



## Fire Commission Report – June 2025

# EMS Division

July 9, 2025

Assistant Deputy Chief Tony Molloy



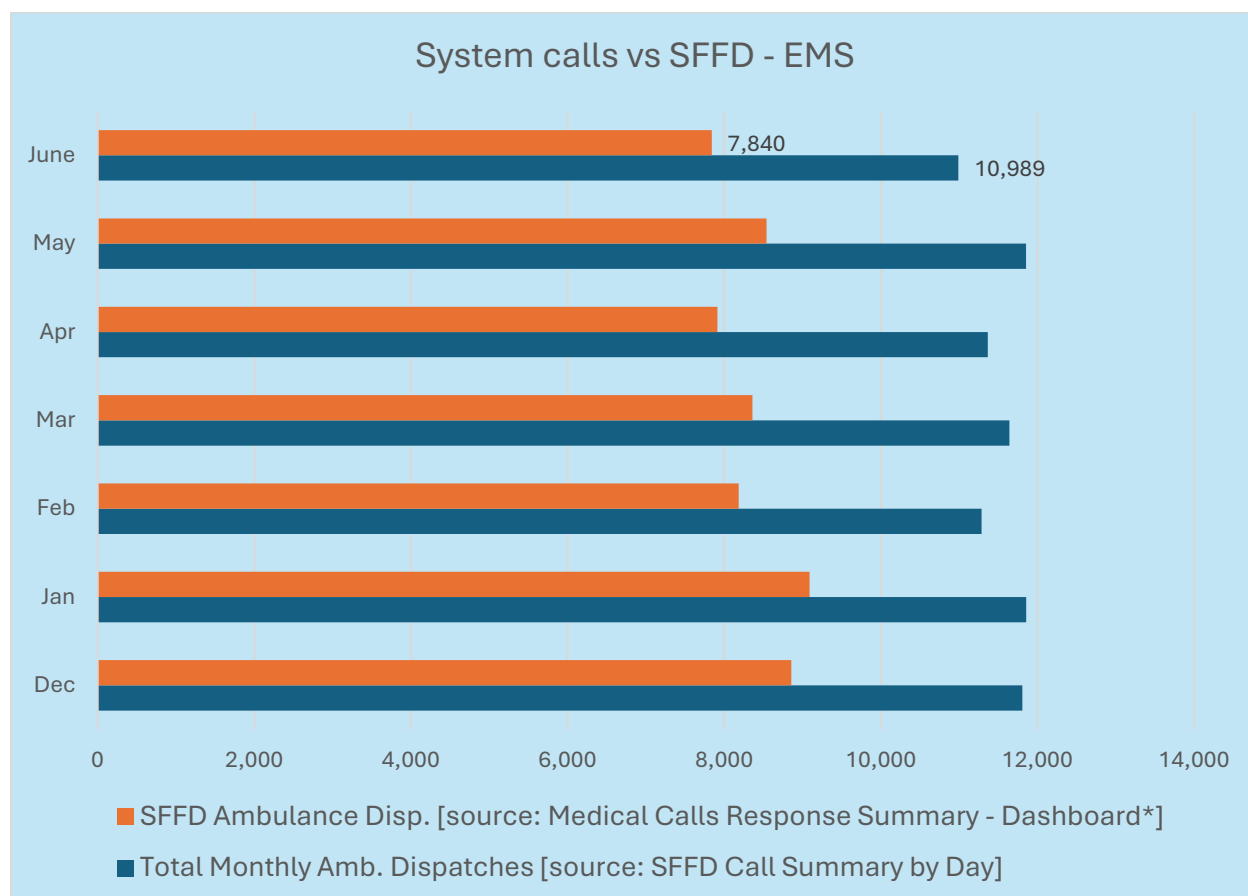
## Operations

### Monthly Call Volume

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

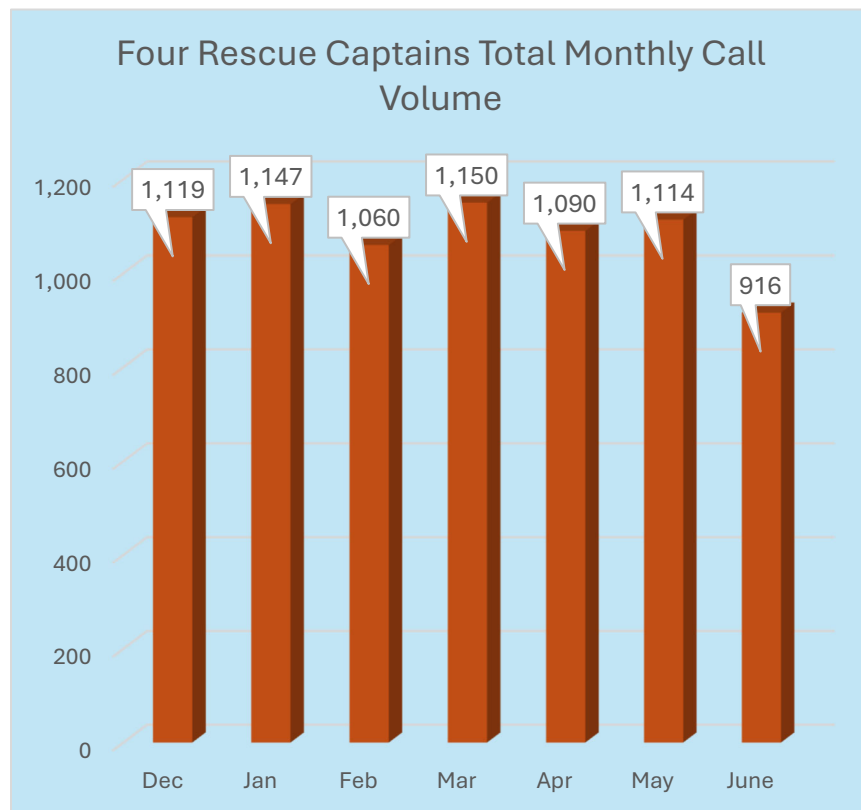
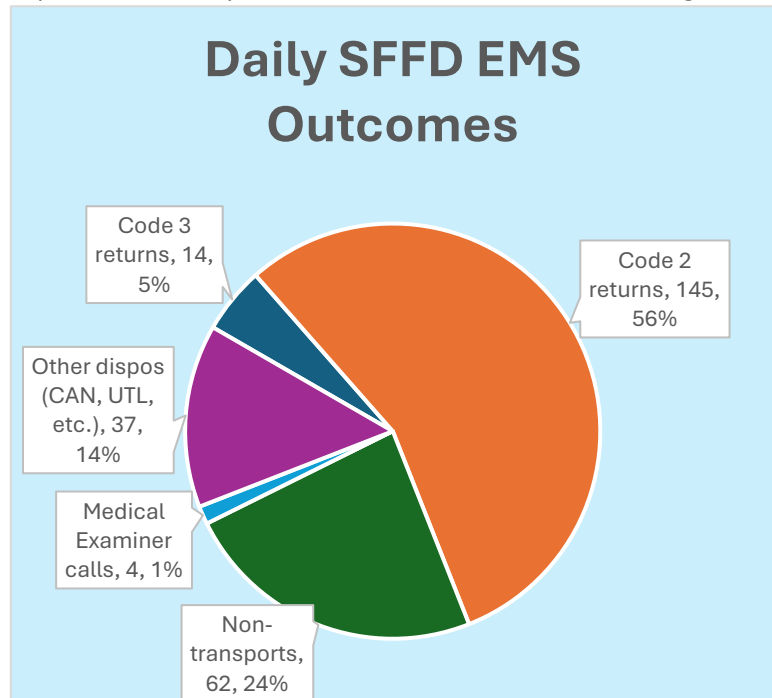
	Jan	Feb	Mar	Apr	May	June
Total Monthly Amb. Dispatches	11,856	11,286	11,640	11,364	11,853	10,989
SFFD Ambulance Dispatches	9,089	8,184	8,359	7,912	8,540	7,840
RC total calls	1,147	1,060	1,150	1,090	1,114	916

System volume continues to hover around 11 to 12 thousand calls a month. Our recent call volume for the Department has us running approximately 71% of the total calls this past month.



## EMS Call Outcomes

Referring to those 7,840 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.

