



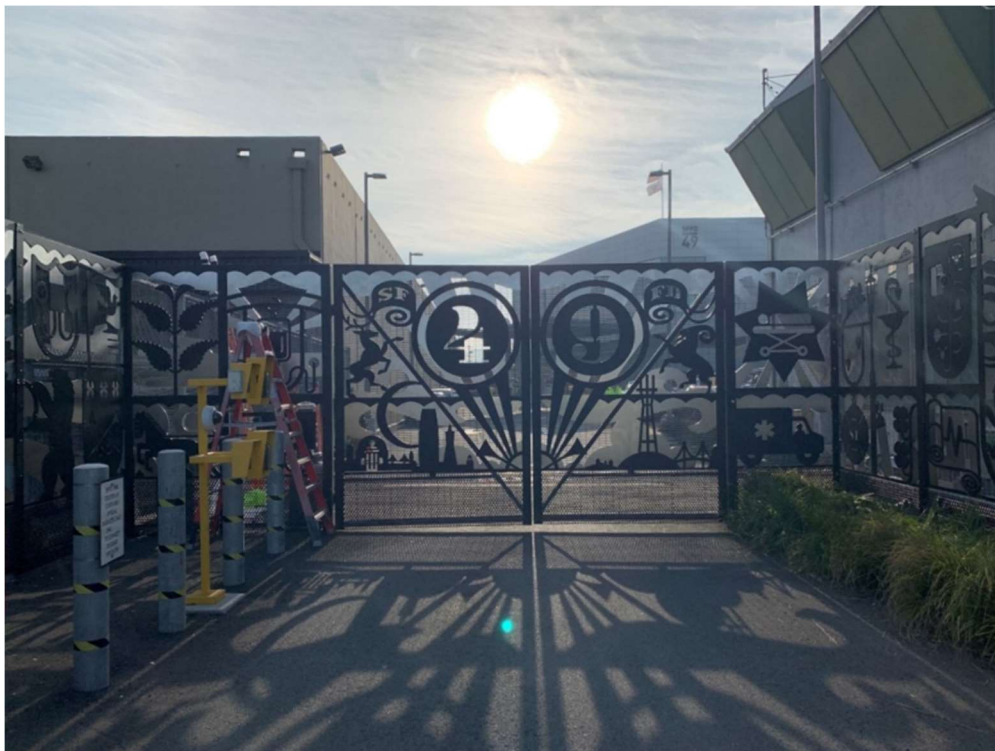
# Fire Commission Report

March and April 2026

## EMS Division

May 13, 2026

Deputy Chief Garreth Miller



## Introduction

This is our second two-month Fire Commission report and covers March and April of 2026.

## Operations

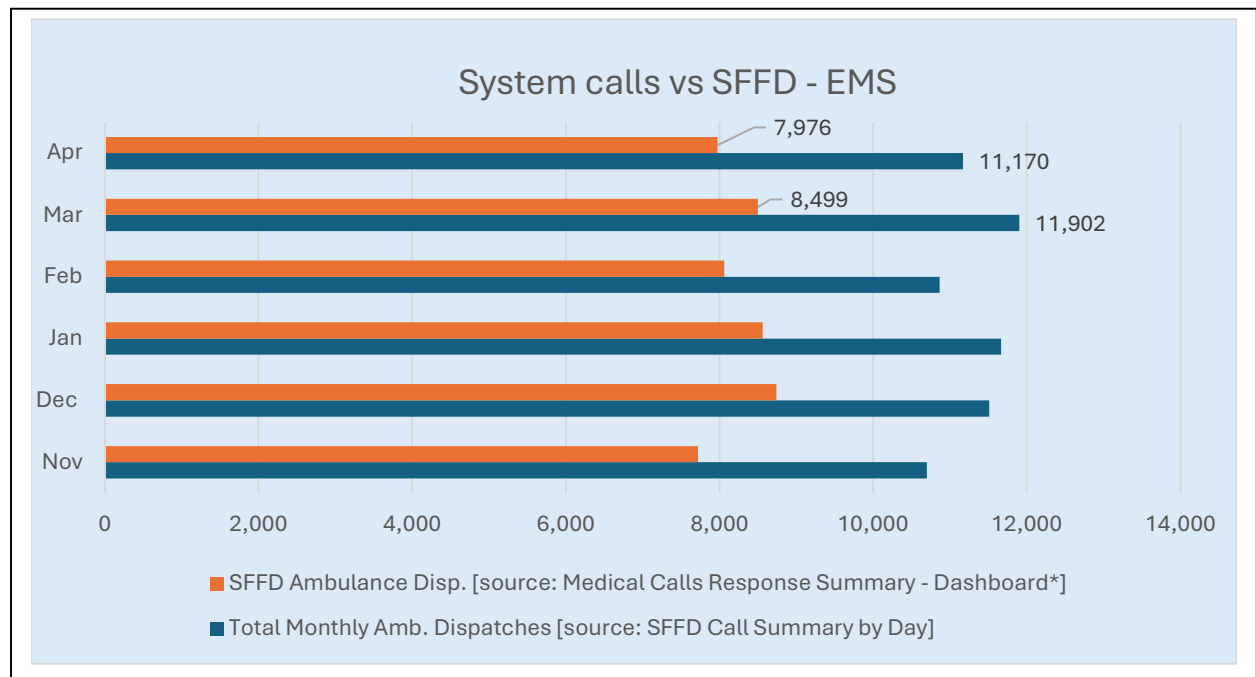
### Monthly Call Volume

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

Key Performance Indicators	Nov	Dec	Jan	Feb	Mar	Apr
Total Monthly Amb. Dispatches	10,701	11,511	11,665	10,866	11,902	11,170
SFFD Ambulance Dispatches	7,723	8,740	8,563	8,061	8,499	7,976
RC Total Calls	893	909	980	847	988	809

