



Fire Commission Report – August 2025

EMS Division

September 10, 2025

Assistant Deputy Chief Tony Molloy



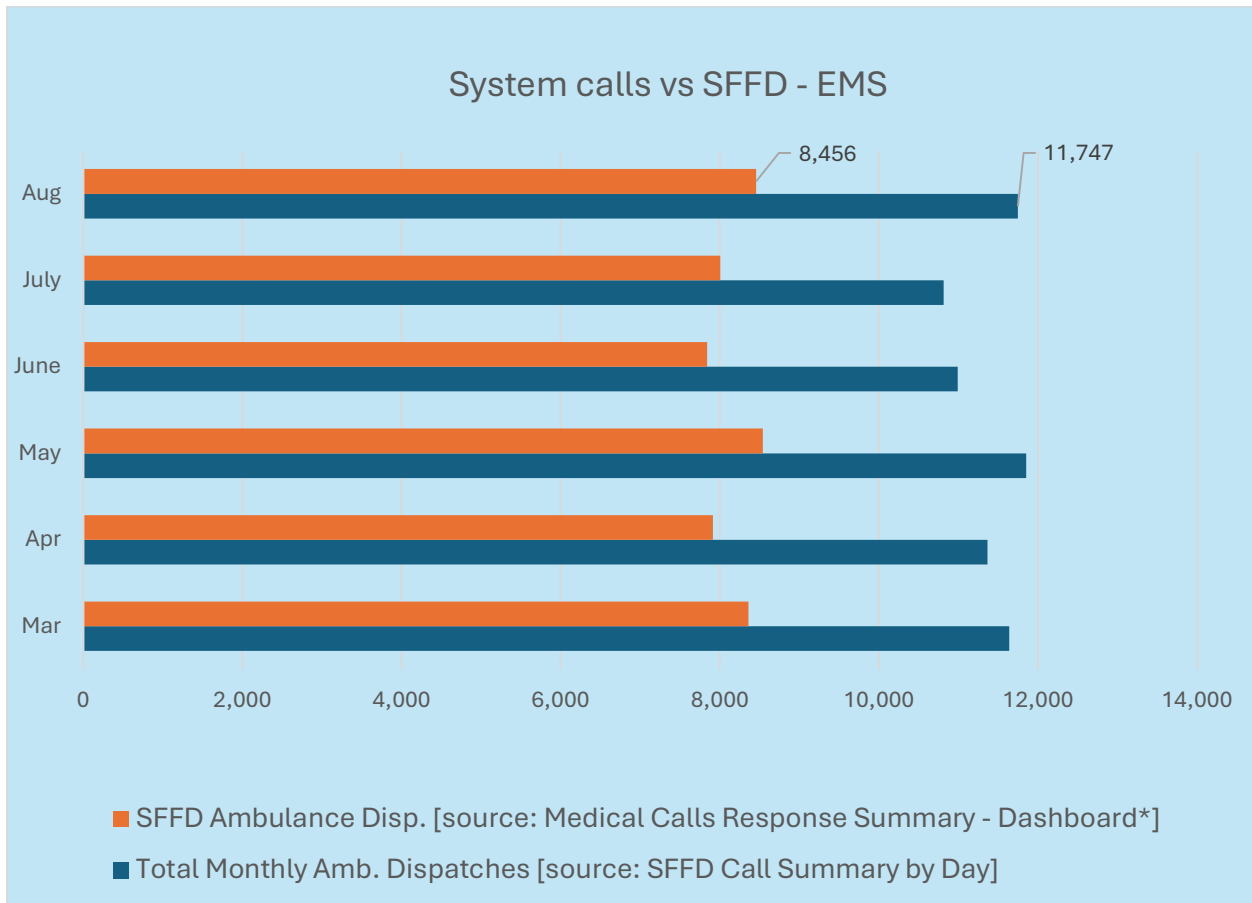
Operations

Monthly Call Volume

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

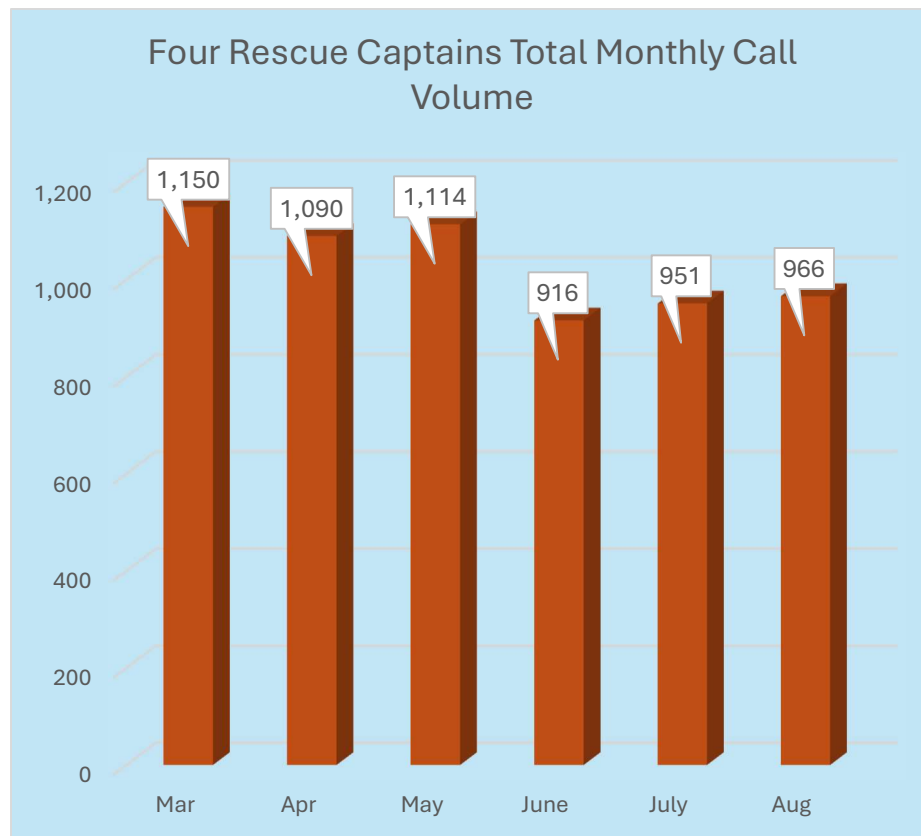
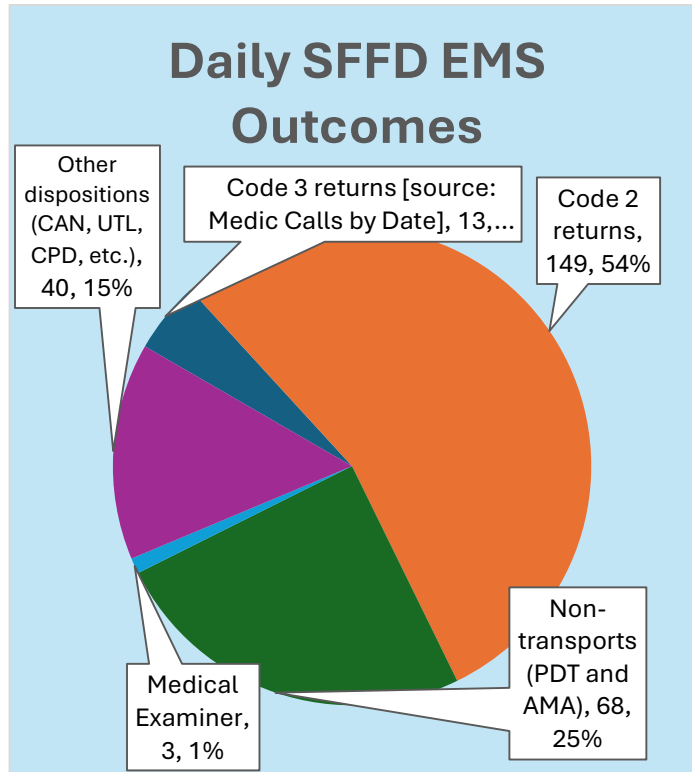
	Mar	Apr	May	June	July	Aug
Total Monthly Amb. Dispatches	11,640	11,364	11,853	10,989	10,813	11,747
SFFD Ambulance Dispatches	8,359	7,912	8,540	7,840	8,007	8,456
RC total calls	1,150	1,090	1,114	916	951	966

System volume continues to hover around 11 to 12 thousand calls a month. Our EMS call volume for the Department is approximately 72% of the total calls this past month.



EMS Call Outcomes

Referring to those 8,456 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-transporters are when a person with capacity decides not to go to 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.

