

## Fire Commission Report – December 2025

### EMS Division

January 14, 2026

Assistant Deputy Chief Tony Molloy



## Operations

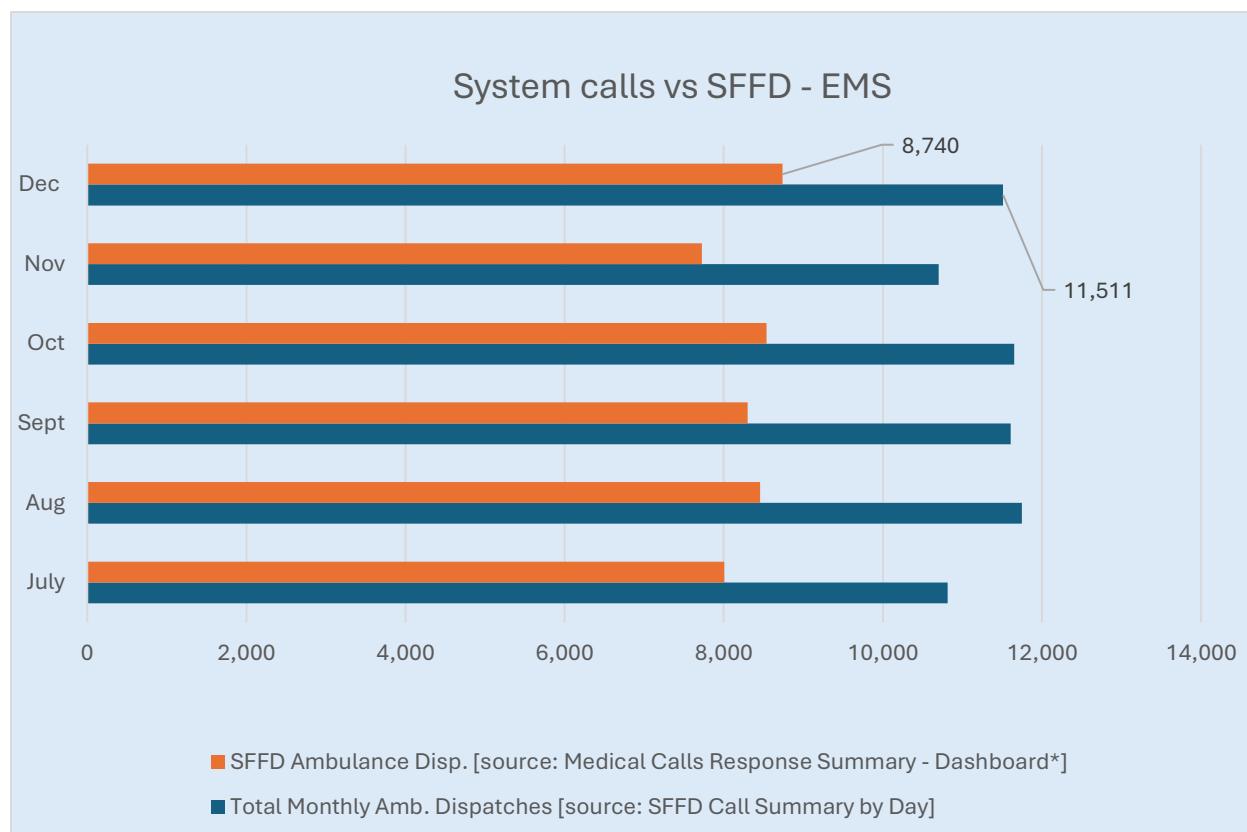
### Monthly Call Volume

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	July	Aug	Sept	Oct	Nov	Dec
<b>Total Monthly Amb. Dispatches</b>	10,813	11,747	11,608	11,651	10,701	11,511
<b>SFFD Ambulance Dispatches</b>	8,007	8,456	8,298	8,539	7,723	8,740
<b>RC Total Calls</b>	951	966	995	998	893	909

