

Fire Commission Report for Fire Department EMS Division

September 11, 2025

Assistant Deputy Chief Tony Molloy

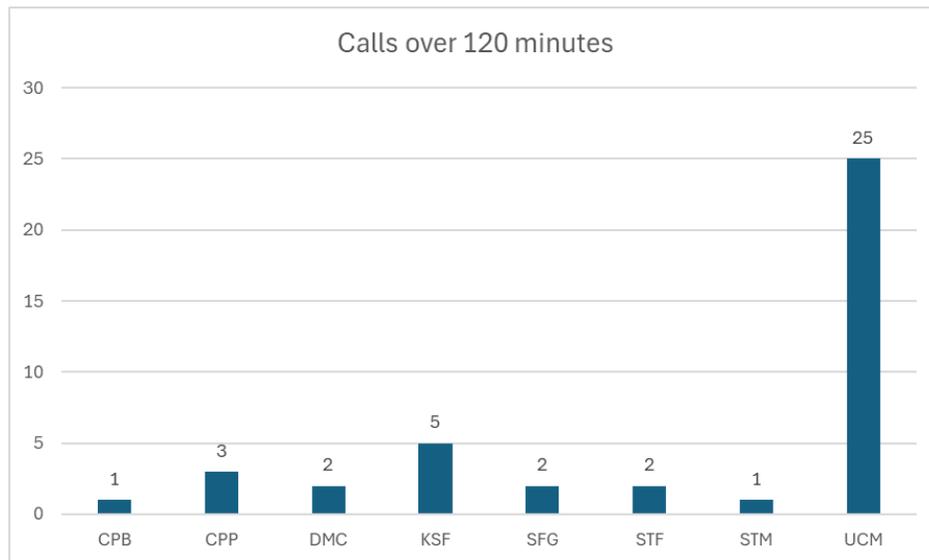
Operations:

Month	Daily Runs (average)	Time on Task (average minutes)	90 th percentile APOT (min)	SFFD Market Share	Narcan Use (Admin./ month)	Cardiac Arrests: 1. <i>Total</i> 2. <i>Resus Attempted</i> 3. <i>Witnessed</i> 4. <i>VF</i> 5. <i>Bystander CPR/AED</i> 6. <i>ROSC at ED</i> 7. <i>% survival to ED</i>
June	358	91	33.30	77%	202	1. 137 2. 42 3. 23 4. 6 5. 10 6. 10 7. 26%
July	345 Total (10,703)	94	35.34	74%	202	1. 121 2. 31 3. 28 4. 9 5. 14 6. 11 7. 35%
Aug	334 Total (10,008)	93	35.33	76%	188	1. 125 2. 36 3. 21 4. 9 5. 11 6. 12 7. 33.33%
Average	346	92.7	34.66	75.67%	197.33	

As I review these data over the next month, I will be moving our focus to include additional elements that I have been working on with our CQI office. I want to drill down on these cases to see when we are doing well and where we can improve. For example, the national standard for reviewing cardiac arrest outcomes includes identifying when patients were a witnessed arrest in a shockable rhythm and had

bystander CPR. Our meaningful survival rate for this situation can be analyzed and compared to state and national averages.

I would also like to expand the presentation into some of the current areas that our Department and the LEMSA are investigating. Recent state law requires 911 systems to closely monitor ambulance patient offload times (APOT). The current standard is that our crews should be able to offload patients within 30 minutes. In a recent analysis our CQI office completed, we found that there were over forty calls where our medic units waited at the hospital with the patient on a gurney for over two hours. This meets the LEMSA criteria for extended delay and resulted in us reporting to the LEMSA. This has become a repeated issue in our system for years. It complicates our ability to properly cover the City when several of our units are stuck waiting for a bed.



Caption: Number of calls in August where ambulances waited over 120 minutes at these hospitals.

Our Division is looking into other areas to figure out the ways to better serve our City and our patients. I look forward to sharing this information with you all as we learn more.

Notable EMS Activity:

As you know, our ambulances respond to thousands of emergencies each month. Here are two we would like to highlight:

- Incident: cardiac arrest
 - Providers: Santino Guerrero and Thomas Nott
 - Witnessed arrest of a 67-year-old with CPR by bystanders. Our crews found patient in a shockable rhythm and started CPR. We obtained pulses and transported to ED. The hospital reported that he left the hospital of his own accord.
- Incident: cardiac arrest
 - Providers: Kyle Pasion, Marcus Turner, Max Spitze and Chris Blair
 - Witnessed arrest with CPR by family members on scene. Crews arrived to find patient in a shockable rhythm, resuscitated them, and transported with pulses to hospital. The hospital discharged the patient to a skilled nursing facility for rehabilitation.

New Training Initiatives and Updated Protocols:



The next set of LEMSA protocols is slated to go into effect on October 1. We are currently engaged in a massive training process designed for the entire Department. This has us conducting two classes per day at Station 49 for ALS providers to go over specialized airway management, new protocols,

and other new policies. Our mobile in-service training team is in the first two weeks of a six-week training initiative. They are out at four stations each day to teach on intraosseous access, advanced airway skills, new gurneys and stair chairs, and other EMS skills.



One notable change in our pain management is the first-time roll out of ketamine infusion for pain. In conjunction with this new treatment modality, we are participating in a national study, run out of University of Pittsburg, to measure the efficacy of ketamine vis-à-vis fentanyl. Research shows great promise that this form of treatment will benefit many people, particularly those who do not want or cannot have opioid pain medication.

Recruitment and Hiring:

DHR conducted a new H3 Level 1 (EMT) test August 27-29. We tested 139 applicants for next year's academies.

To expand our pipeline of excellent local talent, we are moving forward with starting another group of interns from City EMT. Eleven new students will work with us for 500 hours each, learning all the skills needed to be a strong EMT on a one and one ambulance.