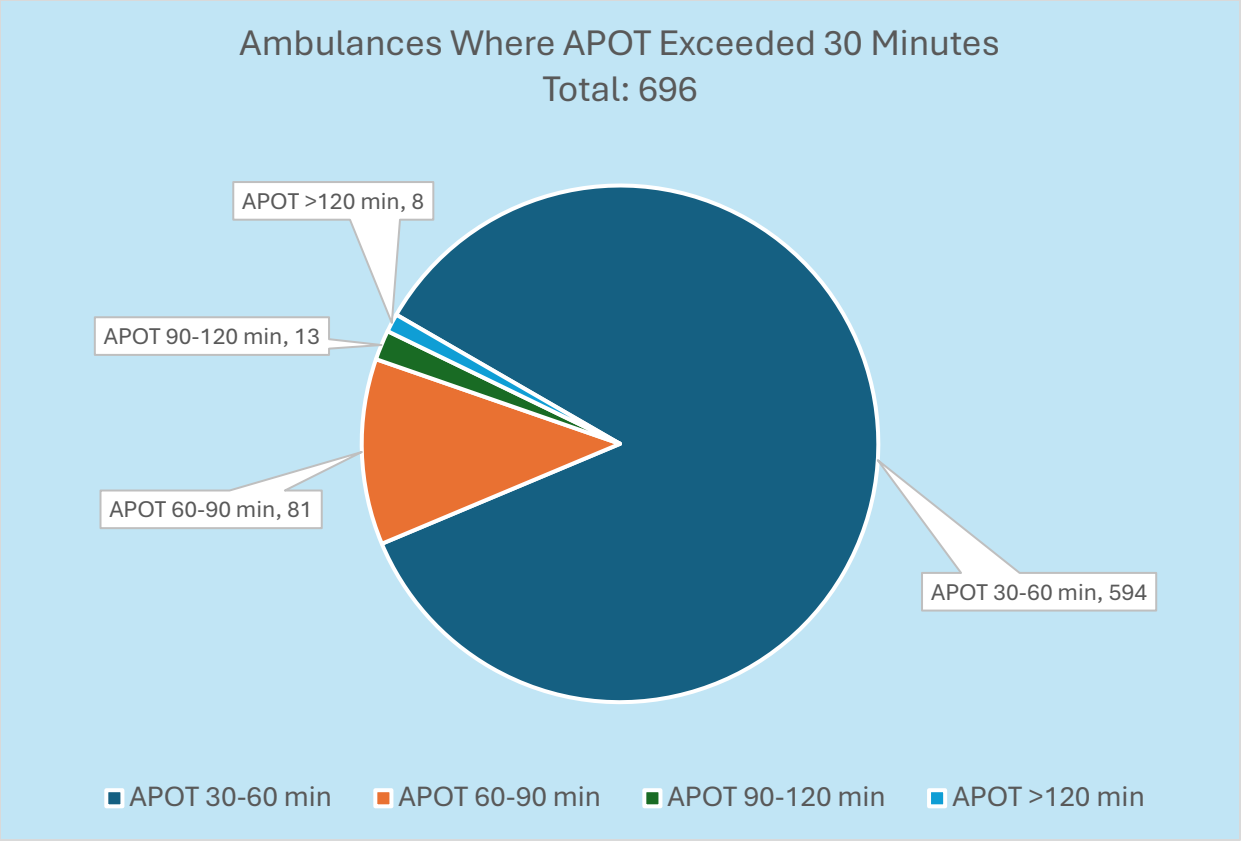
Ambulance Patient Offload Time (APOT) is an industry standard that measures the time from arrival at hospital to transfer of patient care. Transfer of care includes the physical moving of a patient to a hospital bed or chair, and a turnover report given to a nurse or doctor.

In the prior reports, we were limited to sharing data related to all the time we spent at the hospitals. This was a proxy for delays, but not exactly the information we wanted. Over the past several months we have developed a way to look specifically at the transfer of care time.

We have continued to investigate our data further and have been working with one of our members who has a particular talent for data analysis. In the past, we've presented to you our times when our ambulances are at the hospital. Lt. Sean MacPhee has taken all ambulance code 2 transports and developed a way to review and summarize the details of each transport.

This month, we are pleased to share our report showing time it took ambulances to offload patients. Rather than use the proxy of "Time at Hospital," This data grouping reviews the time it took from arrival to transfer of care to hospital staff. This is the true APOT time.