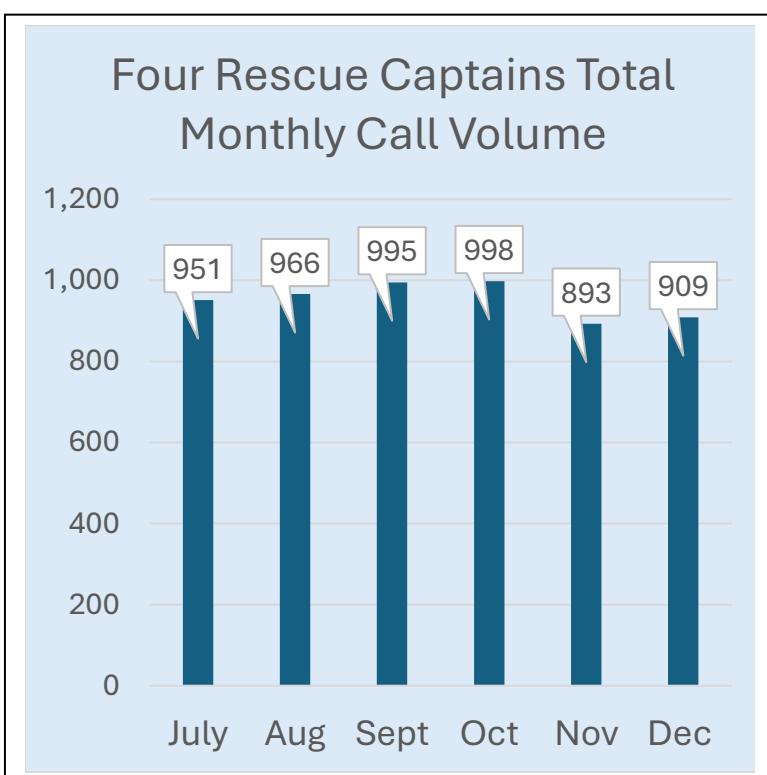
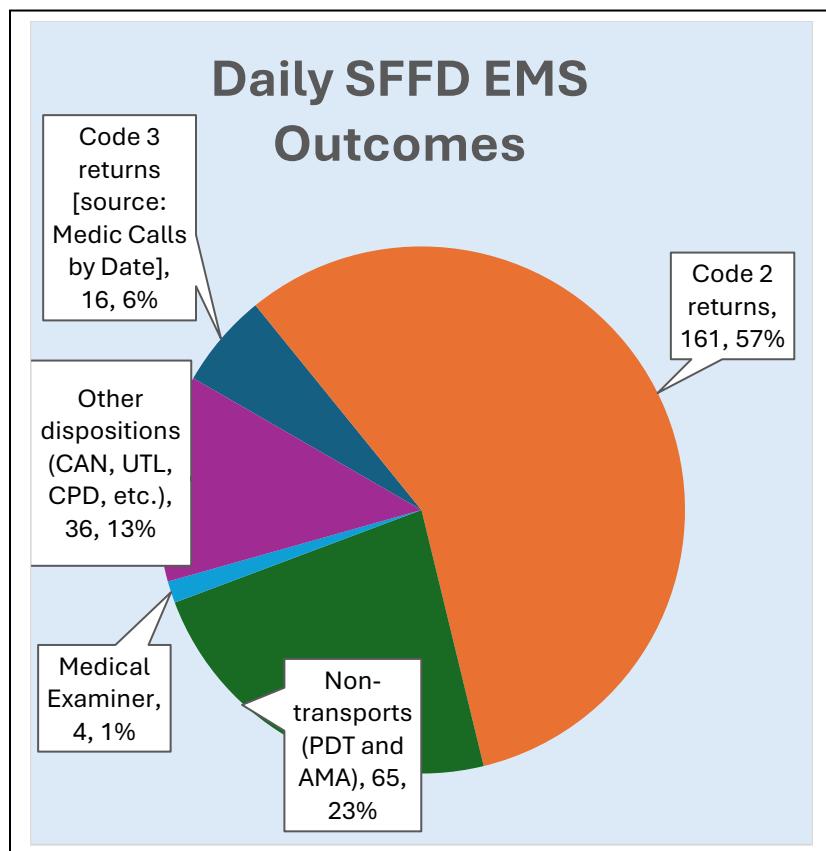
Table 1 Monthly Call Volume

System call volume jumped back up to its standard levels, possibly hinting at the start of the winter illnesses. Our EMS call volume also increased to 76% of the total system EMS calls this past month. This does not include our Community Paramedic only responses.