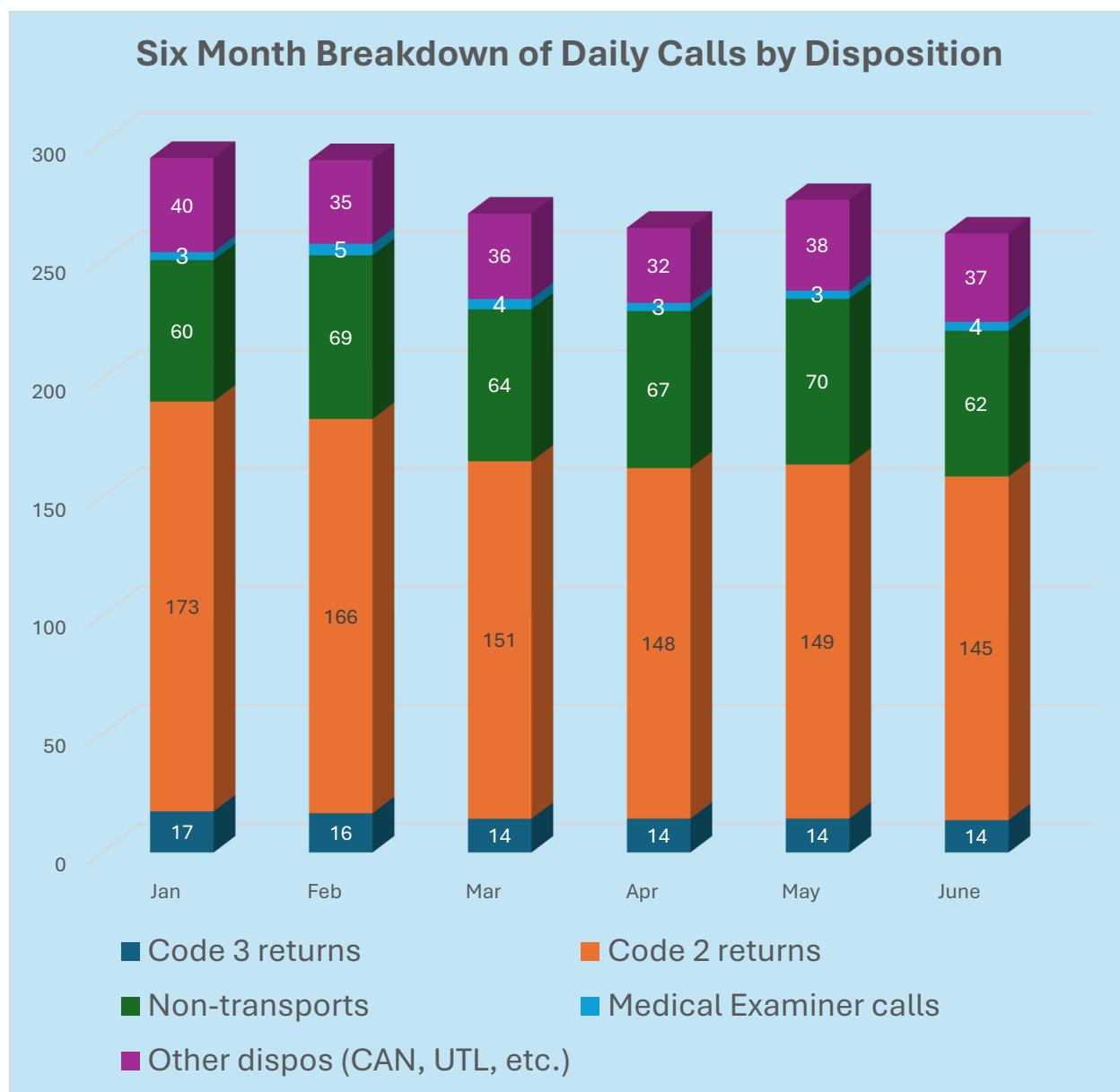


## San Francisco Fire Department EMS Rescue Captains

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-transports like AMAs and PDTs, Medical Examiner calls where we pronounce in the field, and remaining assorted dispositions. For example, in June, we averaged 145 Code 2 transports to the hospital per day.

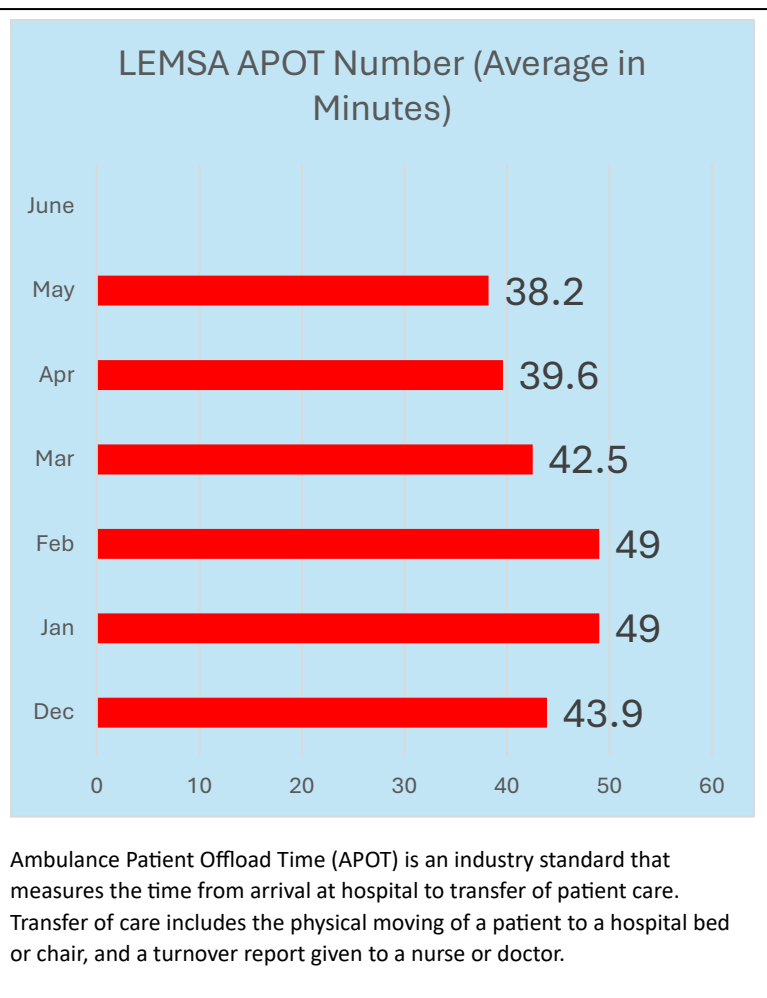


### Ambulance Patient Offload Times

As we have indicated to you in the past few months, the State benchmark for transfer of care is under 30 minutes. At the time of this report, LEMSA has not released this month's average. It should be available at the time of the Fire Commission meeting.