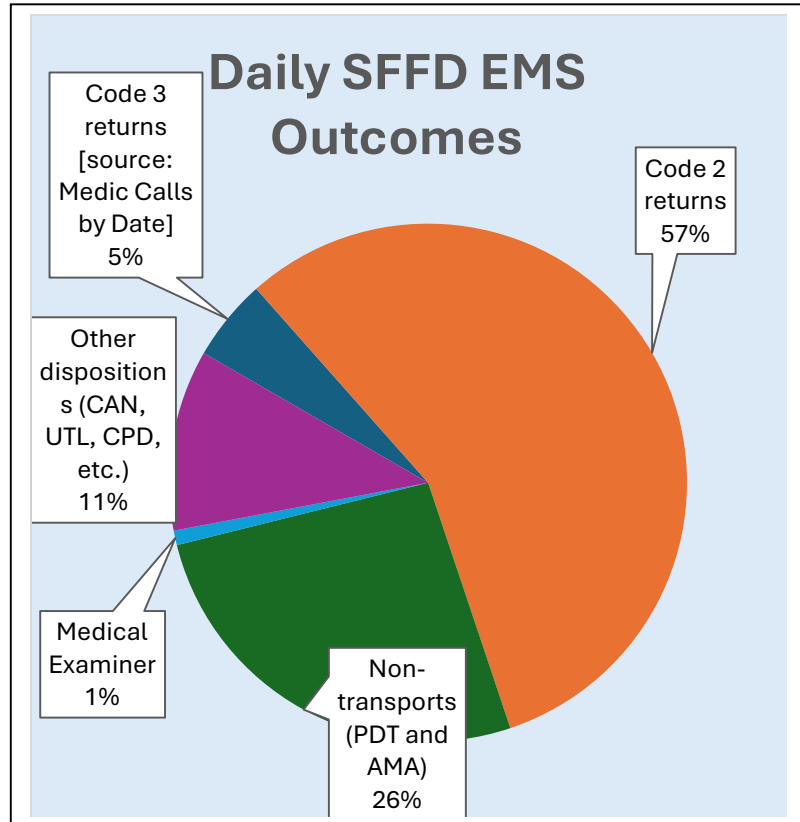
Table 1 Monthly Call Volume

System call volume has remained generally level over January and February, with a slight increase in calls per day in February. Our EMS call volume has been hovering around 71% of the total system EMS calls these past two months. This does not include our Community Paramedic only responses.



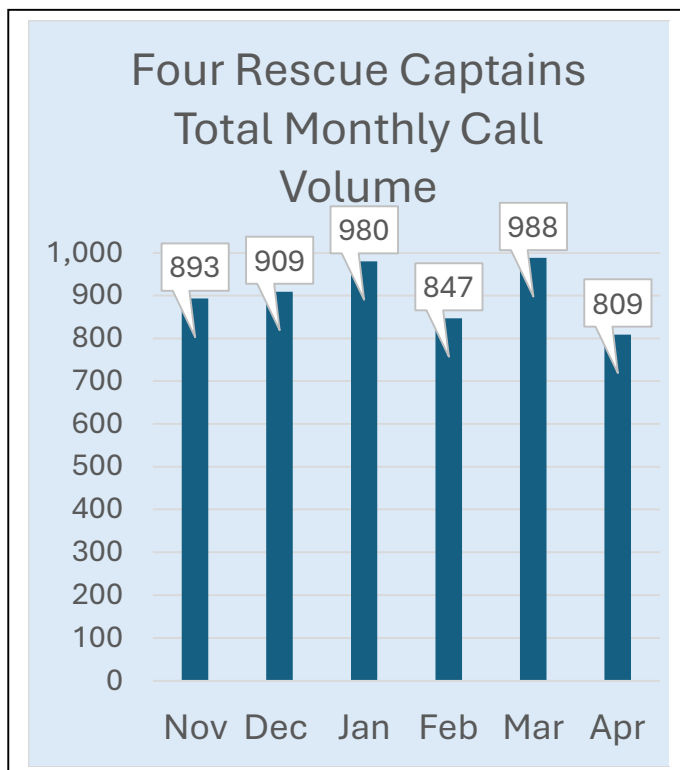
## EMS Call Outcomes

Referring to the SFFD EMS calls, here are the average daily outcomes to the right for the past 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 the patient 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.