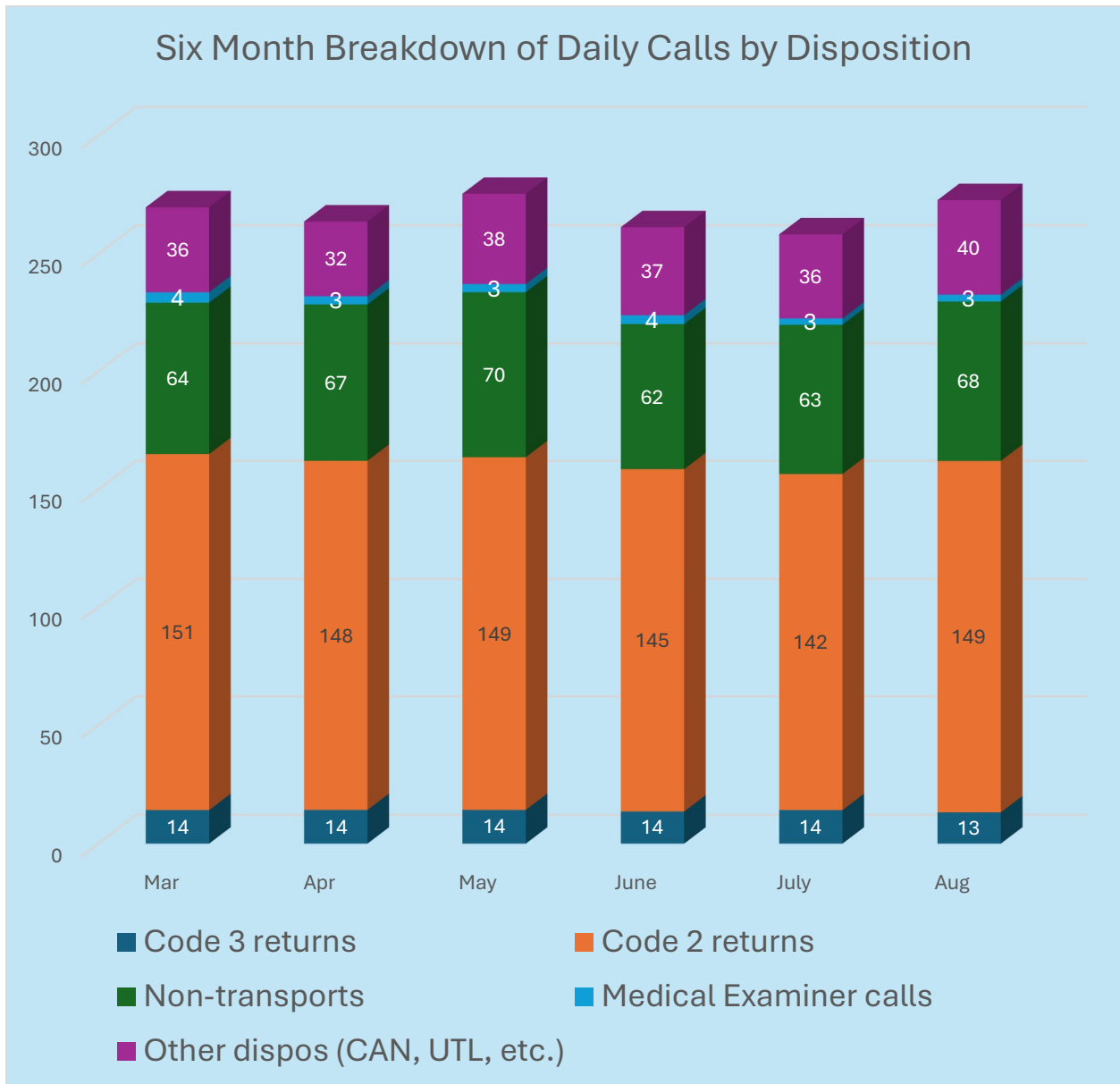


San Francisco Fire Department EMS Rescue Captains

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

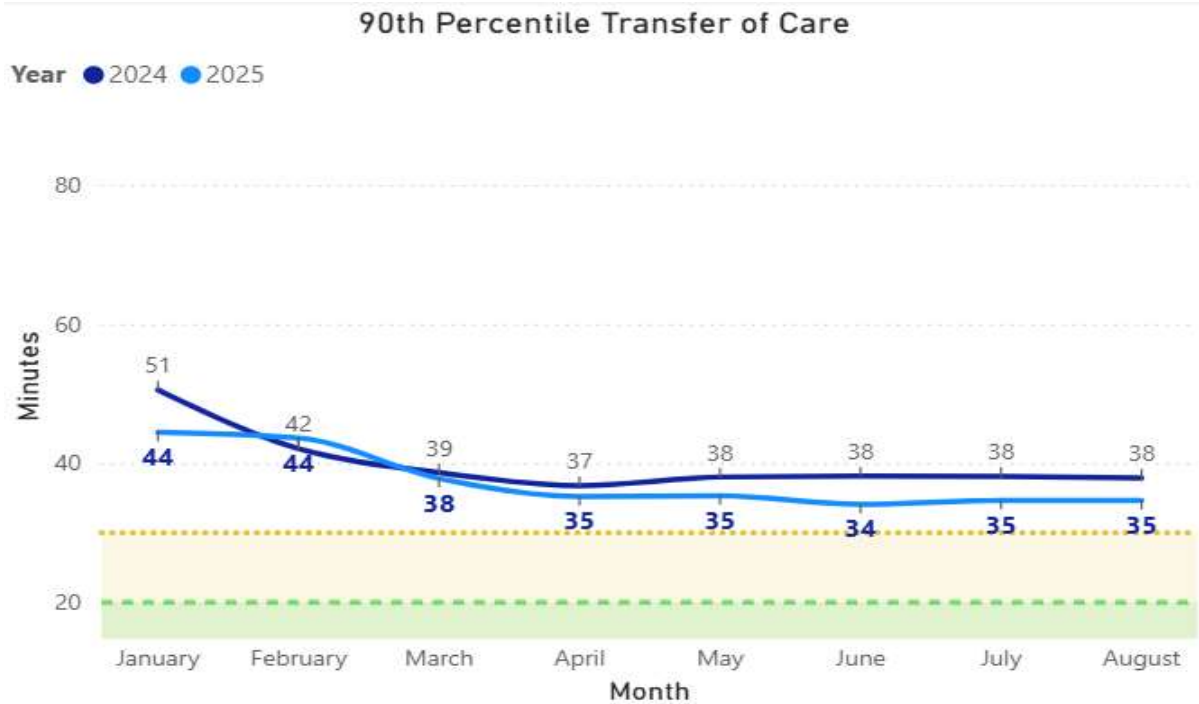
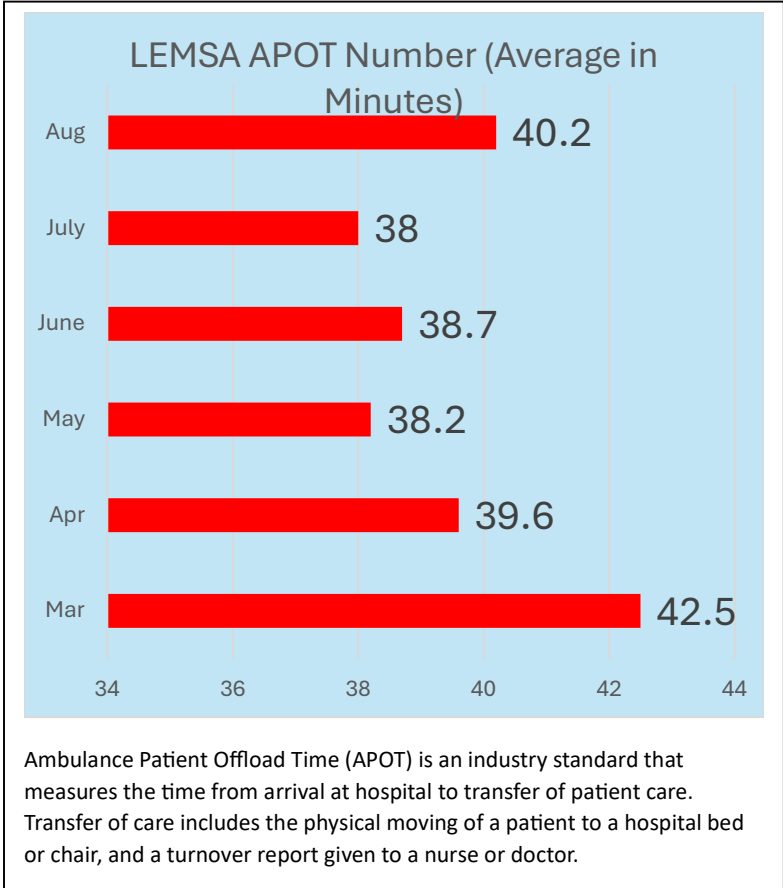
These data are necessarily presented as monthly reports, but the difference in length of the months can skew the data up or down. We are continuing to present the calls per day to make it easier to compare months of data. The stacked bar in each month shows the same categories as the pie chart on the previous page, starting from the bottom: Code 3 returns to the hospital, Code 2 returns to the hospital, non-transporters like AMAs and PDTs, Medical Examiner calls where we pronounce in the field, and remaining assorted dispositions. We ran 379 calls per day in August, which is up from our running yearly average of 371 calls per day.