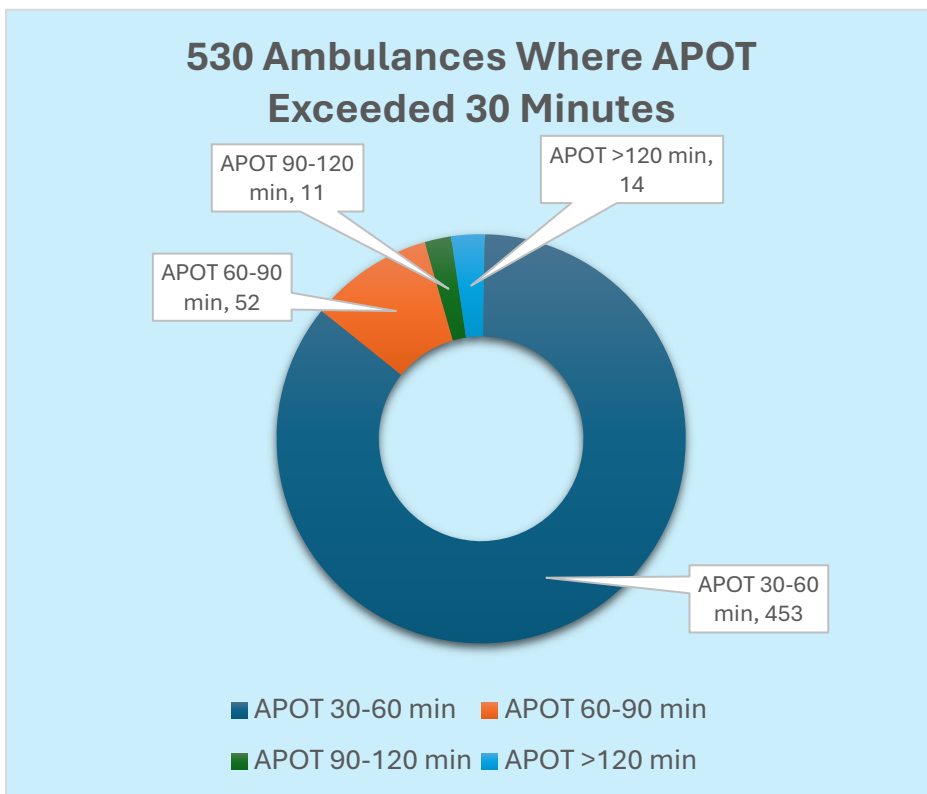
As of July, the policy for APOT Alerts in San Francisco has changed. We requested this change to allow for the system to respond more quickly to delays at hospital. Now, instead of waiting for two hours before activating an alert, we can activate in an hour. And our captains at dispatch continue to monitor so that we can send leadership 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 does show a trending decrease in delays over the past few months. We anticipated this as a normal cycle after the winter cold and flu season, but other indicators are also improving. We are trying to capitalize on the State's attention to this matter in AB 40. In fact, this past month, the Section Chief of EMS Operations, Chris Bonn, attended a hearing in Sacramento where the implementation of AB 40 and the emergency regulations were discussed and passed. The newly passed standards will have a substantial impact on what we can do here in San Francisco.

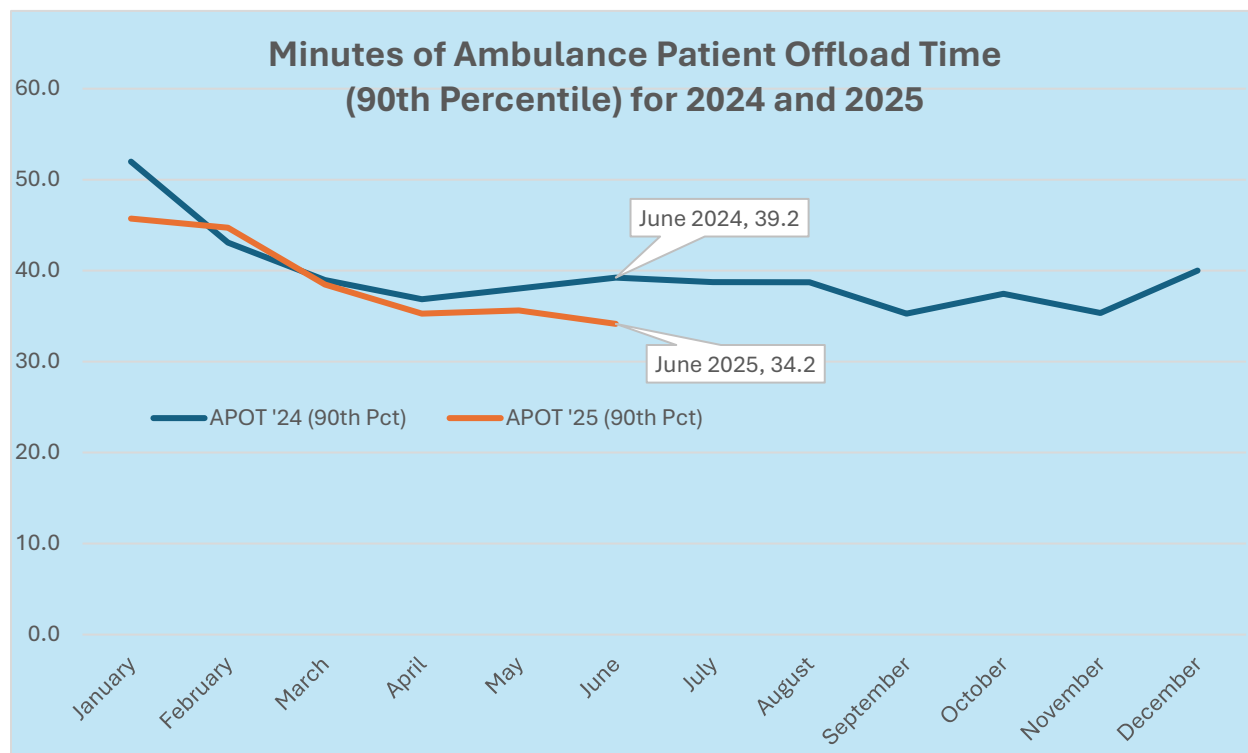


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This graphic shows the number of times our ambulances spent at hospitals over the 30-minute benchmark. It's organized into four buckets: 30-60, 60-90, 90-120, and over 120. These 530 times that ambulances waited to turn over a patient accounted for over 150 hours that our crews spent beyond the 30-minute benchmark. The good news is that lost time is down 20% from 190 hours last month.