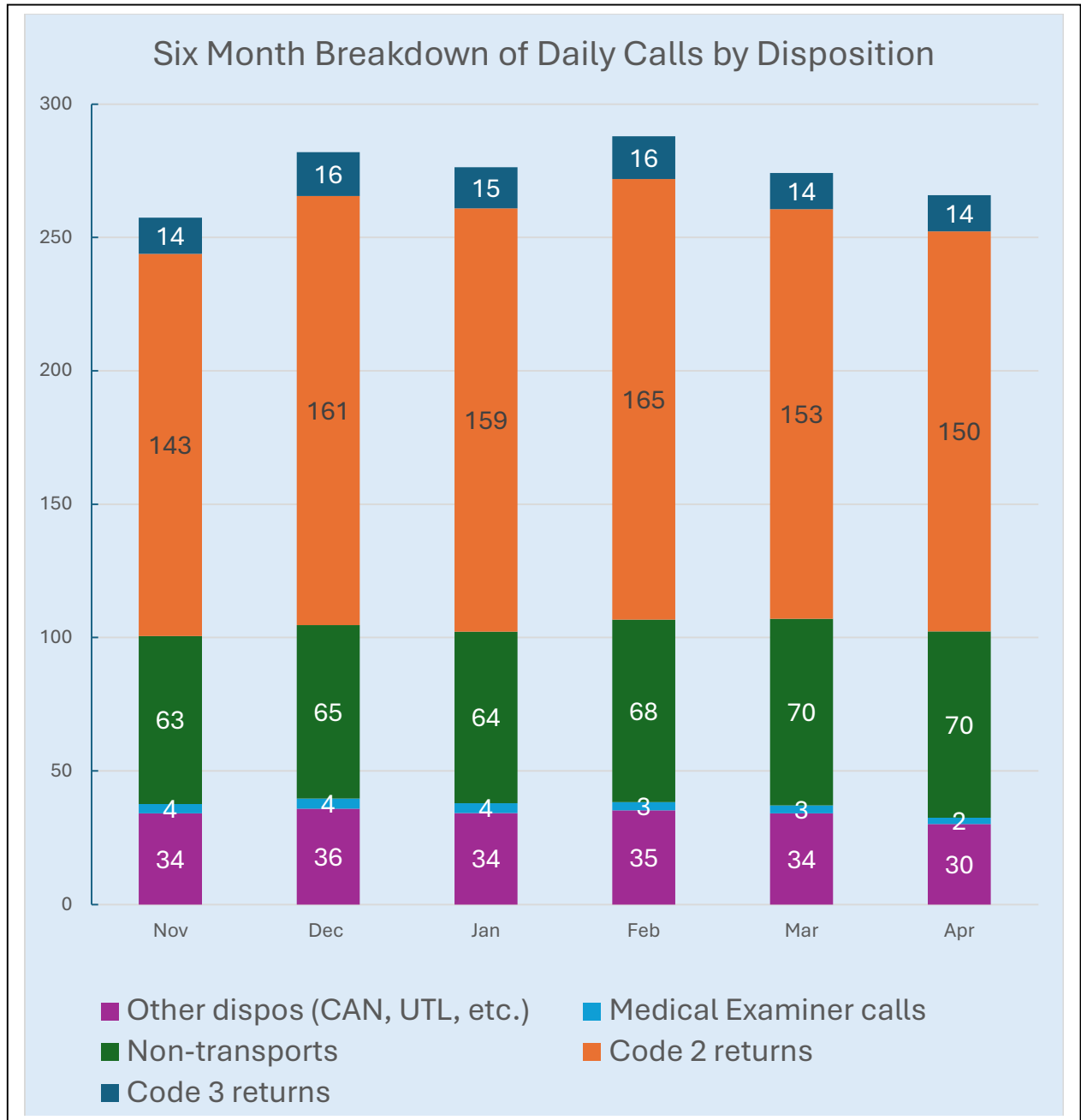


## Rescue Captains – EMS Supervisors

This chart shows the total calls for all four field Rescue Captain (RC) units. Our four RCs ran about seven calls per day over the past two months, with our downtown RC1 running many more on average each watch. Our RCs run on all high acuity calls such as cardiac arrests, serious pediatric calls, and multiple casualty incidents, just to name a few. We saw a substantial drop off this month in call volume, which we are investigating.

## 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 top: Code 3 returns to the hospital, Code 2 returns to the hospital, non-transport like AMAs and PDTs, Medical Examiner calls where we pronounce in the field, and remaining assorted dispositions. Below are the average daily call outcomes in each category.



