



Fire Commission Report – July 2025

EMS Division

August 13, 2025

Assistant Deputy Chief Tony Molloy



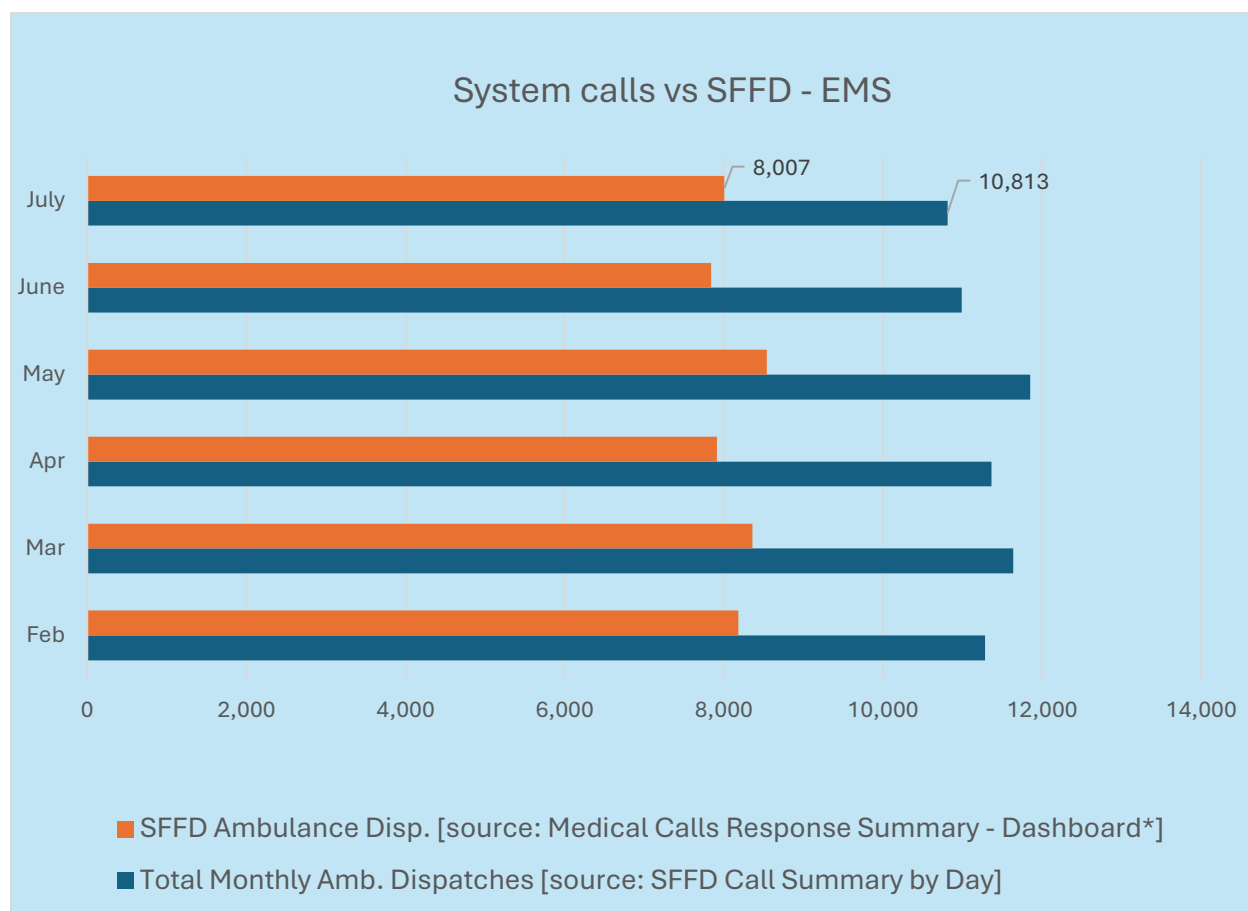
Operations

Monthly Call Volume

Below is a six-month review of City EMS call volume, Fire Department (SFFD) dispatches, and SFFD RC dispatches.

	Feb	Mar	Apr	May	June	July
Total Monthly Amb. Dispatches	11,286	11,640	11,364	11,853	10,989	10,813
SFFD Ambulance Dispatches	8,184	8,359	7,912	8,540	7,840	8,007
RC total calls	1,060	1,150	1,090	1,114	916	951