Below is a graphic showing the times our ambulances spent at hospitals over the 30-minute benchmark. It's organized into four buckets: 30-60, 60-90, 90-120, and over 120. This 696 ambulances accounted for over 180 hours that our crews waited beyond the 30-minute benchmark.



As we have indicated to you in the past few months, the State benchmark for transfer of care is under 30 minutes. This month's average, while dropping, remains over 39 minutes per LEMSA. With this more precise data, we'll be able to see trends for hospitals, times of day, days of the week, and much more. This will allow our Department to better address the situation, take steps to improve, and measure those outcomes accurately.

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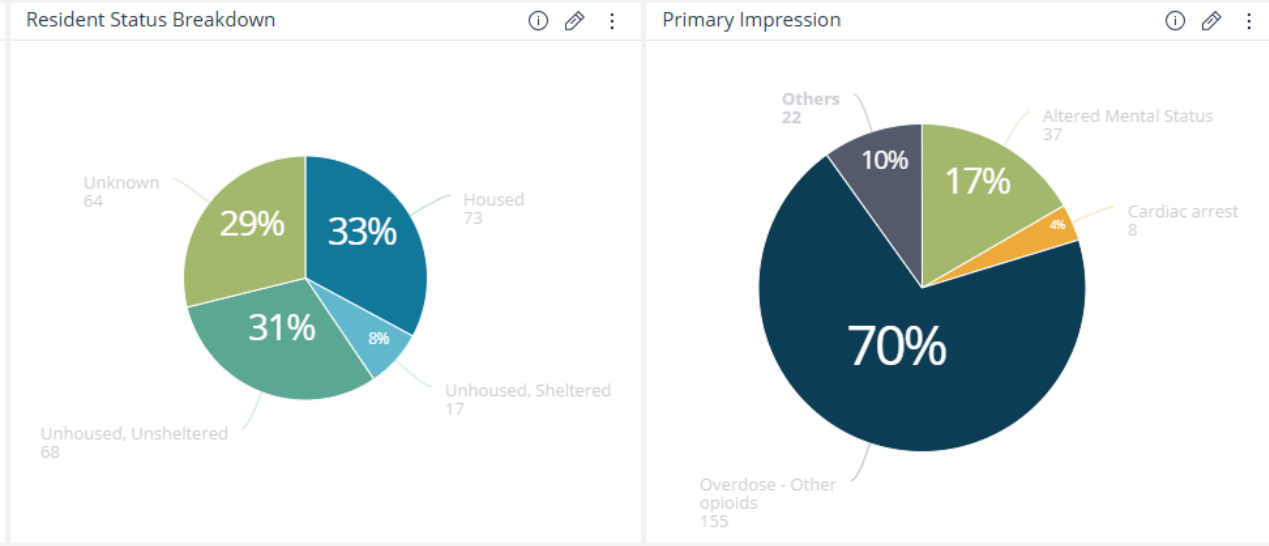
Narcan Administration for Opioid Overdoses

As you know, we have been tracking the use of Narcan over the past several years. This month, we are attempting to provide a new format for the presentation that views the information from a slightly different perspective.

In this month's presentation, we are presenting Narcan administrations and patient numbers. We also looked to see the housing status and primary impression of each call.



Two hundred twenty-two patients were treated with Narcan last month. Most of this medication was administered by our crew members, but a few received Narcan before we arrived by bystanders, police, or other health professionals. Our data shows that nearly 40% of patients who receive Narcan are reported to be unhoused. Another 29% are of unknown status.