## Ambulance Patient Offload Times at Emergency Rooms

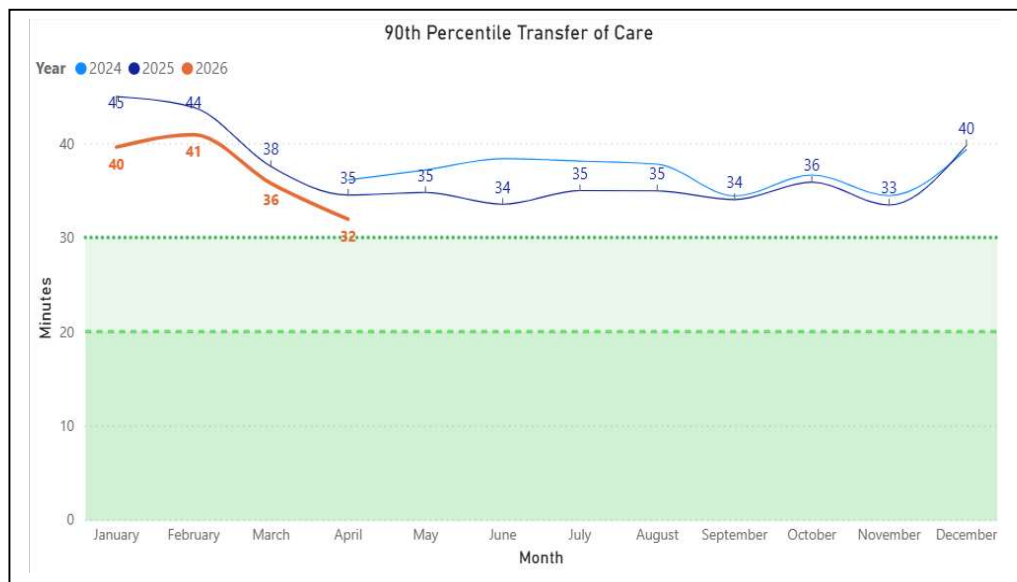
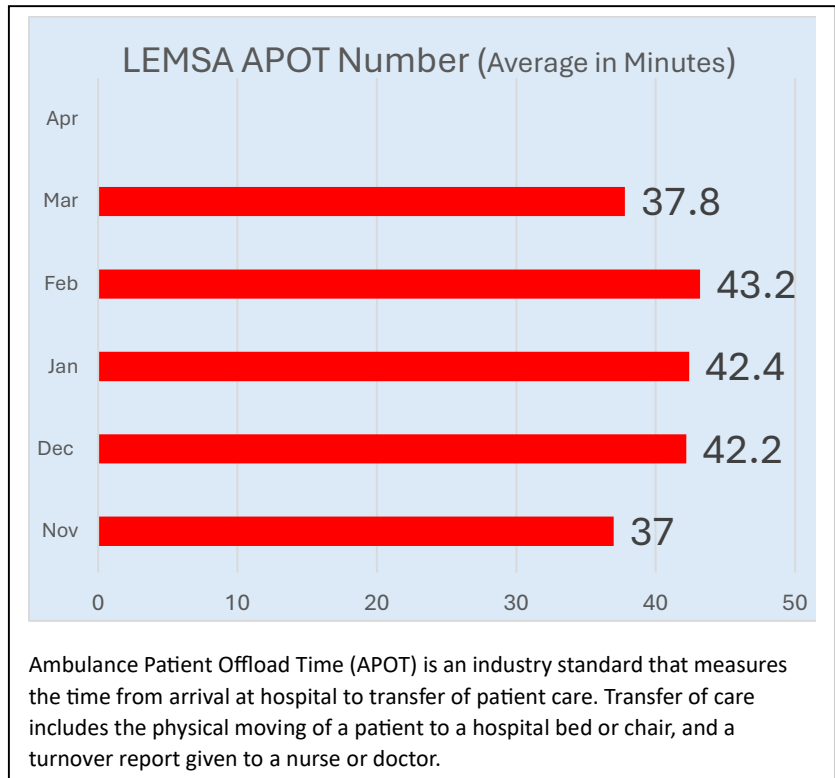
The LEMSA average APOT for the month of March decreased by 12.5%, but still remains well above the 30-minute benchmark. We do not have LEMSA's data for April as of this writing, but our data shows a substantial improvement for April.

The LEMSA numbers in this chart show the average APOT based on when crews manually entered their transfer of care. We have been transitioning to the time of signature when a hospital takes over care of our patient. This signature time is the benchmark AB40

requires. The data from our reports below show the more accurate time for APOT of signature time of the hospital. This is the first set of data since our APOT summit with hospital providers and other stakeholders that we held in March.

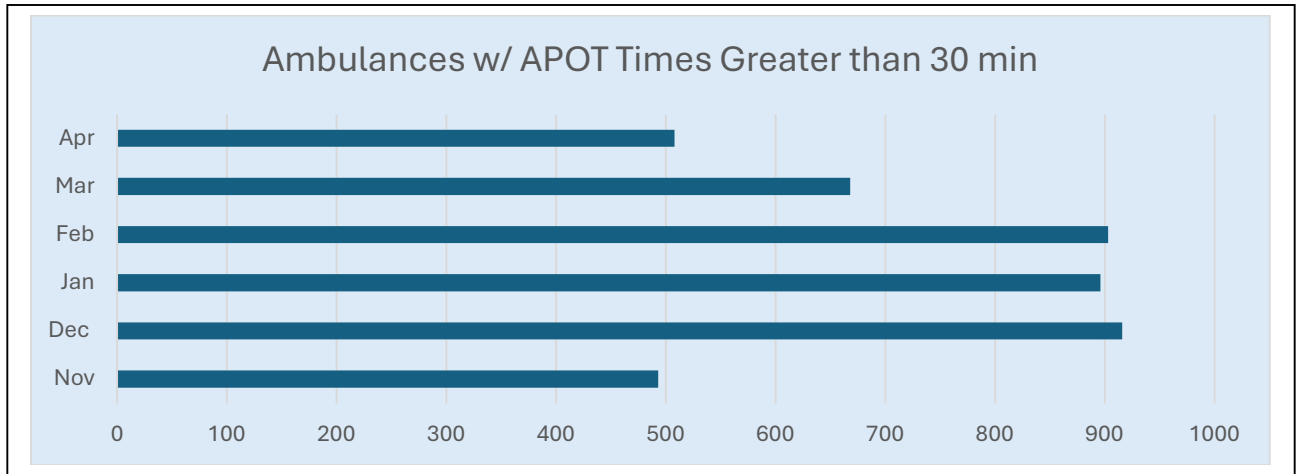
The next chart shows a year-over-year comparison for SFFD APOT times using the timestamp of the signature obtained at the hospital. This chart also shows the 90<sup>th</sup> percentile, rather than the average. As we