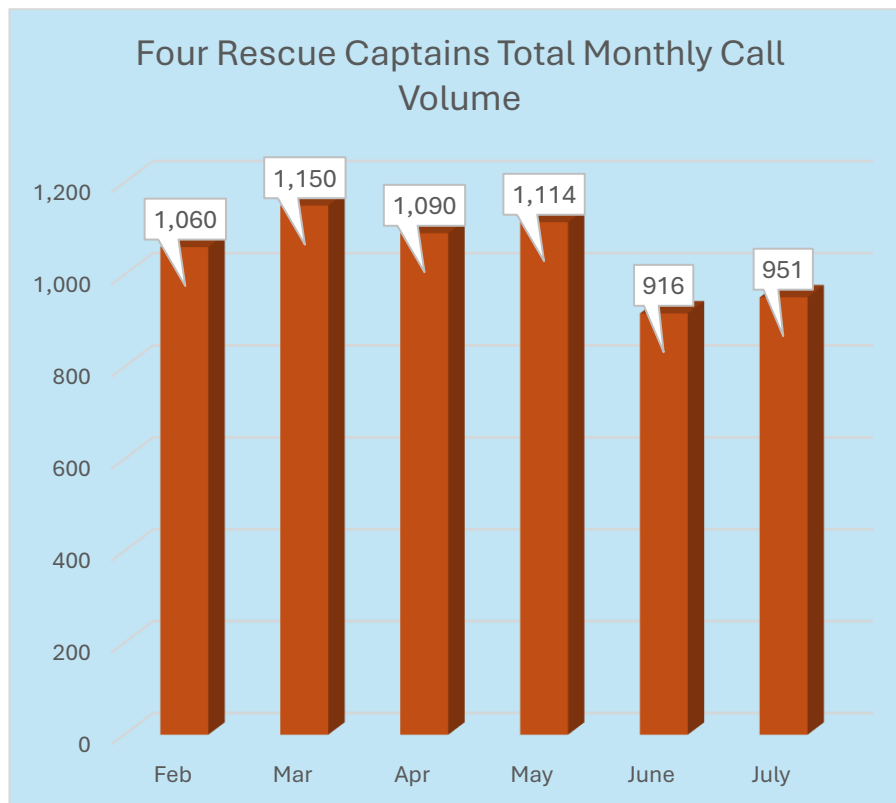
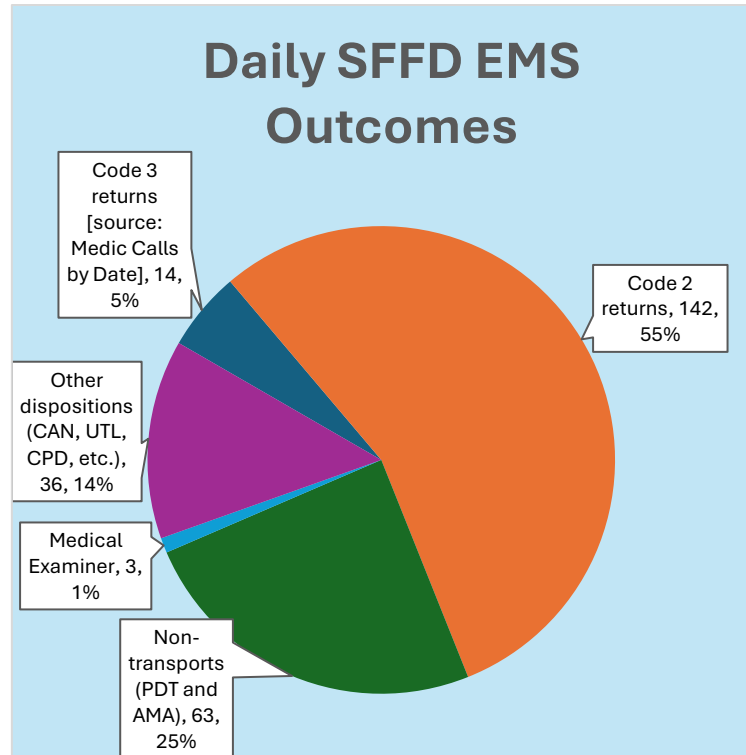
System volume continues to hover around 11 to 12 thousand calls a month. Our EMS call volume for the Department is approximately 74% of the total calls this past month.



EMS Call Outcomes

Referring to those 8,007 SFFD EMS calls, here are the average daily outcomes to the right for this month. “Code 3 returns” are lights and sirens transports to the hospital and Code 2 returns 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.