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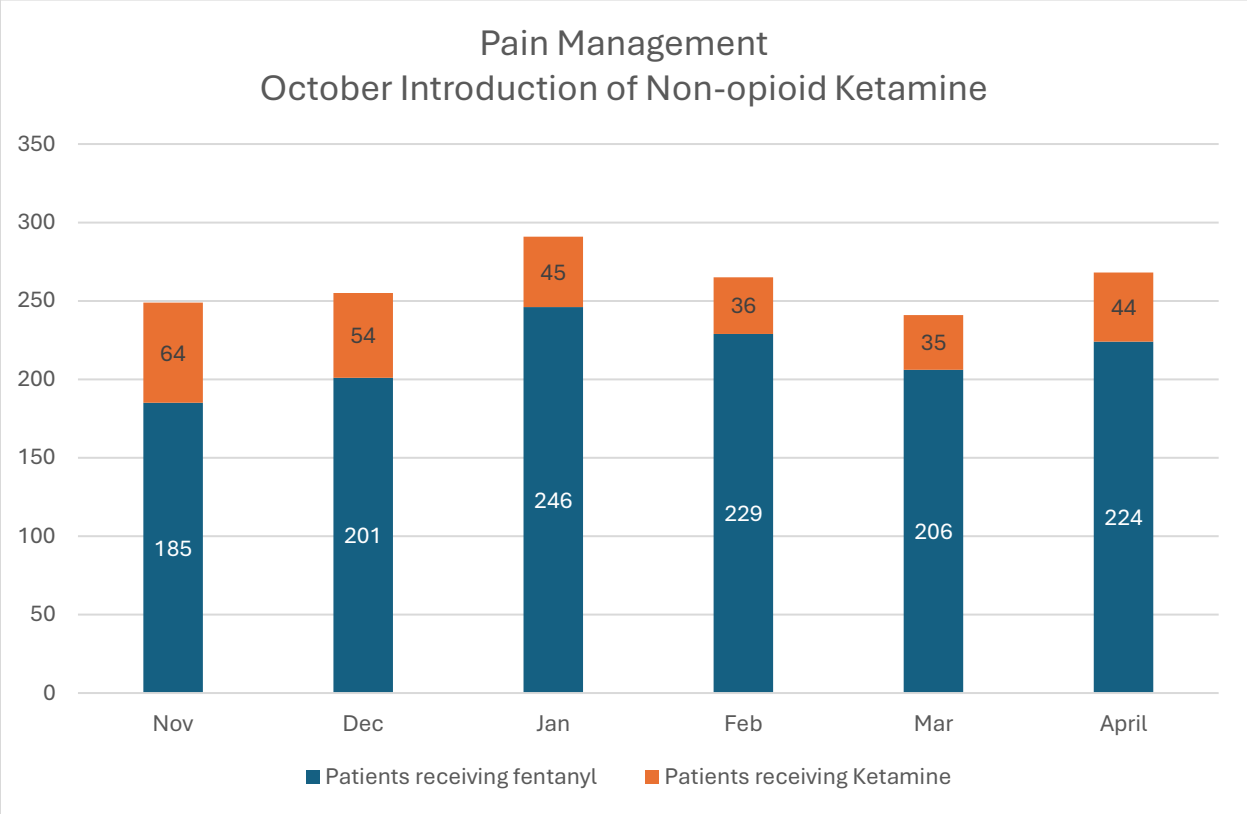
Pain Management

We have had the non-opioid option, Ketamine, on our ambulances for over two quarters at this point. Feedback from our members has been good with no adverse outcomes.



We continue to see a similar proportion of fentanyl to ketamine, with approximately 80% of patients receiving fentanyl and 20% receiving Ketamine.

As we mentioned last month, the Department will be participating in a clinical study to compare the efficacy of Ketamine and fentanyl in patients experiencing traumatic pain. This study, run out of the University of Pittsburg and sponsored by the Department of Defense, will attempt to demonstrate if Ketamine is as effective as opioid analgesics for management of traumatic pain. As we start our participation, we will advise the Commission. Even though it may be many years before we see the final results, we are confident the researched outcome will advance EMS treatment for everyone in the country.

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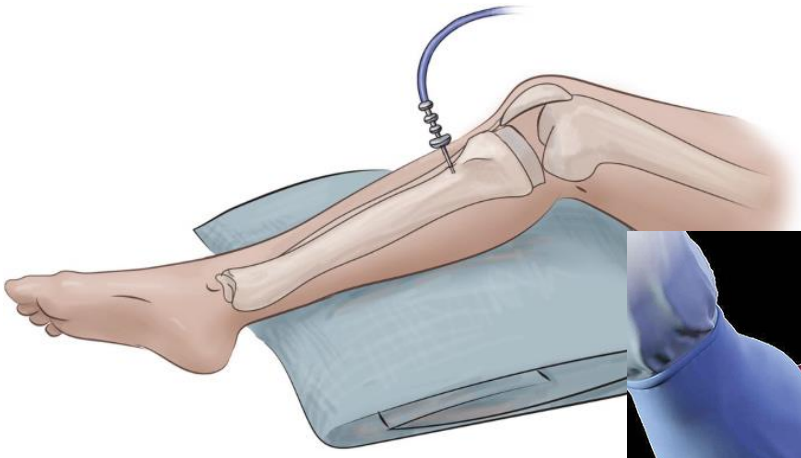
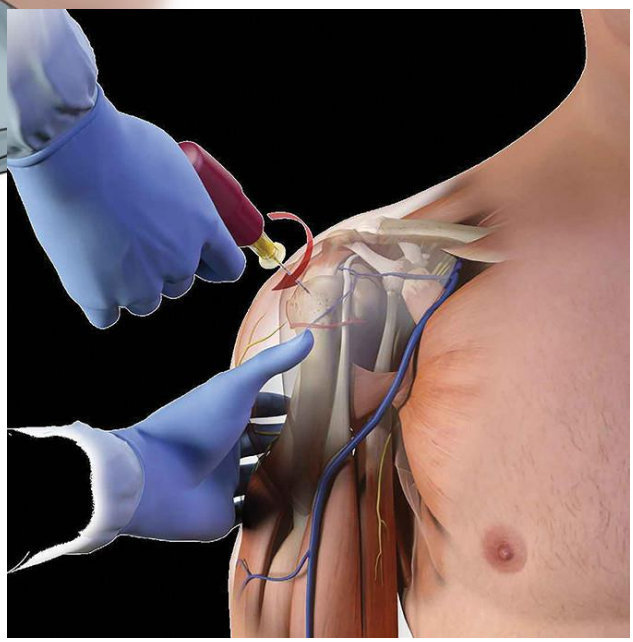
Advanced Paramedic Skills for Critical Patients