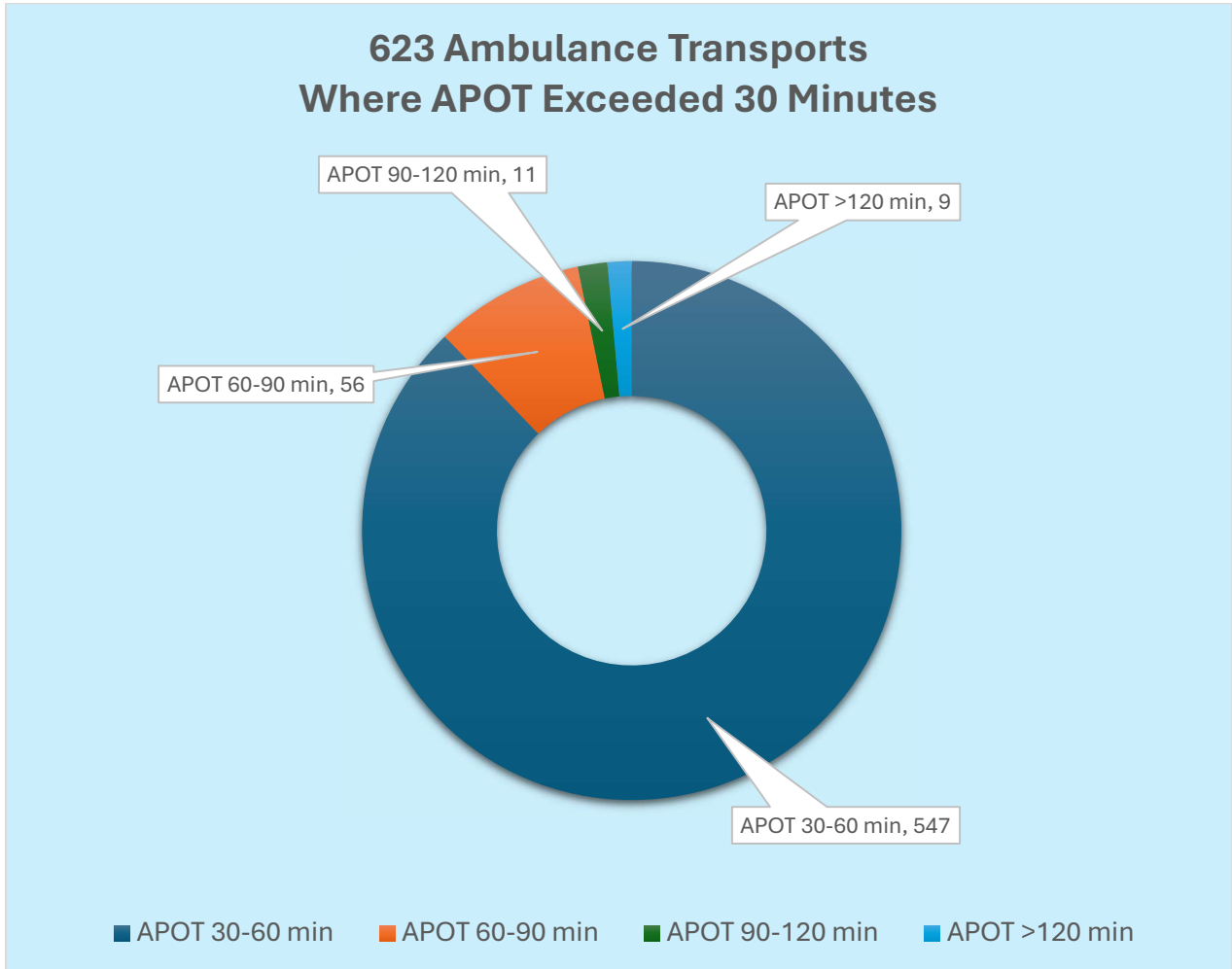
Ambulance Patient Offload Times

As you know, 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) was up to over forty minutes last month.

While we expect a decrease in spring of each year for APOT following the cold and flu season, we are seeing a good trend over the past few months. Notably, our drop this year in code 2 transports has been consistently lower for the past several months. While it is too soon to make any definitive conclusions, it appears that our and the hospital initiatives have paid off. Our average APOT 90th percentile for the last five months is 35 minutes, compared to 38 minutes for the same months last year.



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 623 times that ambulances waited to turn over a patient is up slightly from last month and accounted for over 160 hours that our crews spent beyond the 30-minute benchmark.

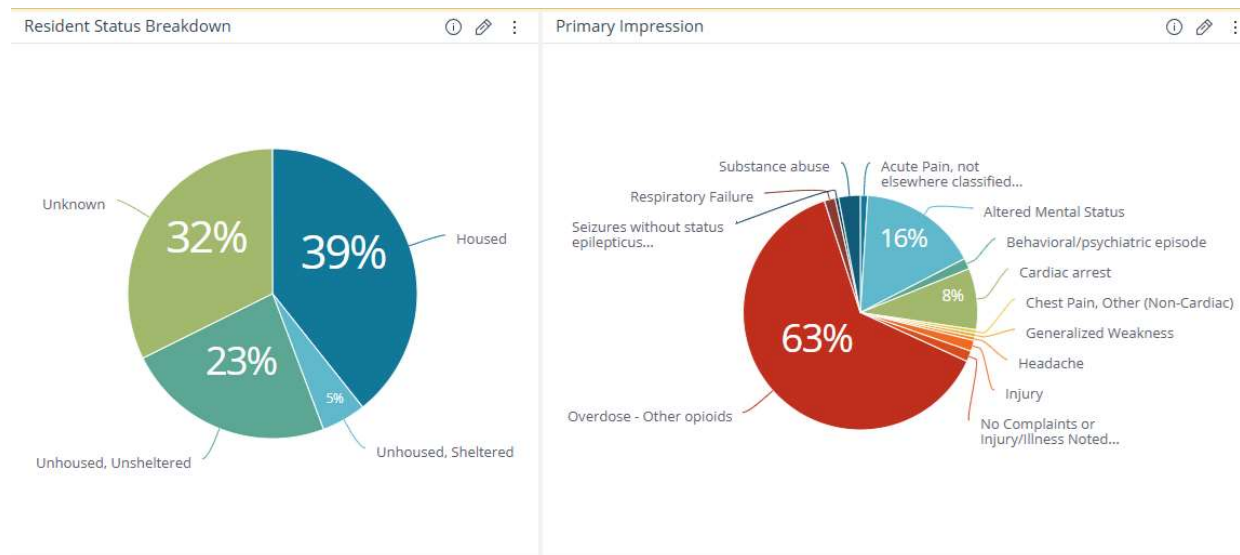


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Narcan Administration for Opioid Overdoses

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 201 patients with Narcan. 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 28% were unhoused, 32% were unknown status, and 39% were housed. This is a slight increase of housed versus unhoused individuals.



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.

Advanced Paramedic Skills for Critical Patients

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

Advanced EMS Skills [source: ESO ePCR]	Mar	Apr	May	June	July	Aug
Intubation: Direct Laryngoscopy	9	6	9	4	6	4
Intubation: Video Laryngoscopy	20	22	19	14	16	14
Continuous Positive Airway Pressure (CPAP)	30	30	28	23	6	22
Pleural Decompression	1	0	0	0	2	1
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	1	0	4	2	0	1
Transcutaneous Pacing	3	4	3	3	1	3
Intraosseous Infusion Adult	36	41	33	28	33	34
Intraosseous Infusion Pediatric	1	0	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.