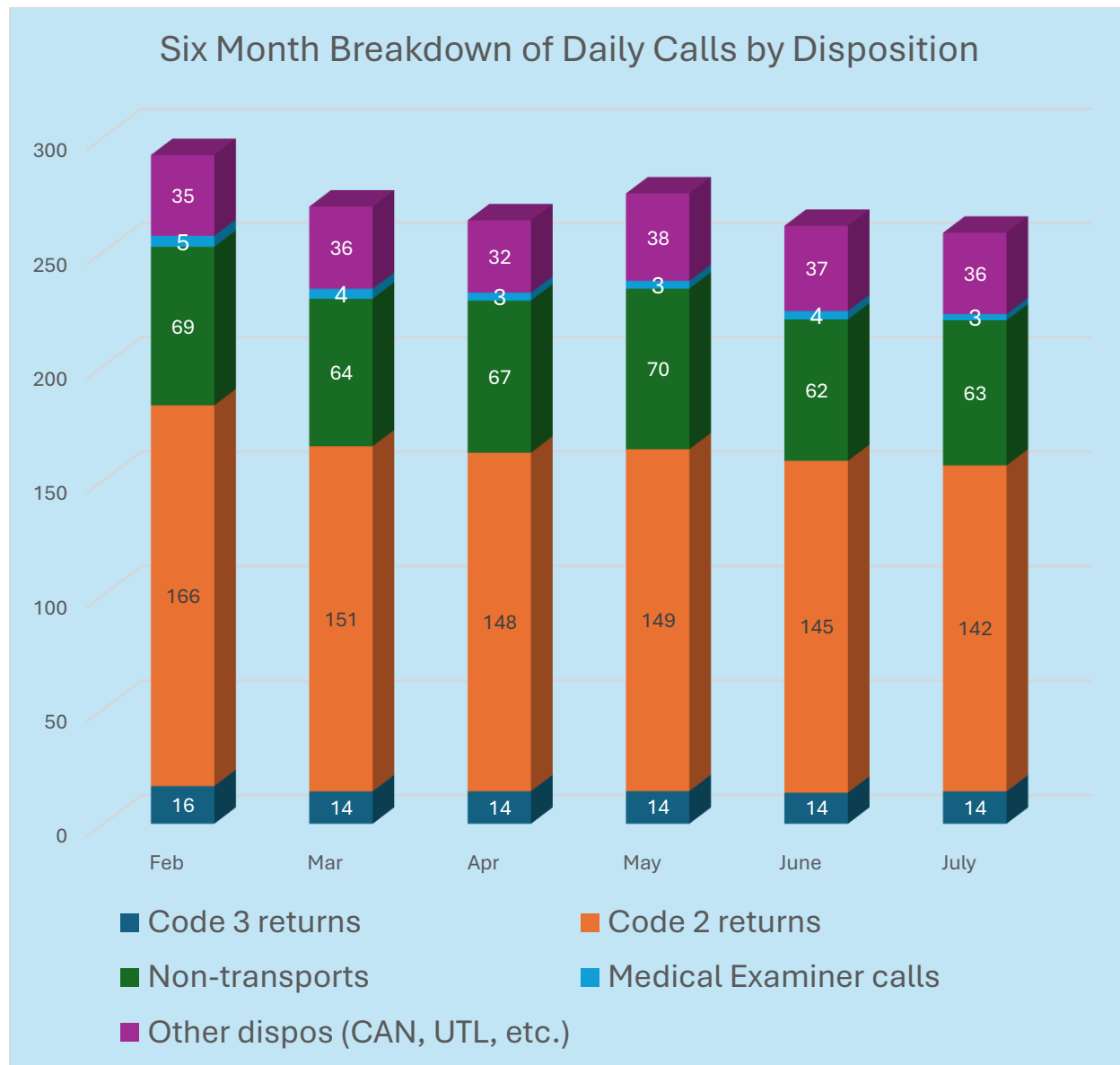


San Francisco Fire Department EMS Rescue Captains

This chart shows the total calls for all four field Rescue Captain units. Our four rescue captains ran close to 8 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.

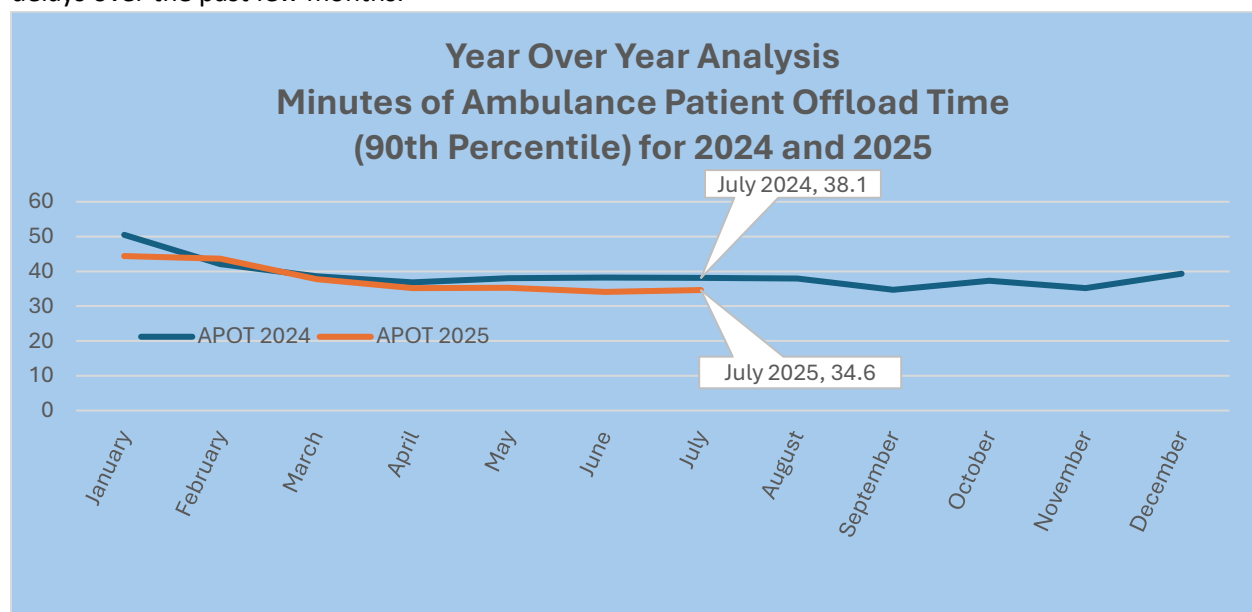
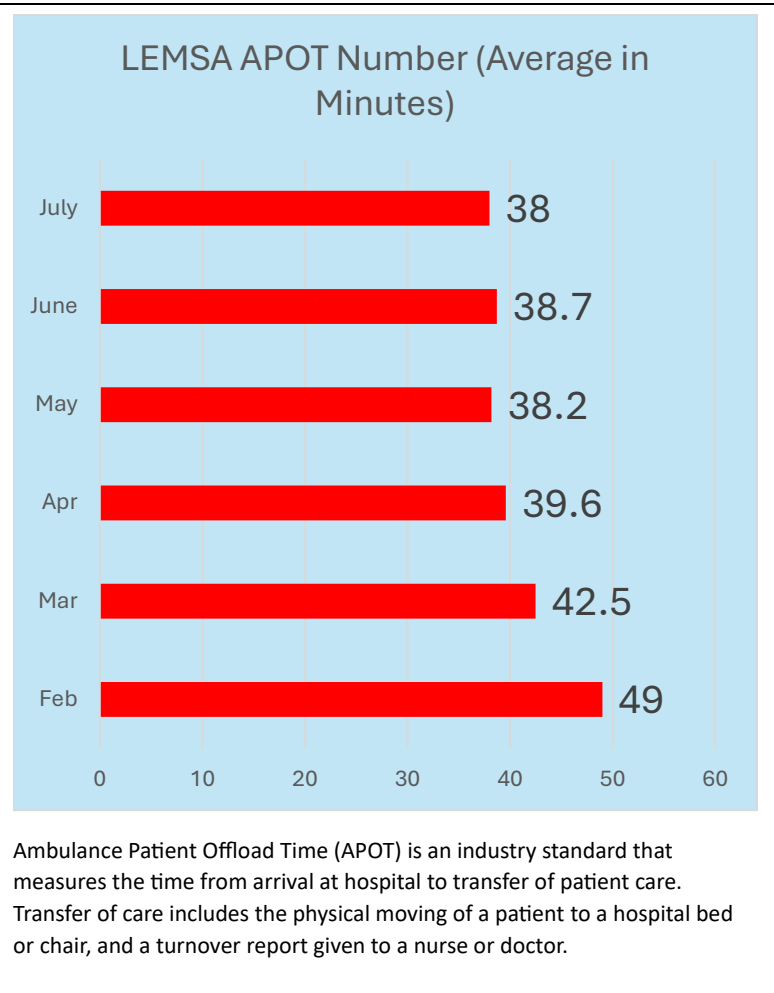