As part of our continuing spotlight for advanced skills performance indicators, we are highlighting intraosseous infusion in this month's Fire Commission report.

Key Performance Indicators EMS / Advanced Skills [source:ESO]	Nov	Dec	Jan	Feb	Mar	Apr
Intubation: Direct Laryngoscopy	2	5	4	4	9	6
Intubation: Video Laryngoscopy	24	18	28	15	20	22
Continuous Positive Airway Pressure (CPAP)	42	50	45	41	30	30
Pleural Decompression	0	2	1	0	1	0
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	5	3	4	2	1	0
Transcutaneous Pacing	3	3	4	2	3	4
Intraosseous Infusion Adult	**31**	**33**	**47**	**24**	**36**	**41**
Intraosseous Infusion Pediatric	1	1	2	0	1	0



Intraosseous access is often called an "IO". We use this form of access often in cardiac arrest cases where it is fast and effective, and where intravenous access may not be available.



In addition to this specific area in the tibia, another useful landmark is the upper shaft of the humerus. This can access the heart faster and allows for an easier pathway for fluid resuscitation. This form of access has been part of our medics' toolkits for over a decade now and can often be influential in emergent situations.

Cardiac Arrest Data

Recently, we received some data from last year's cardiac arrest data, which we plan to organize and share with you. A preliminary analysis is positive, with our crews' performance resulting in above-average outcomes. One of the issues in San Francisco, however, is that bystander CPR remains below the national average. This is a key component to good patient survival and we are taking steps to improve this in our communities through trainings and other media. One of our notable events provides additional information about this topic.

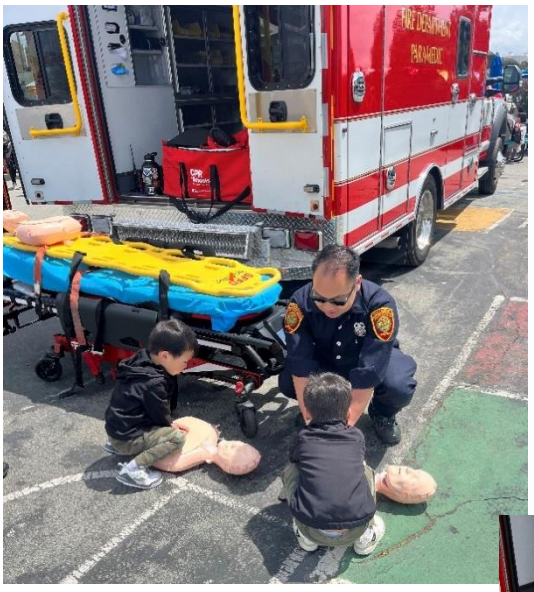
Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
June	137	42	23	6	10	10	26%
July	121	31	28	9	14	11	35%
August	125	36	21	9	11	12	33%
September	101	23	15	5	9	8	35%
October	126	36	24	4	13	11	31%
November	132	40	24	9	7	13	33%
December	116	32	20	3	10	4	13%
January	147	43	26	6	7	11	26%
February	144	26	17	2	14	12	46%
March	152	36	20	1	8	13	36%
April	128	24	9	3	4	10	42%

Notable Events

Career Advancement Talks

The EMS, CP, Homeland Security, and EMS Training section chiefs have started lunchtime career talks once a month for the members. These are drop-in opportunities for members on the ambulance and CP to talk about professional development options in the Department. So far, we have discussed the vast array of opportunities there are for members who are hired in the rank of H3. Recently, we discussed how to strengthen their applications, general form suggestions, interview skills and more. We've often noted that the most difficult step to take in the Department is from the field positions in EMS and CP to the first level of management and oversight. This is a way to help our members advance professionally.