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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
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%
August '25	118	37	25	6	12	14	38%

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

Utstein 1	7	Transported	6	ROSC at ED	3	42.9%
Utstein 2	4	Transported	4	ROSC at ED	2	50.0%

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

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

Notable Events

ALS Training



Our In-Service Training team has instructed 125 of our paramedics this past month on policy and protocol changes and updates. We also took this opportunity to refresh training on advanced airway management, critical pediatric medication administrations, and less common cervical spine immobilization and extrication techniques.

Buprenorphine

We have been providing a medication called buprenorphine for a few years. This medication is designed to treat substance abuse disorder (SUD). When our members encounter a person with SUD who are showing signs of severe withdrawal symptoms, we offer them this medication and work with them to fully explain the benefits. Last month, we were able to start two individuals on buprenorphine, which has been proven to be a big step in a path to recovery.

Sobering Center Transports Increase

The Sobering Center, an accredited alternative destination for ambulances, is the appropriate destination for patients with alcohol intoxication in the absence of other medical complaints. For patients that meet the criteria for Sobering Center transport, the Sobering Center is the appropriate location for their care. They can sober up under the watchful eye of a registered nurse, shower, clean their clothes, and eat food. From the Sobering Center, the individual can begin alcohol and drug treatment, case management from a dedicated social worker, and, if experiencing homelessness, can obtain shelter. Additionally, these are patients that don't need the services of an Emergency Room and by bringing them to the Sobering Center it helps reduce ER overcrowding, which in turn, decreases the incidence of APOT delays.

Beginning in mid-July, we began daily messaging our members to re-familiarize themselves with the Sobering Center inclusion criteria, and to transport there when it was safe to do so. This campaign has paid off, as transports to the Sobering Center increased by over 50% (25-38) from July to August.

Notable Calls

Two Critical Patients from a House Fire

- **Medic 514: PM Sebastian Chavez, PM Eric Henderson**
- **Medic 562: PM Daniel Kline, EMT Derek Dabrowski-Shotiveyaratana**
- **RC3 Emily Anderson**

Summary:

On 08/05/2025 at approx. 08:30am, SFFD responded to a reported house on fire at 341 Arkansas St., where crews quickly identified a 1st Alarm working fire. Suppression members performed rapid rescue of two victims found in a bedroom, while simultaneously conducting fire ground operations. Both victims received immediate treatment and were packaged on scene with rapid transport initiated. Upon arrival to St. Francis, both victims were intubated by hospital staff. The mother was identified to have scattered third degree burns with some airway involvement and has since been extubated with skin grafts at St. Francis Hospital. The son was identified with inhalation injuries and has since been extubated and discharged from St. Francis.

Cardiac Arrest Save

- **Medic 506: PM Sebastian Chavez and EMT Olivia Scomparin**
- **Engine 36: Lt Jacob Hill, FF PM Christian Von Motz, FF EMT Diallo Otey-Baeza, FF EMT William Gerber**
- **RC3 Nash Quinto**

Summary:

On 08/09/2025 at approximately 12:15 PM, SFFD units E36, M506, and RC3 responded to a restaurant for a report of a male patient in cardiac arrest. Crews arrived to find a 60-year-old male, later identified as a retired paramedic, unconscious on the floor with bystander CPR already in progress.

The patient's husband, an EMT, recognized agonal respirations, placed the patient on the ground, and began mouth-to-mouth. A server at the restaurant and former lifeguard, initiated chest compressions. Restaurant staff also assisted until EMS arrival.

On EMS arrival, ACLS protocols were initiated. The patient was initially in asystole, progressed through ventricular fibrillation and PEA, and achieved ROSC after three defibrillations and resuscitation efforts. He was transported lights and sirens with early notification to CPMC Van Ness, where he arrived awake, talking, and alert. He was diagnosed with a STEMI and transferred directly to the cath lab.

Following transport, RC3 Quinto provided follow-up and support to the family and the restaurant staff.

This is an example of an Utstein 2 cardiac arrest—an observed collapse, a shockable rhythm, and bystander CPR.

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Community Paramedicine Division Fire Commission Report

Operational Period 8/01/25-8/30/25

Total Monthly Responses: 2,060

Daily Average: 66.45

Average Response Time: 18.50 mins

Involuntary Psychiatric Holds

Grave disability	22
Danger to Self	13
Danger to Others	6
Total*	34

Disposition Engaged Individuals (SCRT)

Ambulance Transport to Hospital	157	13.78%
Non-Ambulance Transport	261	22.91%
Remained in Community	721	63.30%
Total	1139	100.00%

Top 3 Alternate Destinations:

1. Shelter (multiple locations)
2. Soma Rise
3. Geary Stabilization Unit

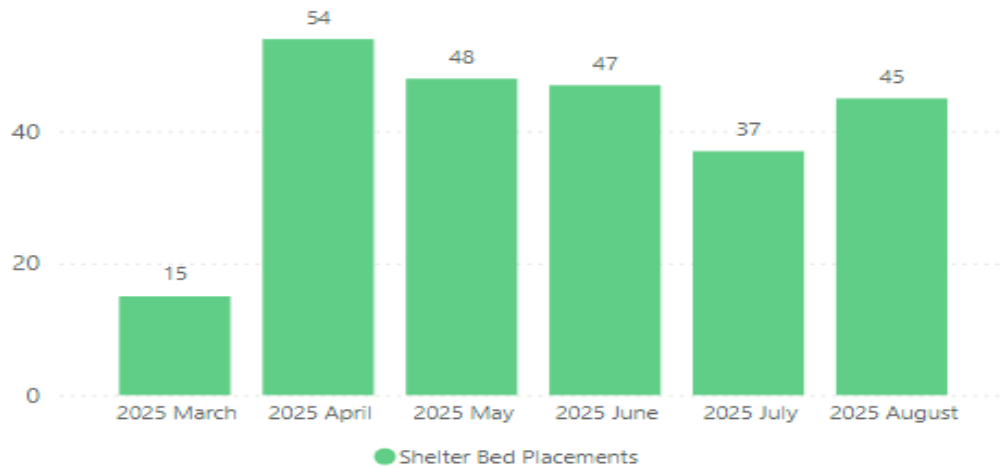
Law Enforcement

SCRT		Percent of total calls for service (1440)
PD requested by SCRT	10	0.69%
SCRT requested by PD	348	24.17%

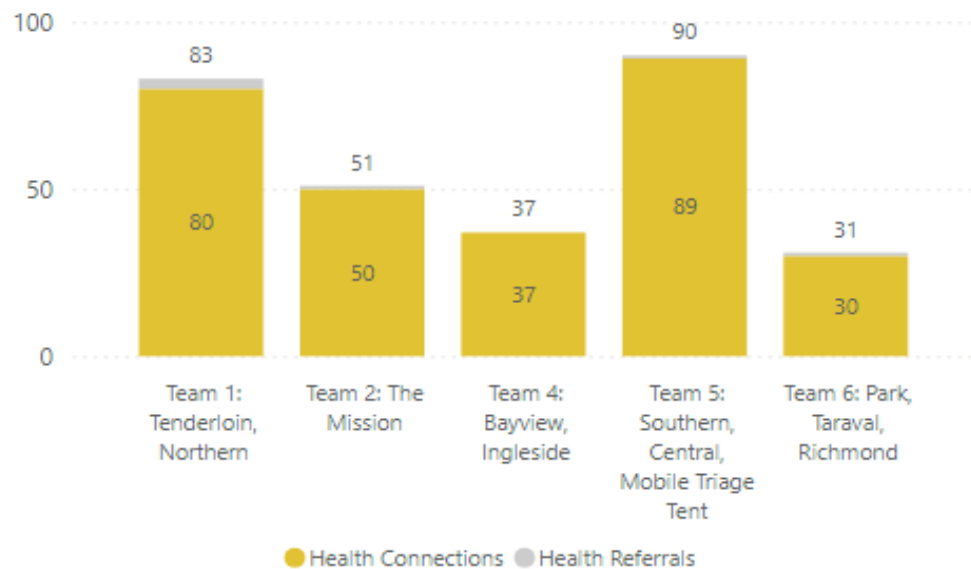
Neighborhood Street Teams

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

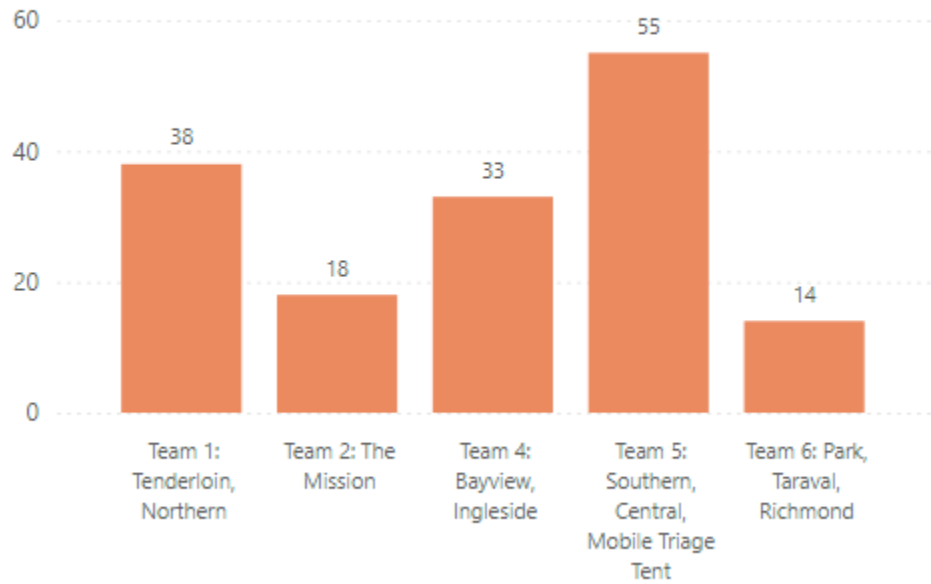
NST Shelter Placements, by Team



Health Connections, by Team



5150's, by Team



Community Paramedic Captains

- 356 responses
- Engaged with 84 unique high utilizers of 911
 - 115 engagements
- Engaged with 2 multiple overdose survivors
 - 5 engagements
- HSOC resolutions: 9

Case Conferences	10
SOS	3
MAP referral	2
SCOPE Referral	2

Training

Annual Interagency Training

In August, Community Paramedicine Training Lieutenant Dmitry Golovin began delivery of our annual interagency training module. This module (screen shots below) re-familiarizes both CP Division members (some of whom are new or returning to the Division) and our interagency partners from the Department of Public Health (RAMS peer support specialists) and the Department of Homelessness and Supporting Housing (HOT outreach specialists). This training will ultimately be delivered to over one hundred (100) community paramedics, EMTs, RAMS & HOT staff.