Ambulance Patient Offload Times

As we have indicated to you in the past few months, the State benchmark for transfer of care is under 30 minutes. LEMSA's average for all calls (code 2, code 3, and all privates included) is 38 minutes.

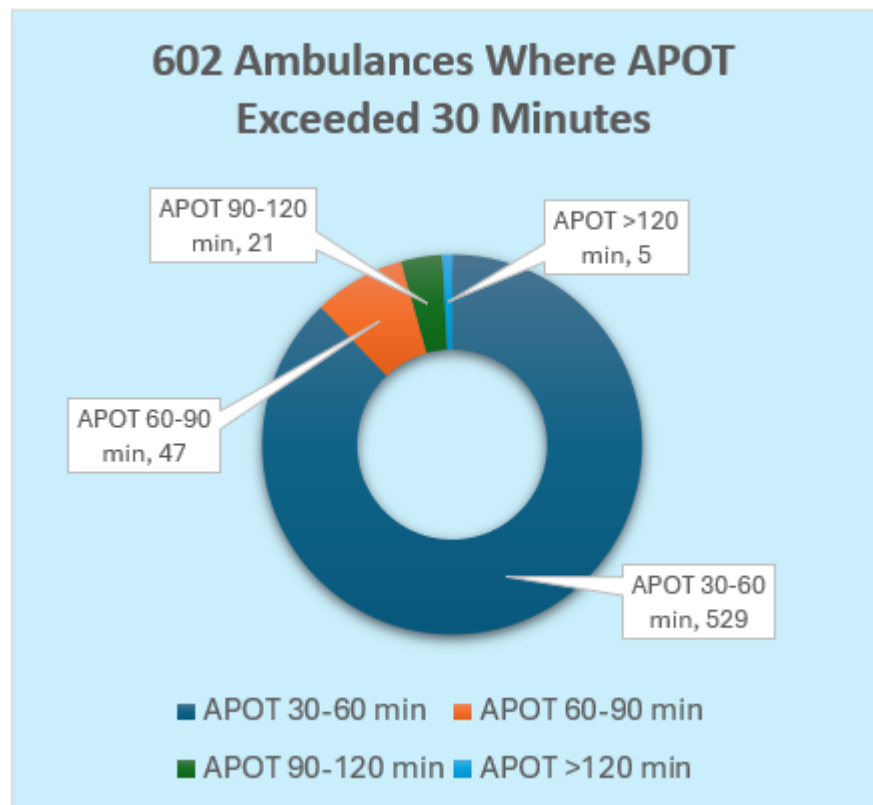
I want to remind the Commission that the policy for APOT Alerts in San Francisco has changed. We requested this change to allow for the system to respond more quickly to delays at hospital. Now, instead of waiting for two hours before activating an alert, we can activate in an hour. And our captains at dispatch continue to monitor so that we can send oversight to the hospitals before the system is impacted. Still, these are small steps in a long journey to repair the problems with turnover of care delays.

Our own data shows a leveling off of delays over the past few months.



Here is a year over year analysis showing that we have slightly lower APOT 90th percentile times in 2025.

This graphic shows the number of 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. These 602 times that ambulances waited to turn over a patient accounted for over 150 hours that our crews spent beyond the 30-minute benchmark. This is the same as the amount of time lost last month.