started with the APOT Summit planning and the March 24 summit, we've had a new two-year

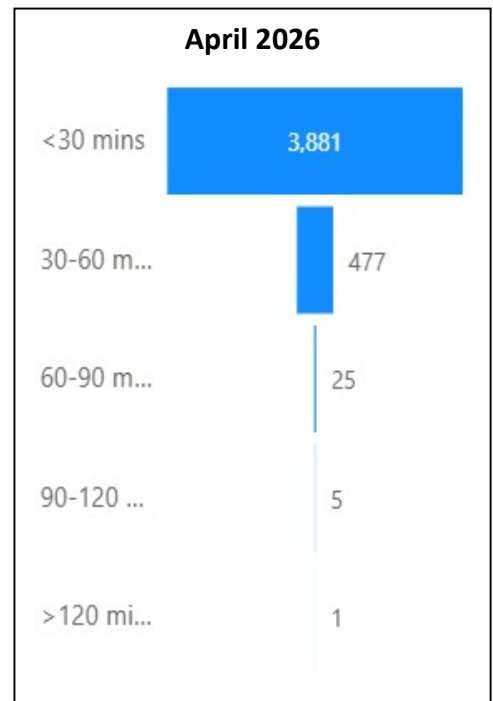
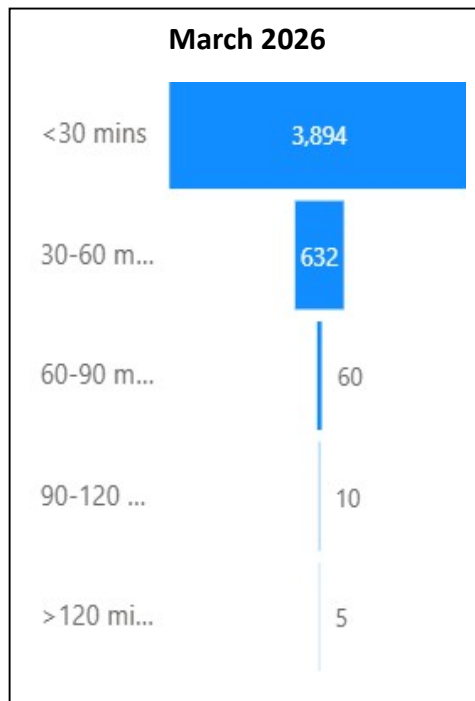


low in 90<sup>th</sup> percentile APOT at hospitals: 32 minutes. This is a tremendous improvement and saves our EMS system hours of time waiting in emergency rooms.

This next graphic shows the number of unique times our ambulances spent over 30 minutes at all the hospitals waiting to transfer care to hospital staff. Again, this demonstrates a substantial drop in instances.



To the right are the details of each month. We've added those calls arriving in under thirty minutes for comparison. These totals are broken down into five buckets: under 30 minutes (*i.e.*, the benchmark), 30-60, 60-90, 90-120, and over 120. The times that we waited more than 30 minutes account for 155 hours and 93 hours in March and April, respectively. These are hours that our crews spent idle at hospitals beyond thirty minutes. These numbers from last month are the best we have seen in two years.