The chart below is new and compares the trendlines for 2024 and 2025. Our hope is that recent initiatives will lower 90<sup>th</sup> percentile offload times going forward.



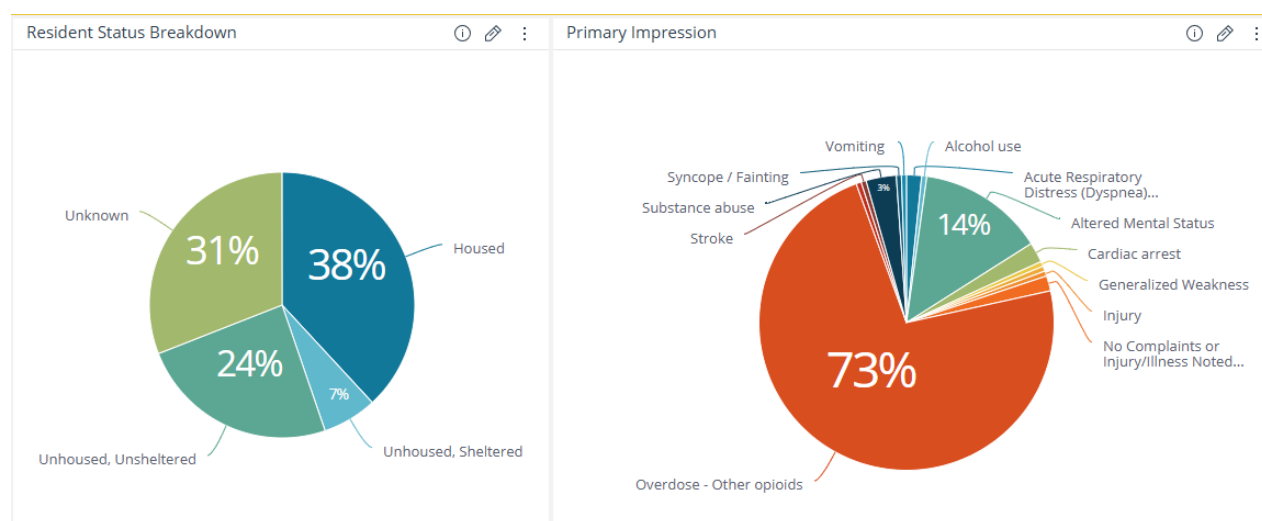
## Narcan Administration for Opioid Overdoses

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 181 patients with Narcan (down from 232). 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 31% were unhoused, 31% were unknown status, and 38% were housed. These proportions have stayed very similar for the past several months of analysis.

Total Administrations of Narcan  
**255**

Total patients treated with Narcan **181**



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## **Pain Management**

After eight months of operations with the addition of ketamine for pain management, we have leveled off with approximately 80% of patients receiving fentanyl and 20% receiving Ketamine. Now that the use of this alternative is established, we will no longer provide the graphics of our standard pain management usages.

In conjunction with the University of Pittsburgh's DOJ study, the Department is launching the Prehospital Analgesia Intervention Trial (PAIN). 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 4-year multicenter, prehospital, randomized, double-blind clinical trial coordinated by our Medical Director, Dr. Jeremy Lacocque, and will begin on July 8.

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## Advanced Paramedic Skills for Critical Patients

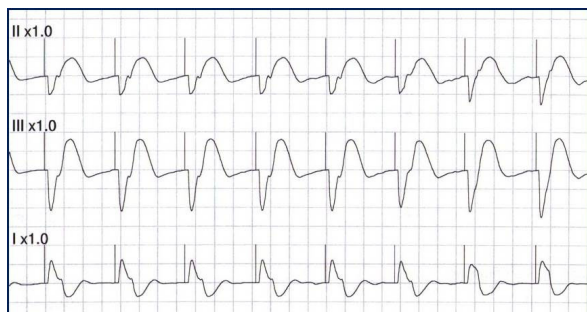
As part of our continuing spotlight for advanced skills performance indicators, we are highlighting cardiac pacing in this month's Fire Commission report.

Key Performance Indicators EMS / Advanced Skills [source:ESO]	Jan	Feb	Mar	Apr	May	June
Intubation: Direct Laryngoscopy	4	4	9	6	9	4
Intubation: Video Laryngoscopy	28	15	20	22	19	14
Continuous Positive Airway Pressure (CPAP)	45	41	30	30	28	23
Pleural Decompression	1	0	1	0	0	0
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	4	2	1	0	4	2
<b>Transcutaneous Pacing</b>	<b>4</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>3</b>
Intraosseous Infusion Adult	47	24	36	41	33	28
Intraosseous Infusion Pediatric	2	0	1	0	0	0

### Transcutaneous Pacing

Patients sometimes have a diseased heart or other pathology that affects the heart's ability to beat regularly or at the correct rate. If discovered, a surgeon may implant a small pacemaker in a patient's chest to maintain an appropriate rate for the heart. Paramedics can also pace a person's heart, but we do it transcutaneously, meaning externally through the skin.