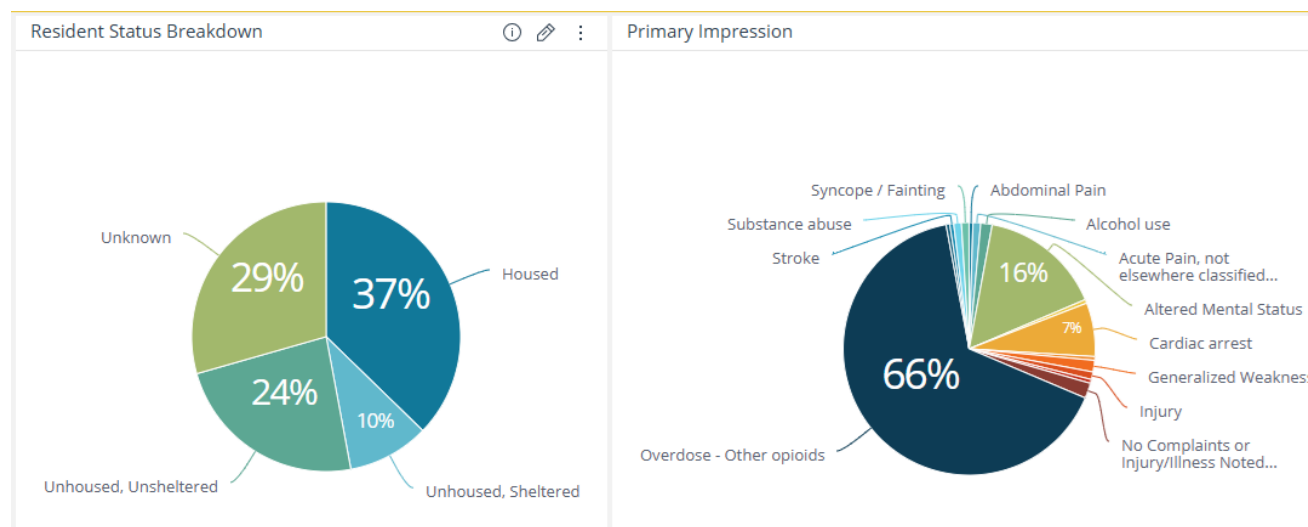


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Narcan Administration for Opioid Overdoses

As you know, we are presenting Narcan administrations and patient numbers. We also looked to see the housing status and primary impression of each call.

This month, we treated 204 patients with Narcan (up from 181). Most were treated by our crews, but a few received Narcan before we arrived by bystanders, police, or other health professionals. Of those patients, approximately 34% were unhoused, 29% were unknown status, and 37% were housed. These proportions have stayed very similar for the past several months of analysis.



Pain Management in Trauma Calls – Clinical Trial

In July we began our participation in the University of Pittsburgh's Department of Defense study called the Prehospital Analgesia Intervention (PAIN) Trial. The PAIN research study compares two pain medications, Ketamine and fentanyl in patients that have experienced severe traumatic injury, are in compensated shock, and experiencing pain. This study is a four-year, multicenter, prehospital, randomized, double-blind clinical trial coordinated here in San Francisco by our Medical Director, Dr. Jeremy Lacocque. The goal is to determine if there is a clinical benefit of one of the medications over the other in the context of pre-hospital pain relief for trauma patients. We have yet to enroll anyone in the study, but these launches are often a slow start. We are participating along with a dozen pre-hospital systems across the country.

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Advanced Paramedic Skills for Critical Patients

Here are the data for the advanced skills performed by our Department paramedics.

Advanced EMS Skills [source: ESO ePCR]	Feb	Mar	Apr	May	June	July
Intubation: Direct Laryngoscopy	4	9	6	9	4	6
Intubation: Video Laryngoscopy	15	20	22	19	14	16
Continuous Positive Airway Pressure (CPAP)	41	30	30	28	23	6
Pleural Decompression	0	1	0	0	0	2
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	2	1	0	4	2	0
Transcutaneous Pacing	2	3	4	3	3	1
Intraosseous Infusion Adult	24	36	41	33	28	33
Intraosseous Infusion Pediatric	0	1	0	0	0	0

Over the past several months, I've explained each of these advanced interventions. We continue to review this information in our CQI office and use it to determine what trainings to provide as well.

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Cardiac Arrest Data

Our cardiac arrest survival rate was up this month. There is a correlation between ROSC at ED and whether or not the cardiac arrest was witnessed, the initial rhythm was shockable, or if there was bystander CPR. Note our analysis of the Utstein results below. Where a patient appeared in Utstein 1 or 2, we had excellent success rates.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
August '24	125	36	21	9	11	12	33%
September '24	101	23	15	5	9	8	35%
October '24	126	36	24	4	13	11	31%
November '24	132	40	24	9	7	13	33%
December '24	116	32	20	3	10	4	13%
January '25	147	43	26	6	7	11	26%
February '25	144	26	17	2	14	12	46%
March '25	152	36	20	1	8	13	36%
April '25	128	24	9	3	4	10	42%
May '25	123	24	20	5	13	9	38%
June '25	136	21	14	3	7	4	19%
July '25	113	29	19	6	11	8	28%

Of those numbers above, here are the details for those in Utstein 1 and 2.

Utstein 1	6	Transported	6	ROSC at ED	4	66.7%
Utstein 2	2	Transported	2	ROSC at ED	2	100.0%

Utstein 1= Witnessed Arrest + found in a shockable rhythm.