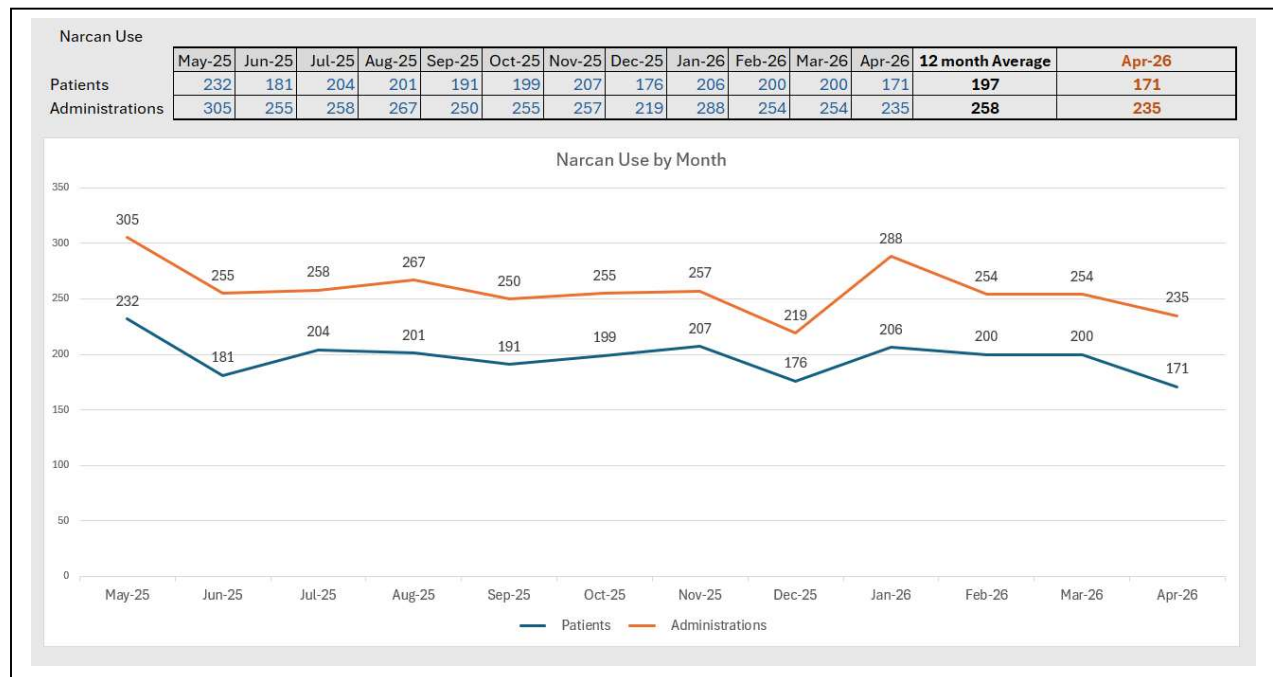
## Narcan Administration for Opioid Overdoses

We use naloxone (Narcan) for opioid overdoses in the City. Below are number of patients we treated with Narcan. We are also presenting the rolling 12-month results to show trending Narcan use and patients treated.

Total Number Of Individuals Treated  
in With Narcan

March: **200**

April: **171**



## Advanced Paramedic Skills for Critical Patients

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

<b>Advanced EMS Skills</b> [source: ESO ePCR]	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>
Intubation: Direct Laryngoscopy	9	12	10	12	3	4
Intubation: Video Laryngoscopy	18	17	16	18	19	12
Continuous Positive Airway Pressure (CPAP)	23	34	41	35	23	39
Pleural Decompression	0	0	0	0	1	2
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	0	3	4	2	2	2
Transcutaneous Pacing	6	4	3	2	4	0
Intraosseous Infusion Adult	54	32	36	38	35	27
Intraosseous Infusion Pediatric	0	2	0	0	0	1

Table 2 - Advanced Life Support EMS skills

We've explained each of these advanced interventions, but are always open to answering any questions you have regarding their use or applicability on calls. We continue to review this information in our CQI office and use it to determine what trainings to provide our members.

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## Cardiac Arrest Data

Our cardiac arrest survival rate is again correlated with the presentation of the patient in arrest. There is a correlation between ROSC at ED and whether the cardiac arrest was witnessed, the initial rhythm was shockable, or if there was bystander CPR. Our results for those specific cases are at bottom and are indicated with the Utstein 1 and 2 designations.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
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%
September '25	138	33	21	2	6	9	27%
October '25	113	48	25	5	16	12	25%
November '25	123	51	31	8	12	8	16%
December '25	136	38	23	4	8	11	29%
January '26	150	37	23	6	14	17	46%
February '26	125	43	25	6	3	14	30%
March '26	139	33	24	6	16	10	30%
April '26	94	24	14	3	10	9	38%

Table 3 - Cardiac Arrest monthly data

Of those numbers above, here are the details for those in Utstein 1 and 2 categories for the months of this report.

	Number of calls	Transported	ROSC at ED	Percentage
<b>Utstein 1</b>	2	2	1	50%
<b>Utstein 2</b>	6	6	3	50%
<b>Yearly Total (1&amp;2)</b>	15	14	8	57% Average

Table 4 - Utstein table with totals of Utstein 1 and 2

**Utstein 1:** Witnessed Arrest + found in a shockable rhythm

**Utstein 2:** Witnessed Arrest + found in a shockable rhythm + bystander CPR and/or AED

## Notable Events

### APOT Summit

Several Department members were leaders at our first APOT Summit on March 24. This meeting was a consortium of dozens of people from hospitals, EMS providers, regulatory agencies, the Mayor's Office, and other stakeholders in this environment. We discussed the issue of long wait times when our ambulance crews are waiting to drop off patients at emergency departments. This is a state-wide problem and San Francisco is far from the longest average wait times. Still, our ambulances do suffer from this, waiting to turn a patient over to the hospital many times each month. The effects are clear: this delay is not good for the patient waiting in the hallway, nor does it allow us to clear the hospital and run the next call in the 911 system. The good news is that the summit brought the City together to discuss this problem as a team. We've already had some movement on proposed solutions, which will hopefully reduce the wait times at all the hospitals. This month's times were the best we've had in two years.