Hands On CPR Training at Lakeshore Elementary School



According to the American Heart Association, about 90 percent of people who suffer out-of-hospital cardiac arrests die. CPR, especially if performed immediately, can double or triple a cardiac arrest victim's chance of survival.

According to the CARES Registry only 28.5% of out of Hospital Cardiac Arrests in San Francisco get bystander CPR as compared to the National average of 41.6% and the amazing number King County Washington reports of 76%.

The San Francisco Fire Department EMS Division Proudly supports Hands only CPR training whenever possible. Here are photographs of a couple of our members who volunteered to teach CPR at a recent elementary school program.

Mobile Inservice Training

Our mobile in-service training team took their show on the road recently, setting up at emergency room ambulance bays to bring training to our members. These are great opportunities to refresh our members' clinical knowledge and give them an opportunity to train during their regular shifts. Our captains at radio and in the field keep an eye on the 911 system so that our crews can go back into service immediately, if needed.

Revisiting CHEMPACK

CHEMPACKs are containers of nerve agent antidotes placed in secure locations in local jurisdictions around the country to allow rapid response to a chemical incident. These medications treat the symptoms of nerve agent exposure and can be used even when the actual agent is unknown.

The EMS Division discussed Chempack deployment and are working on facilitating a deployment drill with all relevant groups in the City. The drill will consist of:

- Location of the chempack and process of bringing nerve agent antidotes to the incident.
- Chempack is provided by the federal government's Administration for Strategic Preparedness and Response.

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Next Class of 9910 Interns from City EMT

Our 9910 Training team, led by Captains Gutierrez and Barnekoff, welcomed the most recent class of ten interns from City EMT in April. They are about to complete their orientation and will be out on ambulances by the time we meet for our Fire Commission meeting. I want to share with you the tremendous work of our training staff to prepare these young people, and also the EMTs and paramedics who volunteer to act as mentors for this program. This class, the mentors are: Dan Carrillo, Luis Renderos, Tylee Turner, Alan Hernandez, Timoteo Espinoza, Lorenzo Guillermo, Melody Mui, Mike Chun, Alfredo Banuelos, and Carlos Martinez.

Notable Calls

Pediatric Seizure

Crews: M546 PM Nasser and EMT Tortorelli
RC4 Basset
E43 Cpt. Novo, FF/PM Cerna, FF Calderon, FF Marcic

Summary: Crews arrived at elementary school to find an 8 y/o female in Status Epilepticus, which is an ongoing seizure or a series of seizures without interim recovery. This state can result in serious consequences or long-term effects. The school nurse was with the student, but did not have medication to stop this seizure. The youth had repeated witnessed seizures and altered mental status. Crews quickly treated with medication, controlled her airway, and took other preventative treatments. She was transported with lights and sirens to the hospital. En route, her seizure activity ceased and her respiratory distress abated.

Bicycle Hit and Run

Crews: M573 PM Young and EMT Nicholas
E36 Lt. Digre, FF/PM Reichard, FF Leung, FF Gerber

Summary: Crews responded for the auto vs bicycle hit and run. The rider was separated from his bicycle by over twenty feet, which indicated that our crews should "trauma activate" him and transport code 3 to the General. The patient was a 56 y/o male without a helmet who had head trauma and an open lower left leg fracture. Crews were on scene very quickly and provided early notification of trauma patient to SFGH. All interventions were well-performed and well-documented in the chart.

Allergic Reaction

Crews: M510 PM Smith and EMT Bernal
RC3 Covitz
E12 Lt. Murphy, FF/PM Scafani, FF Thurman, FF Schlesinger

Summary: Crews responded for the severe anaphylaxis with a 30 y/o male with a reported nut allergy. Patient was found altered and severely hypoxic secondary to an extremely severe allergic reaction. In these cases, there can be significant airway swelling, which requires immediate treatment to prevent death. Crews aggressively and rapidly treated with airway interventions, medications, and transported the patient to the hospital. En route, he was able to speak and reported substantial improvement to the crew.

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Community Paramedicine Division Fire Commission Report

April 2025

Community Paramedicine Division Highlights

6th Street Mobile Triage Center

Since February 5th, 2025, the Community Paramedicine Division has supported the City's multi-agency 6th street corridor and mobile triage center initiative. One (1) community paramedic captain is assigned to the mobile triage center Monday through Friday, 0700 – 2300, as 911-system needs allow. The captain responds to incidents within the corridor and supports triage and service connections at the center.