Utstein 2= Witnessed Arrest + found in a shockable rhythm + Bystander CPR &/or AED

Notable Events

CHEMPACK Review with DEM and DPH

The Federal Administration for Strategic Preparedness and Response sponsors the CHEMPACK program, which are caches of medication in strategic locations around the country. These are deployed in the event of a chemical incident or terrorist attack and contain nerve agent antidotes. Chief officers of EMS, Homeland Security, and first due battalion chiefs, along with members of first due engine and truck companies did a walk through of the building, viewed the cache, determined the best vehicle placement for access to the building, and talked through various scenarios. The Department is following through with the Department of Public Health and the Department of Emergency Management to improve our member's awareness and readiness to respond in the event of a large scale event.

Cardiac Arrest Survivor Meets Up with Her Rescuers

Four years ago, 39-year-old Liz Curtis's heart stopped working. This could have been the untimely death of an otherwise healthy young woman. When our members responded, they found her without a pulse, but in a shockable rhythm. Quickly starting CPR and all advanced life support measures, including defibrillation, they obtained a pulse and transported her to the hospital. Recently, she reached out to the Department hoping to meet with her rescuers, three of whom are pictured below: paramedics Gary Lu and Logan Rasmussen, and Lieutenant Luke Michaelis.

On Sunday, July 27, we arranged a reunion with our healthy patient, her family, and the Department members who took such great care of her. She gave a lovely speech and took some photos with our team.



EMS and CP Town Hall

On July 10, we held our quarterly town hall with members of CP and EMS Divisions. Our command staffs provide a few updates and open the floor to member questions. We run it on Teams, our virtual meeting platform, so that members can join in from anywhere, but we also encourage members to come in person. We had dozens of participants and covered many topics of discussion. The EMS and CP divisions last had a town hall meeting three months ago, and going forward there will be quarterly meetings. This is one way that we are improving communication within the department.

ESO Meetings

ESO is our electronic prehospital care report vendor and their senior staff visited us last month to talk about new ways to improve our providers' care of patients. Top of their list was integrating artificial intelligence with chart and narrative writing. This is a cutting edge area in medicine that has the potential to decrease the workload and time spent of our members documenting the care provided. We will be working with ESO to beta test the product as soon as it is ready.

They also use AI to help analyze the data from thousands of charts to help our management locate areas for training or places our members did good work. A long-discussed dream in EMS is to incorporate hospital outcomes with our charts so that our members can learn about the eventual treatment and outcome of their patients. The goal is great care for all our patients and this could be a big step in that direction.

EMSAC – New Policies and Protocols

Our Local EMSA has a new medical director, Dr. Amelia Breyre, who is spearheading a whole host of new changes to our policies and protocols. Many of these will be implemented this fall after a six-week in-service training at Station 49. All our paramedics will go through this training. We do this twice a year for updates and refreshers.

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H3 Level 1 and Level 2 Graduation

Fourteen EMTs and two paramedics joined us after a fantastic graduation ceremony on Friday, July 25. These members of EMT Class 27 and Paramedic Class 13 were joined by family, friends, all of us, and a host of community members. We are excited to have them join us and look forward to a wonderful career with them here at the Department.



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Violence In Workplace Policy

Violence in the workplace hits ambulance and community paramedic crews especially hard. In the 12 months prior to the end of July, there were 110 Cal OSHA reports of the violence against our members by patients and members of the public. Of those, 93% were from ambulance community paramedic personnel. The Response to Violence Against Department Members Policy was released on August 1 codifies our policy and procedure that we have operated under for the past several years.

Developed over nearly two years through extensive consultation with the San Francisco Police Department, the Office of the District Attorney, the City Attorney's Office, and the Department's Health and Safety Committee, this policy empowers members to report incidents confidently, knowing that they will be heard and supported and that physical, verbal, or sexual, violence against our members is not an acceptable or expected part of the job. Special thanks to the contributions of Assistant Deputy Chief of Community Paramedicine April Sloan, Assistant Deputy Chief of EMS Antenor Molloy, Section Chief of EMS Administration Craig Gordon, Captain Heather Buren, EMS Captain Ada Wong, and Paramedic Matt Fluke. This policy represents the Department's commitment to the safety and well-being of its personnel.

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Notable Calls

Adult Suicide Attempt

- **Medic 562:** PM Dabrowski, PM Kline
- **Engine 28:** Officer Aikhionbare, PM O'Driscoll, EMT Villalba-Nunez

Summary:

Medic 562 and Engine 28 responded for a male who was found in the bathroom by his girlfriend and roommate after a presumed suicide attempt with a knife in hand and multiple stab wounds to the left chest wall, and one just superior to thyroid cartilage. Patient received a needle decompression to the left chest by EMS, which reportedly improved his field blood pressures. On arrival to the ED, patient was on 15L non-rebreather with oxygen saturation at 85-92%, and systolic blood pressure in 90s. Left chest tube was placed in ED for which initially 1200cc of blood was drained, with continued bloody output. This rapid intervention by EMS provided the time this patient needed to get to the OR for emergent surgical care. Ultimately, the patient is doing better at SFGH.

Pediatric Allergic Reaction

- **Medic 527:** PM Baird, PM Nathan
- **Engine 28:** EMT Forbes, EMT Melendez

Summary:

There are a few true emergencies when our rapid response can mean the difference for a person. Severe allergic reaction, also called anaphylaxis, is one of them. In anaphylaxis, the quick administration of epinephrine is required to reverse the body's allergic overreaction. If you know someone with severe allergies, this is why they always carry an epinephrine auto-injector with them.