To perform this intervention, we place pads on a patient's chest and back and use the cardiac monitor to deliver just enough electrical impulse to trigger the patient's heart muscle to beat. When we effectively use the monitor to act as an external pacemaker it is called "capture" and allows a paramedic



to change the heart rate to bring a patient's blood pressure to an acceptable level. This, in addition to other cardiac therapies, can often keep a person perfusing long enough and well enough so that they can be transported and managed in the emergency department or by a cardiologist. The image to the left shows a paced heart rhythm. The small thin spikes on the tracing indicates the electrical pacemaker causing the heart to beat.

## Cardiac Arrest Data

Our cardiac arrest survival rate was down this month, but for good reason. Our survival often tracks with witnessed arrests, initially shockable rhythms, and bystander CPR. These interventions are directly correlated with good outcomes when our members arrive on scene. In other words, if we are called quickly enough that the heart can still be defibrillated, and when bystanders help by performing CPR, our teams have a substantially higher likelihood of success with resuscitation. Our outreach teams continue to stress bystander CPR as an important link in the chain of survival for cardiac arrest cases.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
July '24	121	31	28	9	14	11	35%
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%

## Notable Events

### Pride

Our members were proud to participate in Pride Parade this year. Here are a few members of the Command Staff assembling before the step off.



### APOT

State met on June 18 and adopted emergency regulations. This is the implementation of AB 40, which should help us manage and improve APOT at our hospitals.

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### Guardian of Life Award for LEMSA

We helped to recognize Daniel Llamas with the San Francisco EMS Agency's Guardian of Life Award, for providing vital bystander CPR prior to the arrival of EMS and saving the life of another City employee.

Daniel Llamas is an automotive machinist assistant supervisor at the Hall of Justice auto shop. In April, he witnessed another city employee collapse and accurately recognized a sudden cardiac arrest. Daniel immediately started CPR while 911 was activated and continued his heroic efforts until EMS crews arrived on-scene and assumed care. RC 1, Engine 8, and crew of Medic 567 took over on arrival and was part of the chain of survival that kept this man's colleague alive.



### Academy Classes

We are anxiously awaiting the graduation of our EMTs and paramedics out at Division of Training Treasure Island facility. They'll be finishing up at the end of this month and will help to backfill us as another group of 49ers head off to the 136th Tower on July 28. Here are a few photos of our academy classes studying, doing physical training, and running a mock mass casualty incident.







Also, we had our next bump up / EMS Advancement Academy start in June. This is how our EMT members with their paramedic cards can bump up to paramedic. They are doing their ride out evaluations as I write this.

## Notable Calls

### Pediatric Drowning

- **Medic 504:** PM Delodovici, EMT Gomez
- **Engine 28:** Captain Fogle, FF/PM Levesque, FF Marshal, FF Villalba-Nunez

#### Summary:

Medic 504 and Engine 28 responded to a report of a pediatric drowning. Upon arrival, Medic 504 found a 4-year-old child lying on the ground next to a swimming pool, breathing but with an altered mental status.

Bystanders found the child submerged in the pool for what may have been several minutes. They pulled the patient from the water, unresponsive and not breathing. They immediately initiated CPR, and shortly afterward the patient vomited and began to cry as Engine 28 arrived on scene. Medic 504 arrived approximately one minute later and assumed patient care.

The child was transported **Code 3** to Mission Bay Hospital. During transport, the patient maintained good oxygen saturation, had clear lung sounds, but remained altered.

A follow-up with the hospital confirmed that the patient was stabilized and rewarmed in the emergency department, admitted for observation for two days, and discharged home in normal condition.

### Traumatic Head Injury

- **Medic 591:** PM Cavanaugh, PM Lee

#### Summary:

Medic 591 and Engine 28 responded to a report of an assault victim. Upon arrival, Medic 591 found a 31-year-old male sitting on the sidewalk with SFPD. The patient was alert and oriented and reported that he had been struck from behind with a skateboard.

The crew noted trauma to the right side of the patient's head with controlled bleeding. The patient was transported to San Francisco General Hospital.

According to the hospital staff, the SFFD crew did an excellent job managing the patient. The patient arrived with a GCS of 15 but deteriorated in the ED. He was found to have a right temporal laceration with a depressed skull fracture. A head CT confirmed the right temporal depressed skull fracture, right temporal contusion, and signs of cerebral herniation where part of the brain moves into other cranial compartments due to intracranial pressure. Without good management and treatment, this condition can lead to lifelong disability or death. This patient was given the best possibility of success with the appropriate transport to the trauma center.

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# Community Paramedicine Division Fire Commission Report

June 2025

Operational Period 06/01-06/30

## Division Highlights

### 6<sup>th</sup> Street Mobile Triage Center

Since February 5<sup>th</sup>, 2025, the Community Paramedicine Division has supported the City's multi-agency 6<sup>th</sup> street corridor and mobile triage center initiative. On 6/09, the decision was made to transition the site to another location. Neighborhood Street Team (NST) captains were assigned to the 6<sup>th</sup> St. Corridor to support and redirect individuals who may seek services in the week following the closure.