6th Street Corridor	2/1/25 – 3/31/25	Daily Average Since Inception (2/1 – 3/31)	4/1/25 – 4/30/25	Daily Average (4/1 – 4/30)	Daily Average (6-Months Preceding 2/5)
911 Incidents	1057	19.22	517	17.23	17.56
Building Alarms (52 Cards)	77	1.40	34	1.13	1.04
Outside Fires (67 Cards)	13	0.24	9	0.30	0.47
Outside Smoke Investigation (68 Cards)	1	0.02	0	0.00	0.02
Suspected ODs (23 Cards)	89	1.62	39	1.30	1.98
Mental Health Calls (25 Cards)	58	1.05	23	0.77	0.96
SCRT Incidents	177	3.22	79	2.63	1.85
SORT Incidents	17	0.31	8	0.27	0.51

6th Street Mobile Triage Center	February	March	April
Community Paramedicine Engagements	132	31	42
Transported to Hospital via Ambulance	5	4	8
Transported to Alternate Destination	27	6	9
Remained in Community	100	21	25

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Street Overdose Response Team Demobilization & Re-Assignment of Overdose Care

On June 7, 2025, the San Francisco Fire Department will demobilize the Street Overdose Response Team (SORT), concluding nearly four years of continuous service. Launched in August 2021 in partnership with the Department of Public Health, SORT was a first-of-its-kind initiative aimed at reducing fatal overdoses through rapid follow up and field-based engagement, pre-hospital buprenorphine, and direct connections to treatment.

Pre-hospital care coordination for individuals with substance use disorders will be assigned to the EMS-6 team. The SORT community paramedics (H9 rank) will be re-assigned to staff two additional Street Crisis Response Team units (SCRT-11 & SCRT-12) to support growing call volume.

Over the course of the program, SORT responded to thousands of overdose incidents, led the Department to help San Francisco become the California leader in pre-hospital buprenorphine administration, distributed thousands of naloxone kits, and provided essential care and advocacy to some of San Francisco's most vulnerable residents. The program became a national model for prehospital overdose response and was featured in numerous media outlets and academic discussions as a leading example of innovative, trauma-informed, and clinically integrated emergency care.

The Department extends deep appreciation to all SORT members—community paramedics, peer responders, and support staff—who served with distinction and compassion. Their work has saved lives, informed best practices, and helped lay the foundation for future public health and EMS collaborations to meet our community's needs.

Pictured: SORT Community Paramedic Isaac James and RAMS Peer Support Specialist Chantel Hernandez-Coleman. Credit: Beth LaBerge/KQED

Re-assignment of EMS-6 Captains to Neighborhood Street Teams

As described in report last month, on March 25th, Mayor Lurie announced a new street team response model. The City's non-911 based street teams (including HOT, HEART, and Street Medicine) were consolidated into Neighborhood Street Teams.

This new framework has six (6) street teams, with five teams assigned to specific geographic zones and the sixth team roving City-wide for specialized operations. The City has requested the Department provide community paramedic captains to support each team and neighborhood.

The community paramedic captains assigned to the Healthy Streets Operation Center (HSOC) and the Tenderloin Joint Field Operations (JFO) are now re-assigned to these teams. Additionally, on June 7th, EMS-6 captains from the Bravo and Delta units will be re-assigned to support these teams. This re-assignment of community paramedic captains will result in six (6) captains staffing three (3) street team captain positions (CP10, CP11, CP12) 7 days per week, 12 hours per day (0600 – 1800).

EMS-6 will retain 24/7 coverage with four (4) remaining captains staffing the program.

Pictured: On April 18th, Mayor Lurie joined Community Paramedic Captain Neil Palacios (CP11) and other Neighborhood Street Team members for their morning huddle.

Community Paramedicine Training Cohort 7

The San Francisco Fire Department is currently the only accredited community paramedicine training program in the state of California. On April 14th, we began our seventh training cohort with eight (8) members of the Department and (3) members of external fire departments joining (one member from Modesto Fire and two members from San Jose Fire).

Acting Community Paramedic Captain Seamus O'Donnell is serving as cohort director and is supported by Training Lieutenant Dmitry Golovin and Paramedic Matt Fluke. Over the course of six weeks the candidates will receive extensive didactic training, scenario practice and testing, clinical ride outs with community paramedicine units, culminating with an International Board of Specialty Certifications (IBSC) community paramedic test and graduation ceremony on May 23rd at Department headquarters.