Last month, our crews responded to a two-year-old boy who just eaten eggs. The family called 911 when the boy started showing signs of an allergic reaction. Medic 527 and Engine 32 responded and arrived on scene to find the boy in anaphylaxis, showing signs of multi-system effects of the allergic response. This can include breathing problems, plummeting blood pressure, and generalized swelling, just to name a few. Our crews rapidly assessed and treated this young boy with epinephrine and Benadryl. He had marked improvement to symptoms prior to transport to UCSF-Mission Bay. Patient was sent home with his family the next day, likely with two new auto-injectors.

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Community Paramedicine Division Fire Commission Report

July 2025

Division Highlights

Close Coordination with Conservator's Office Supporting High-Utilizer

An unhoused high utilizer with a history of refusing outpatient care had 16 EMS encounters in the year prior to her first period of stabilization under conservatorship in 2024. After being discharged to supportive housing, she decompensated and had 33 EMS activations as she faced eviction. EMS-6 recognized the spike in utilization and convened a case conference with her providers. Conservatorship was reinstated, followed by inpatient stabilization and medication re-initiation. She was discharged back to housing under community conservatorship and has remained stable—with no 911 activations since.

Coordinated Response to Chronic Opioid Use and High EMS Utilization

Beginning in September 2023, EMS-6, SORT, and SCRT collaboratively supported an unhoused individual with severe opioid use disorder, successfully reducing his EMS transports from 35 over 8 months to zero through shelter placement and medication-assisted treatment (MAT). In early 2025, the client disengaged from MAT and experienced wound complications, resulting in 11 EMS transports between February and June. In July, EMS-6 initiated care coordination with HOT, Shelter Health, and a DPH addiction care clinician. The client is now in a skilled nursing facility, re-engaged with MAT, receiving wound care, and has had no 911 activations since. This coordinated care effort aims to stabilize his health and substance use disorder to support entry into a 90-day residential treatment program.

Conservatorship Support for Vulnerable Older Adult

On July 24, Community Paramedicine personnel, including CP5, assisted in the safe transport of an 88-year-old conservatee to SFGH. Coordination with APS, SFPD's Crisis Intervention Team, and the Office of the Conservator ensured continued protective oversight amid concerns of elder abuse and financial exploitation. Efforts are ongoing to extend conservatorship and ensure safe placement at an acute care facility.

Family Shelter Behavioral Health Response

SCRT7, CP5, and RAMS Peer staff responded to a COMPASS family shelter where a mother experiencing psychiatric distress was at risk of family eviction. By directly engaging with shelter leadership, the team averted displacement of a family with an infant and supported voluntary behavioral health linkage for the client. The incident reflects SCRT's trauma-informed crisis negotiation and resource navigation capabilities.

Grave Disability Intervention: Encampment in Vehicle

On July 19, CP5 and SCRT responded to a wellness check for a woman living in a severely unsanitary vehicle. The client presented as gravely disabled, with hallucinations, open wounds, and incontinence. After repeated refusal of care, she was placed on a 5150 hold, removed with multi-agency support, and transported to CPMC Bernal for medical and psychiatric stabilization. The case was referred to Adult Protective Services.

SFFD Community Paramedicine Overview Video

The CP Division released a new video highlighting our work for the public. It was distributed via the Fire Department PIO's social media channels on July 25th and on SFGovTV channels. Utilizing SFGovTV funds, the video showcases the Department's nationally recognized alternative response programs. Internal promotion efforts and QR code dissemination are underway. The video may be accessed through a direct link: sfcommunityparamedics.org



Above: Excerpt from the video highlighting Community Paramedicine

Research Committee Progress and Presentation

Section Chief of Administration Michael Mason co-chaired the Department's Research Committee meeting on July 8, achieving quorum and adopting its official charter. Dr. Shannon Smith-Bernadine presented research on EMS-to-sobering center pathways using SFFD data. Future meetings will continue work on internal and external research frameworks and feature national-level collaborations like the RENDOR Narcan study.

NST Metrics Development with City Performance

The CP Division began work with the Controller's Office City Performance team in July to support development of performance metrics for the Neighborhood Street Teams (NST). A July 29 meeting with DEM, SFFD, and Controller's Office stakeholders began work on an outcomes framework for ongoing program evaluation.

ESO Chief Medical Officer Visit

On July 22, CP Division members met with ESO's Chief Medical Officer and EMSA Medical Director Dr. Breyre to discuss improvements to data sharing and hospital destination exchange (HDE) workflows. A shared document of discussion items guided the meeting, with follow-up actions to streamline ESO system performance.