### EMT Ismael Orozco Honored with EMS Cross Award by California EMS Authority



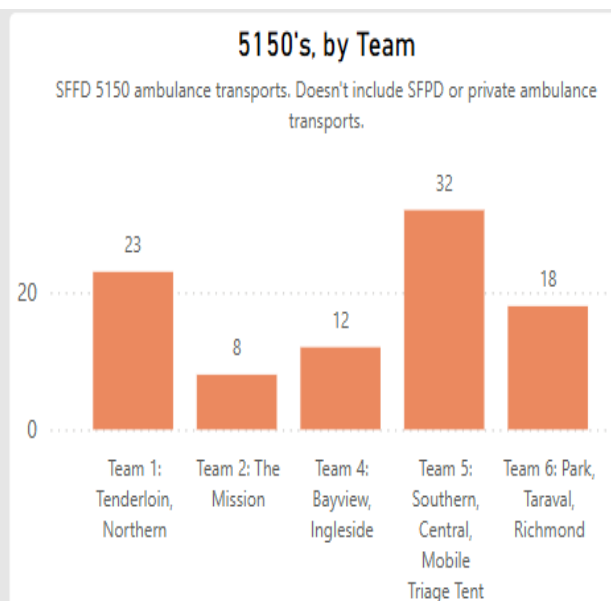
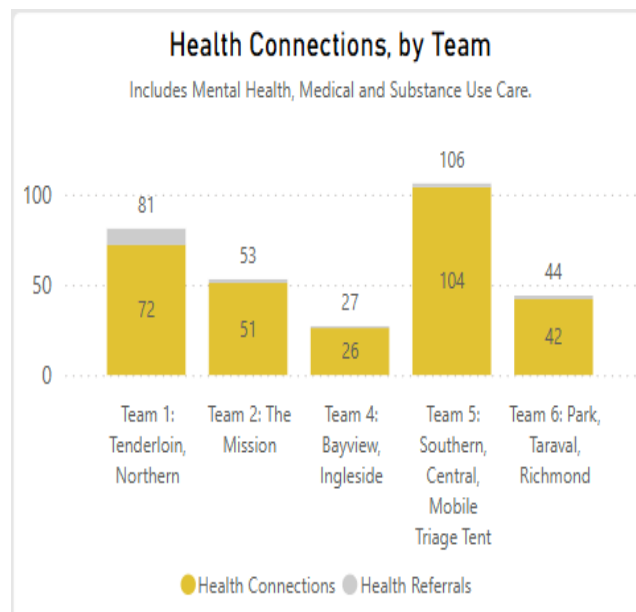
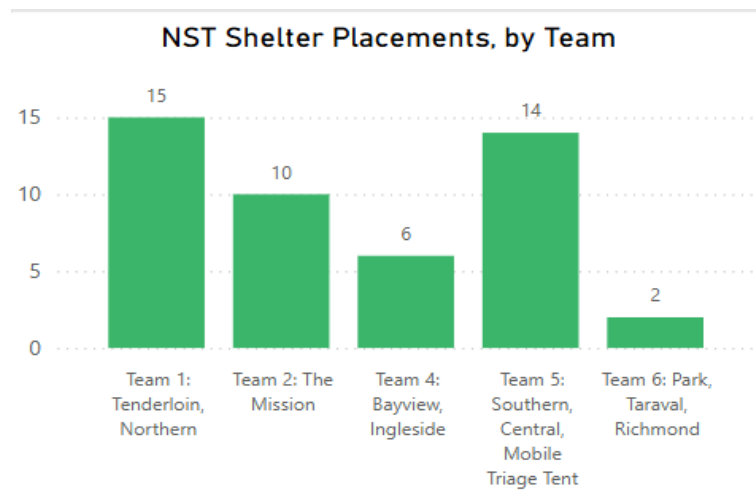
On June 4<sup>th</sup> the California EMS Authority awarded EMT Orozco with the EMS Cross, a prestigious honor given to EMS providers who display extraordinary care and professionalism under extreme circumstances. On July 20<sup>th</sup>, 2024, EMT Orozco, working with Community Paramedic Emily Tam on SCRT-9, responded to a residence for the report of an individual experiencing a panic attack. Entering the second floor of the home they encountered a 27-year-old female in an acute behavioral health crisis. Before the crew could engage and assess the patient she attempted to jump, head-first, out a window approximately 20 feet above a concrete landing. EMT Orozco grabbed her ankle, and despite the patient actively struggling against his grip, held her for over ten minutes while a ladder was positioned and she was lowered safely to the ground.

## Unit Reassignments

As of June 7th, 2025, the CP Division has reassigned resources to continue supporting the City's priorities and address growing call volume. Outlined in the April Fire Commission report the unit reassignments included:

- Demobilization of the Street Overdose Response Team (SORT),
  - Follow-up for overdose survivors to be transitioned to EMS-6,
- Reassignment of community paramedic captains to support Neighborhood Street Teams (NST): CP10, CP11 and CP12 (NST Captains) have been partnering with DEM conductors. They work in collaboration with DEM, DPH, HSH, SFPD and DPW to address priority street conditions.