### Town Hall

We held an EMS/CP town hall on April 15 that was attended by over eighty people. We discussed a host of topics, including upcoming bids for CP and EMS, carbon monoxide monitors for all first response crews, CP seniority, the fast-approaching H33 test, testing for H23s and 43s, human resources contacts, APOT summit, and many others. Our members continue to be very engaged in their communities at Station 49 and CP, and it shows. We are very lucky to have such committed individuals.

### Peer Support Class

Our Behavioral Health team sponsored a class to train some of our members to be peer counselors for the Department. Local 798 and Cal-JAC helped to sponsor the program. We had 29 members from suppression, EMS, and CP spend three days learning about the process and how best to work with those who could benefit from peer support. These volunteer peer counselors represent the very best of us, stepping up to help their coworkers in some of their most difficult times.

### Upcoming EMS Week

Our annual EMS Week begins in two weeks on May 17. We'll be sharing the schedule with all the Commissioners shortly. This is a wonderful opportunity to meet our frontline members and we cordially invite all of you to visit with us at Station 49 and Community Paramedicine.

### H3 L1 Class 29 and L2 Class 14

Our newest L1 and L2 recruit classes are going strong on Treasure Island with an expected graduation date of Friday, June 26. Deputy Chief Miller and Chiefs Molloy, Bonn, and Gordon were able to visit to address these classes and speak with the DOT staff. We are excited to have them join us



in a couple of months.

During daily physical training, Training staff integrate job-related components to maximize the effectiveness of each training hour. These photos reflect the recruits practicing patient extrications on difficult terrains utilizing operational equipment such as backboards and stair chairs.



## Gurney Evaluation Results

We let you know in our last report that we were evaluating the newest gurneys from the two major manufacturers in the U.S. Thanks to a tremendous effort from our Gurney Team, led by Lt. Scott Iversen and the work of over a hundred



evaluators, we compiled a final report with a recommendation to transition to the latest powered gurney built by Stryker. We are in the process of purchasing and installing them in our newest eight ambulances.

## Twenty Year Anniversary for L2 Class 1

We are very proud to announce that our first class of paramedics, hired in 2006, celebrated their twenty-year anniversary with the Department on May 5, 2026.



## Notable Calls

### Incident 26059646 – Motorcycle vs. Truck

Responding Units: M550 Kosewic, John (H3); Olmedo, Jose (H3)

E19 with Grimesey, Patrick (H20); Wong, Thomas (H2); Franklin, Nicholas(H3); Petuya, Anthony (H2)

On April 26, 2026, crews arrived on scene to find an 18-year-old male involved in a high-speed motorcycle collision. The patient had been traveling approximately 75 mph when he struck a truck and was subsequently ejected from the motorcycle.

On initial assessment, the patient was confused, short of breath, and in significant respiratory distress, prompting immediate ALS intervention. Assessment revealed signs consistent with a pneumothorax (collapsed lung), including diminished chest wall movement on the affected side.

EMS performed a needle decompression, resulting in immediate improvement in both respiratory effort and mental status. Following rapid stabilization, the patient was transported emergently to Zuckerberg San Francisco General Hospital with a trauma activation.

Patient care was transferred to hospital staff without incident.

### Incident 26061607– Cardiac Event

Responding Units: M577 Tran, Anthony (H3) Choi, Caleb (H3)

E07 Smith, John (H30); Moncada, Dimas(H2) McCoo, Richard(H3) Adams, Ronald (H2)

On April 30, 2026, crews responded to a private residence and found a patient exhibiting a profound cardiac dysrhythmia. ALS care was initiated immediately, with personnel working cohesively to rapidly assess and identify the underlying cardiac rhythm and formulate an appropriate treatment plan.

The patient was found to have a significantly rapid heart rate. Targeted ALS interventions were administered, resulting in improvement in heart rate and overall patient condition. Following stabilization, the patient was prepared for transport.

The patient was transported emergently to the receiving facility for further evaluation and advanced cardiac care, with a smooth transfer of care upon arrival.

# Community Paramedicine Division Fire Commission Report

March & April 2026

Operational Period 3/1/2026 – 4/30/2026

## Dispatches

	March	April
Total Dispatches	1,735	1,685
Daily Average	55.97	56.17
Average Response Time (minutes)	16.79	17.10

## Involuntary Psychiatric Holds

	March	April
Grave disability	23	24
Danger to Self	10	10
Danger to Others	1	3
Total*	28	33

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

## Disposition Engaged Individuals (SCRT)

	March	March	April	April
Ambulance Transport to Hospital	158	16.26%	118	12.49%
Non-Ambulance Transport	266	27.37%	335	35.45%
Remained in Community	548	56.38%	492	52.06%
Total	972	100%	945	100%

## Top Alternate Destinations

	March	April
#1	Shelter (Next Door)	Geary Stabilization Unit
#2	Geary Stabilization Unit	Shelter (Next Door)
#3	Shelter (Bayview)	Unique (One-off) Destinations
#4	Unique (One-off) Destinations	SoMa RISE (Drug Sobering)