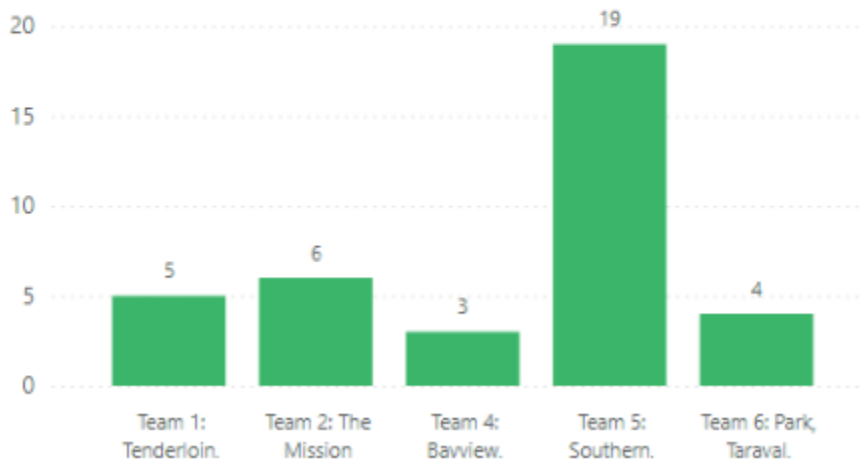
Neighborhood Street Teams

Operational period: 7/1/2025 – 7/31/2025

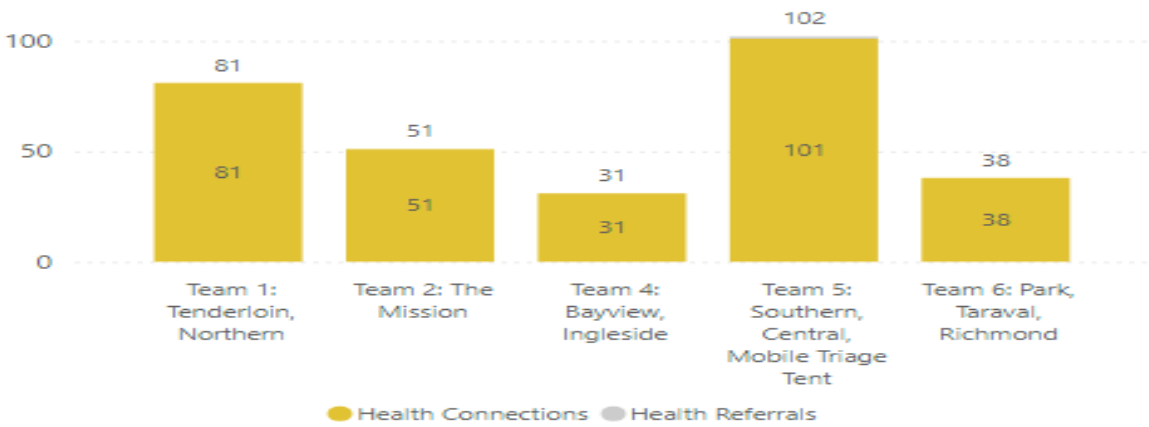
Date Notes: Data source DEM, filtered for Fire Department units includes SCRT responses and outcomes in the specified neighborhood. 5150 data includes all SFFD ambulance transports.



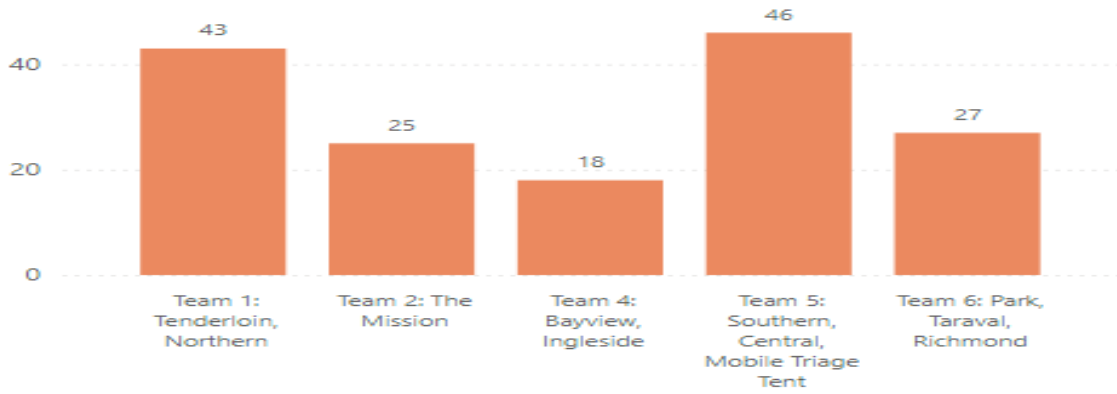
NST Shelter Placements, by Team



Health Connections, by Team



5150's, by Team



EMS-6

Operational period: 7/1/2025 – 7/30/2025¹

Total encounters: 105

Average encounters per day: 3.5

Utilization changes of top 20 utilizers engaged by EMS-6 from the month before the operational period to current: -32.17%

Encounter Type	Number
Consult	27
In Person Visit	65
Case Conference	1
Show of Support	0
Care Coordination	2
Interagency Support	0
Chart Review	10
Overdose Follow Up	13
Total	105

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

SCRT

Operational period: 7/1/2025 – 7/31/2025

Total Calls for Service: 1,442

Average Response Time: 18.19

Average on Scene Time: 43.60

Disposition All Calls for Service

Non-ambulance transport to non-ED resource	256	17.73%
Ambulance transport to ED	178	12.33%
Remained in the community	715	49.52%
Unable to Locate & Walked Away	290	20.08%
OME	5	0.35%
Total	1,444	100.00%

Disposition Engaged Individuals Only

Non-ambulance transport to non-ED resource	256	22.28%
Ambulance transport to ED	178	15.49%
Remained in community	715	62.23%
Total	1149	100%

5150

Grave disability	26
Danger to Self	15
Danger to Others	8
Total*	40

*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 (1442)
PD requested by SCRT	1	0.07%
SCRT requested by PD	335	23.23%