## NST Dashboard: FIR, 6/01-6/30

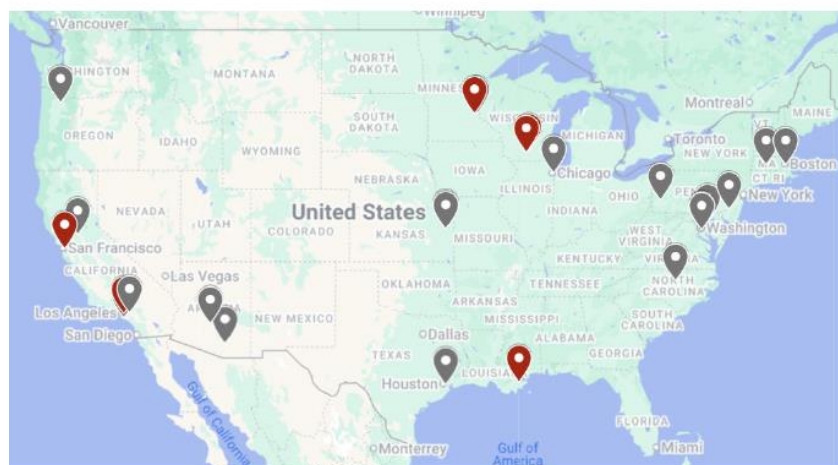




### Completion of Harvard Government Policy Lab (GPL) 2024/25 Cohort

On June 12<sup>th</sup> a final convening of Harvard GPL 2024/25 cohort members was held. Over the course of the past 12 months, the Community Paramedicine Division & the Department of Emergency Management's HEART program worked closely with Harvard GPL fellows to support separate projects while engaging in a learning community with other alternative response programs around the nation. In addition to this year-long cohort, the CP Division has supported Harvard GPL in conducting a national landscape review of leading programs which will be released later this summer. We look forward to sharing this landscape review once published and continuing to benefit from the Harvard GPL alumni network.

### GPL Cohort Alumni (from 2021-2025)



Jurisdictions in your network	
Alexandria, VA	Madison/Dane County, WI
Allegheny County, PA	Minneapolis, MN
Amherst, MA	New Orleans, LA
Baltimore, MD	Philadelphia, PA
Cambridge, MA	Phoenix, AZ
Chicago, IL	Portland, OR
Durham, NC	Sacramento, CA
Harris County, TX	San Francisco, CA
Lawrence/Douglas County, KS	St. Paul, MN
Long Beach, CA	Tucson, AZ
Los Angeles, CA	Washington, DC
San Gabriel Valley Council of Governments, CA	

### New York University (NYU) Policing Project National Convening & Panel Participation

ADC April Sloan and Section Chief of Operations Daniel Nazzareta attended a national convening of alternative response programs hosted by NYU over three days beginning June 3<sup>rd</sup>. In addition to attending, ADC Sloan was invited to sit on a panel session, "Staying the Course: Managing Program Goals Amid Changing Political Priorities." The Division has previously worked closely with New York University (see our July 2024 report regarding the NYU paper: *San Francisco's Public Safety System: Lessons in First Response Policy Implementation*), and Chief Sloan's invitation to speak highlights our Division's nationally recognized leadership in this field.

### **Geary Stabilization Unit (GSU)**

822 Geary has quickly become a valued resource for SCRT, with 31 transports to the GSU. The GSU recently expanded hours of admission to midnight and expects to operate 24/7 by end of July. This is especially beneficial to SCRT due to the scarcity of resources at night.



#### **Top Referral Sources:**

- SCRT 53%
- Street Team 11%
- Self/Family 26%
- Staff/ Providers 9%

### **Emergency Medical Director Association of California (EMDAC) Meeting Panel Participation**

On June 17<sup>th</sup>, ADC Sloan was invited to speak at the quarterly EMDAC meeting on a panel titled, “Changes in Law Enforcement to Behavioral Health Calls.” Attendees included medical directors for EMS agencies across the state and Lt. Donnie Anderson, SFPD.



### **Psychiatric Stabilization and Adult Protective Services Coordination**

Between June 17–18, 2025, EMS-6 staff, including Captain Sherry Mahoney, collaborated with Adult Protective Services, the San Francisco Police Department Crisis Intervention Team, and hospital partners to support an individual in psychiatric crisis who served as a primary caregiver for elderly family members. Following stabilization and inpatient admission, community paramedics worked to ensure in-home supportive services (IHSS) for affected family members during their primary caretaker's hospitalization.

### **Prenatal Behavioral Crisis Response (June 3, 2025)**

On June 3, 2025, the CP Division received a request from DPH Homeless Prenatal Program providers to coordinate support for an unhoused, pregnant individual who was deteriorating in the community. The patient, a 33-year-old female with a history of severe mental illness and substance use disorder, was 33-weeks pregnant with no pre-natal care. Due to her mental illness, she was unable to care for herself and was experiencing medical complications. NST Captain Neil Palacios coordinated with DPH clinicians to locate the patient, place her on an involuntary mental health hold, and safely transport her by ambulance directly to SFGH's Labor and Delivery ward for care. The 5150 hold was extended by hospital staff and she remains in care. DPH clinical staff commended Capt. Palacios for his caring, calm, and successful scene management that ultimately contributed to an improved course of care.

## EMS-6

Operational period: 6/1/2025 – 6/30/2025<sup>1</sup>

Total encounters: 148

Average encounters per day: 4.93

Utilization changes of top 20 utilizers engaged by EMS-6 from the month before the operational period to current: -59.54%

Encounter Type	Number
Consult	34
In Person Visit	81
Case Conference	18
Show of Support	1
Care Coordination	7
Interagency Support	0
Chart Review	8
SCOPE connections	9
Total	148

## SCRT

Dispatches		1, 427
Average Response Time		17.27 mins
Average Time on Scene		41.71 mins
5150's		23
SFPD Assistance to SCRT	0.20%	3
PD Special Calls	23.62%	337

### Outcomes, all encounters

Transport to ED	12.40%	177
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<sup>1</sup> For EMS-6, operational data is compared in 30-day intervals for consistency across months.

Transport to Alternate Destination	18.36%	262
Remained in the Community	50.04%	714