Pictured: Acting Community Paramedic Captain Seamus O'Donnell orients cohort 7 candidates on their first day.

822 Geary Stabilization Unit Open and Accepting SCRT Transports
On April 24, 2025, the City held a ribbon-cutting ceremony for the new Crisis Stabilization Unit (CSU) at 822 Geary Street. The facility began accepting clients with a soft launch on April 28. The CSU provides short-term, voluntary behavioral health crisis care in a home-like, non-hospital setting and is operated in partnership with the Department of Public Health and a contracted community-based organization.

During its initial phase, the unit is operating four beds and accepting referrals from designated first responder programs, including the Street Crisis Response Team (SCRT). The launch marks a significant step forward in expanding alternatives to emergency department care for individuals experiencing behavioral health crises. Early SCRT utilization of the facility has already demonstrated strong interagency collaboration and timely access to stabilization services.

The Local EMS Agency (LEMSA) is working closely with the Department of Public health to certify the facility as a Transport to Alternate Destination (TAD) site similar to the Sobering Center. TAD designation would expand the site's referrals to allow for ambulance units to directly transport eligible patients there, in addition to SCRT units.

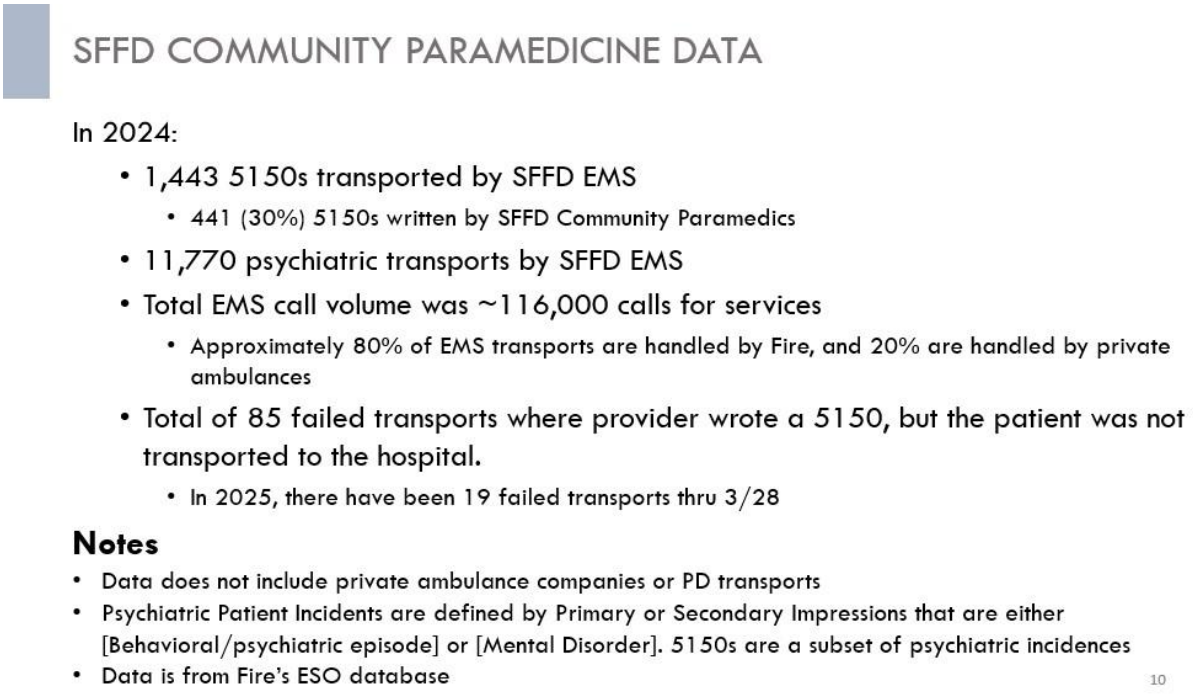
Addressing Psychiatric Care Churn: System Challenges and Interagency Coordination
At the April 14th SB43 (Senate Bill 43) Executive Committee meeting, Assistant Deputy Chief April Sloan joined City partners from the Department of Public Health and the Office of the Public Conservator to discuss the ongoing challenge of keeping individuals with psychiatric needs in care after emergency transport. These conversations reflect growing interagency recognition of the need for systemic improvements in behavioral health response and continuity of care.

In 2024, SFFD EMS transported 11,770 individuals for psychiatric complaints—10.1% of the Department's ~116,000 total EMS calls. This includes 1,443 involuntary mental health holds (5150s), 30% of which were written by SFFD Community Paramedics. The remainder were written by law enforcement or other agencies. These figures do not include transports by private ambulance or police.