## Law Enforcement Involvement

	March	March	April	April
Incidents where SCRT arrived on scene		1,279		
		1,225		
PD requested by SCRT	7	.55%	8	.6%

SCRT requested by PD	297	23%	307	25%
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### Community Paramedic Captains

	March	April
Responses	306	280
Number of Unique High-Utilizers Engaged	40	42
Number of Engagements with High-Utilizers	132	120
Number of Unique Overdose Survivors Engaged	2	0
Number of Engagements with Overdose Survivors	5	0
HSOC (Healthy Streets Operation Center) Resolutions	9	9
Case Conferences	1	13
Shows of Support (SoS)	1	1
SCOPE (Sobering Center Opioid Prevention & Education) Referrals	0	1

### Division Highlights

#### Steinberg Institute Champion Recognition

In March, Section Chief Michael Mason was selected as a 2026 Steinberg Institute Champion. The Steinberg Institute is a statewide mental health and substance use disorder policy organization that recognizes leaders whose work has had a significant impact on behavioral health in California. This recognition reflects the growing visibility of the San Francisco Fire Department’s Community Paramedicine Division and its role in advancing field-based behavioral health, substance use, and alternative response models. The Steinberg Institute will formally announce its 2026 Champions in May as part of Mental Health Awareness Month, with Section Chief Mason highlighted in a short video.



## **Fire & DPH Referral Coordination Supports Shelter Placement**

In early April, EMS-6 and Community Paramedicine leadership elevated a high-need client through CP referral and CQI pathways after repeated field contacts and concern for ongoing vulnerability. Following this referral, DPH Street Health staff reviewed the case and began coordinating next steps with Psychiatric Emergency Services and shelter health partners. As that coordination progressed, DPH confirmed that the client was willing to accept a bed at Bayshore and that shelter health staff were prepared to receive her with awareness of the relevant care and follow-up concerns. The case demonstrates the value of CP's longitudinal referral infrastructure: field observations and CQI follow-up were translated into partner action after the initial 911 response, helping move a vulnerable client toward shelter placement, care coordination, and reduced reliance on emergency services.

## **Moral Injury and Burnout Research Published in Frontiers in Psychiatry**



On March 2, a multi-agency research article titled “We are still in it: a conceptual model for moral injury and burnout in alternative response programs to guide intervention” was published in

Frontiers in Psychiatry. The article included collaborators from San José State University, RAMS, the San Francisco Fire Department, UCSF, the San Francisco VA, and other partners, with SFFD co-authors including Dr. Joseph Graterol, Section Chief Michael Mason, and Assistant Deputy Chief April Sloan. The publication advances a conceptual model for understanding moral injury and burnout in alternative response programs and reinforces SFFD's role in shaping the evidence base for behavioral health and community paramedicine models.

## **Notable Incidents**

### **SCRT Response with Cardiac Arrest Recognition**

On March 2<sup>nd</sup>, SCRT11 Community Paramedic Robert Cumming and EMT Isabella Vaessen heard a dispatch for an individual in cardiac arrest near their location, responded and initiated CPR. Engine 9, Medic 561, and Rescue Captain 3 arrived on scene shortly thereafter. Although SCRT work often centers on behavioral health emergencies this incident required an immediate shift into high-acuity medical care. CP CQI recognized the team for vigilance, clinical readiness, and effective teamwork under emergent conditions. Dr. Joseph Graterol further commended the crew for representing the Division and SFFD well during a critical event.

### **SCRT Coordination Leads to Continued Engagement in Care**

On March 11<sup>th</sup>, SCRT11 Community Paramedic Isaac James and EMT Gerardo Pineda managed a complex pregnant patient with assistance from CP5 Finch and Medic 522. The patient was initially adamant about not returning to the hospital. The teams subsequently coordinated extensive research and outreach to the client's providers who indicated the patient needed a higher level of care. Facilitation of direct admission to L&D was secured with M522 transporting. CP CQI and Dr. Graterol recognized the team's thorough documentation, persistence, and coordination with outside care partners.

### **Trauma-Informed Intake at Geary Stabilization Unit**

On March 18<sup>th</sup>, SCRT3 transported a client experiencing passive suicidal thoughts and depression to the Geary Stabilization Unit. Upon arrival, a GSU recovery advocate engaged the client with calm, compassionate, trauma-informed communication and helped reduce the stress associated with intake paperwork and unfamiliar house rules. SCRT3 reported that the interaction increased the client's comfort and confidence in remaining at GSU for continued support. CP leadership shared positive feedback with GSU and DPH partners, reinforcing the importance of high-quality receiving-site engagement in successful TAD outcomes.

### **CP11 Supports Downtown VA Clinic During 5150 Encounter**

On 04/01/2026, CP11 Eberhart responded to the Downtown VA Clinic after a psychiatric provider initiated a 5150 process for a Veteran in crisis. CP11 arrived ahead of the transporting paramedic unit and provided a calm, supportive presence during the incident. VA staff later contacted SFFD leadership to recognize CP11's professionalism, care, and interagency collaboration. The case demonstrates the value Community Paramedics provide in supporting partner agencies and EMS field crews during behavioral health emergencies.