EXPECTATIONS ARE DYNAMIC

WHO SHOULD I REFER TO OCC?

- Anyone presenting with a behavioral complaint (housed or unhoused)
- If a referral is made and the patient is connected with a care team, OCC will notify care team of interaction
- Post Overdose (no more POET)

(SCRT)

- Community Paramedics are the safety officer on scene
- Medical assessment and clearance is done prior to any offering of resources, food, water, clothing, etc
- Collaboration amongst the team is encouraged on what is best for the client/patient today in terms of resources
- Disposition decision of the client/patient ultimately falls on the CP after team collaboration

Above: screen shot excerpts from the Annual CP Division Training

New York University Anti-Stigma Lab Briefing on Substance Use Disorder Training

Staff from NYU's Anti-Stigma Lab, including Director Dr. Lawrence Yang and UCSF Dr. Valerie Jackson, joined by DPH staff from the Office of Overdose Prevention, met with CP, EMS, and Training Divisions leadership to share evaluation data from our SAMSHA-funded training efforts. The first two training modules, on stigma and substance use disorders, showed measurable positive impacts on our members' knowledge, attitudes, and understanding of their roles in responding and caring for individuals with substance use disorders.

In September, the final SAMSHA-funded trainings on buprenorphine (Suboxone) and pre-hospital management of involuntary mental health holds (also known as 5150's) will be assigned to Department members.

Overview of results

- Showed significant changes in nearly every item
- After Module 2, the 180 paired respondents had:
 - Lower stigma
 - Greater role adequacy
 - Higher motivational interviewing self-efficacy
 - Higher overall confidence in working with people who use
- Major positive change in respondents thinking that having a helpful conversation will make a difference for a person who uses drugs (Motivational interviewing self-efficacy #2)

Above: Excerpt from NYU analysis of substance use disorder training delivered to all Department paramedics.

Continuous Quality Improvement

On 8/19/25 A/Captain Platt returned to the CP Division to assume the essential auditing and review functions of CQI while Captain Meyers is out on parental leave. Their combined work for the month of August was 43% of all PCRS and 100% of 5150's.

CP members have written hundreds of holds since 2023 with 100% CQI review with DPH. Minor documentation issues are the main problem identified; there are no concerns about the validity of the holds. We will be reducing our CQI process with DPH to a monthly review and focus on complex calls and holds written by new members.

Medical Director

Opioid Overdose Research Collaboration

SFFD is a part of a national multicenter FDA-funded study coordinated by the American College of Medical Toxicology of the real-world effects of Naloxone during the current fentanyl epidemic (RENDOR); Dr. Graterol is our local Principal Investigator. Early study findings were presented at our department's research committee meeting on August 12th. Of note, San Francisco was found to have a significantly higher rate of bystander and overall pre-EMS administration of Naloxone to patients with suspected overdose compared to other cities (83% compared to <50% at other sites [Denver, Detroit, Pittsburgh]). This finding highlights the efforts of SFFD during Project FRIEND to increase local availability of bystander Naloxone.

Division Highlights

Behavioral Health Crisis with Weapon Involvement

On August 21, SCRT3 was in the Potrero Hill neighborhood when they on-viewed an individual brandishing a knife while walking in traffic. Community Paramedics Nick Hansen and Zach Beatty called for SFPD support, coordinated scene safety, and subsequently placed the individual on an involuntary mental health hold for presenting a danger to others. The individual was transported safely to an emergency department where he was medically stabilized, released, and subsequently referred to the DPH Office of Coordinated Care.

Conservatorship

The number one high utilizer of 911 is inpatient on a temporary conservatorship. This individual has severe AUD, generating 92 911 responses in the last 365 days. EMS6 had 30 contacts over that time, diverted the individual to Sobering and facilitated connection and admission to Palm Ave (detox) HR360, MAP, Hummingbird and ADU's while coordinating with their intensive case manager (ICM) and the Public Conservator.

In August, there were consecutive days with multiple transports and injuries demonstrating the individual had no regard for personal safety. EMS6 placed the individual on an involuntary psychiatric hold. The individual was admitted to PES after advocacy by EMS6 and the hold was upheld. EMS6 initiated a case conference the following week with PES, the Public Conservator and ICM providers. A Justification and Recommendation for permanent conservatorship will be submitted by Psychiatry.

Quarterly Captains Meal

On 8/06, Chiefs Sloan and Nazzareta hosted the Quarterly Captains Meal at 1415 Evans. The chiefs prepare a meal for the captains and eat together, providing an opportunity to give and receive feedback in an informal manner.