Despite successful transport to emergency departments or psychiatric emergency services (PES), many individuals quickly re-engage with EMS. In 2024:

- 9.2% of 5150 cases (132 of 1,443) had a repeat EMS encounter within 72 hours
- 11.6% of all psychiatric transports (1,370 of 11,770) had a similar 72-hour return

This high churn rate underscores the need for stronger discharge planning, more downstream placement options, and expanded stabilization services such as the 822 Geary Crisis Stabilization Unit. The Department continues to collaborate across agencies to support individuals with complex psychiatric needs and reduce avoidable returns to the 911 and emergency hospital systems of care.



Note: Data reflects SFFD EMS only; source: ESO database. Psychiatric transports defined by primary or secondary impressions of Behavioral/Psychiatric Episode or Mental Disorder.

Harvard Government Policy Lab (GPL) Project

The Division is continuing to work with Harvard GPL as a member of their 2024-25 cohort. In addition to the intensive technical assistance offered by Harvard fellows and monthly cohort information sessions, Harvard GPL has requested our participation in a national landscape analysis of alternate 911 systems of care. This work will result in a report from Harvard, informed by leading systems such as ours, outlining best practices, key performance indicators, and comparison of program design elements. We look forward to sharing the report once released in the next several months.

See the Harvard GPL website for more information on our participation in this cohort:

https://govlab.hks.harvard.edu/project/advancing-alternative-emergency-response-in-san-francisco/

California EMS Authority: Equity in EMS Workshop
On April 3rd, Community Paramedicine Medical Director Dr. Graterol, Section Chief Michael Mason, and EMS Division CQI Captains Emily Anderson and Judy Klofstad joined northern California EMS providers and administrators in a day-long listening workshop hosted by the California EMS Authority.

The San Francisco workshop, funded by the CARESTAR foundation, was one of three planned across the state. Facilitators led breakout sessions focused on clinical equity, key performance indicators, and system gaps. Participant-generated insights will help inform the state EMS authority as they continue to support our collective goal of improving EMS equity across the state.

EMS-6

Operational period: 4/1/2025 – 4/30/2025[1]
Total encounters: 237
Average encounters per day: 7.9
Utilization changes of top 20 utilizers engaged by EMS-6 from the month before the operational period to current: -54.61%

Encounter Type	Number
Consult	51
In Person Visit	129
Case Conference	8
Show of Support	0
Care Coordination	15
Interagency Support	0
Chart Review	34
Total	237

SCRT

Operational period: 4/1/2025 – 4/30/2025
Total Calls for Service: 1,531
Average Response Time: 17.86
Average on Scene Time: 42.36

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	270	17.64%
Ambulance transport to ED	209	13.65%

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

Remained in the community	754	49.25%
Unable to Locate & Walked Away	298	19.46%
Total	1531	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	270	21.90%
Ambulance transport to ED	209	16.95%
Remained in community	754	61.15%
Total	1233	100.00%

5150

Grave disability	19
Danger to Self	13
Danger to Others	6
Total*	29

*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 (1531)
PD On Scene Prior to Arrival	2	0.13%
PD requested by SCRT	1	0.07%
SCRT requested by PD	373	24.36%
Total Incidents with PD present on scene	376	24.56%

SORT

Operational period 4/1/2025 – 4/30/2025
Calls for Service: 117
SFFD Suboxone Starts: 8

Provider	Jan-25	Feb-25	Mar-25	Apr-25	YTD (2025)
SFFD	10	1	6	8	25
SORT	*3*	*0*	*1*	*1*	*5*
SCRT (inc. CP5)	*0*	*1*	*0*	*0*	*1*
Medic Units / EMS	*7*	*0*	*5*	*7*	*19*
Totals	10	1	6	8	25

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	34	32.69%
Ambulance transport to ED	6	5.77%
Remained in the community	49	47.12%
Unable to Locate & Walked Away	15	14.42%
Total	104	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	34	38.2%
Ambulance transport to ED	6	6.74%
Remained in community	49	55.06%
Total	89	100.00%

SORT Highlights

SORT and community paramedicine units continue to be the highest referral source for SCOPE clients. SCOPE is a low-barrier site for individuals to access substance use disorder treatment.

2025 YTD SCOPE Referrals	POET	SORT/SCRT/EMS6	Walk-In	Other (Clinics, BEAM, Restore)	Total
January	0	13	8	11	32
February	0	16	11	4	31
March	3	16	14	9	42
April	0	20	12	5	37