## EMS Call Outcomes

Referring to those 8,740 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-transport 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



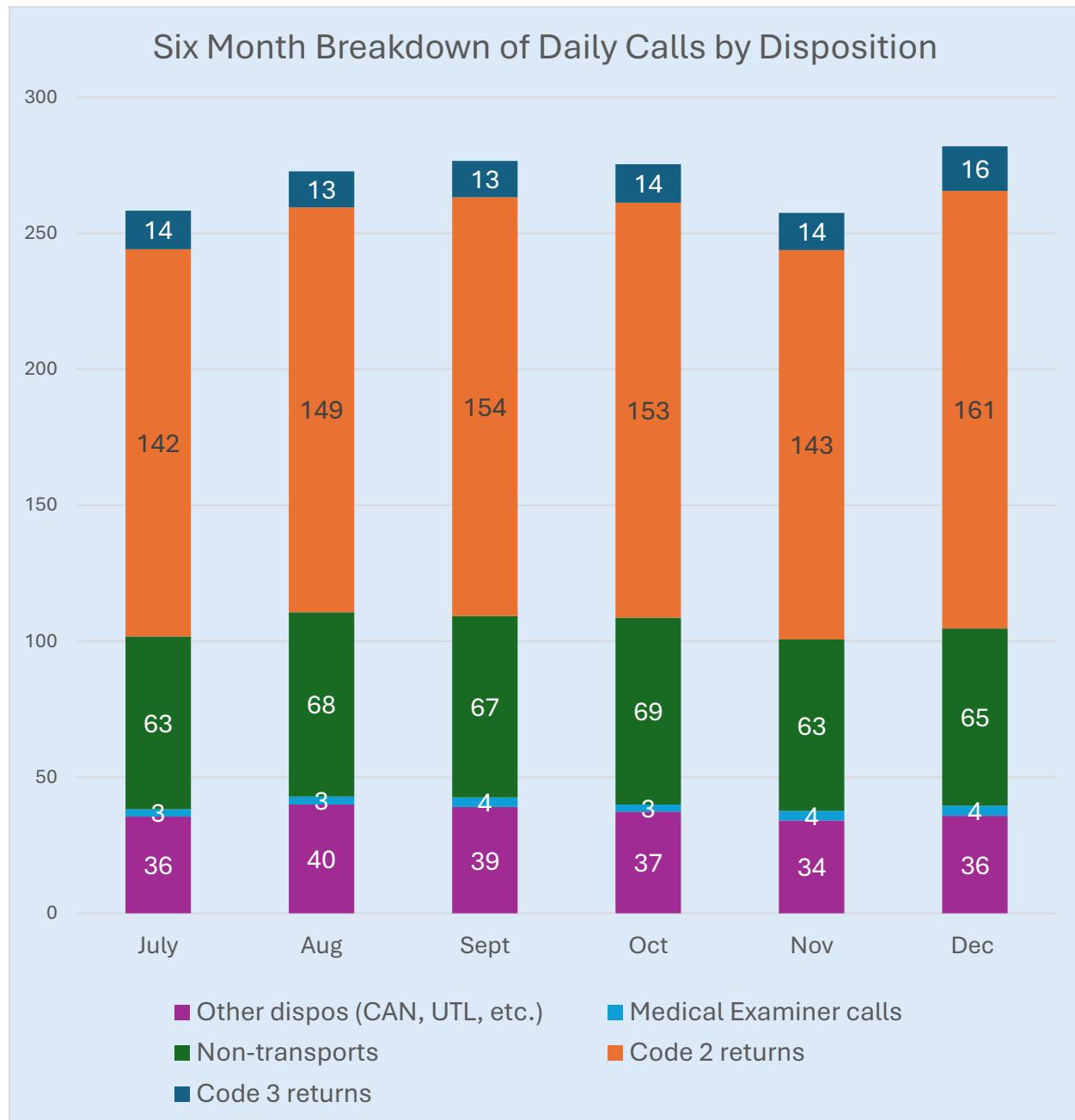
where we are canceled by an earlier unit, we cannot locate a patient, PD cancels us, multiple patient transfers, and a few other very small outcomes.

## Rescue Captains – EMS Supervisors

This chart shows the total calls for all four field Rescue Captain (RC) units. Our four RCs ran about eight calls per day, 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.

## Trend Analysis for Call Outcomes

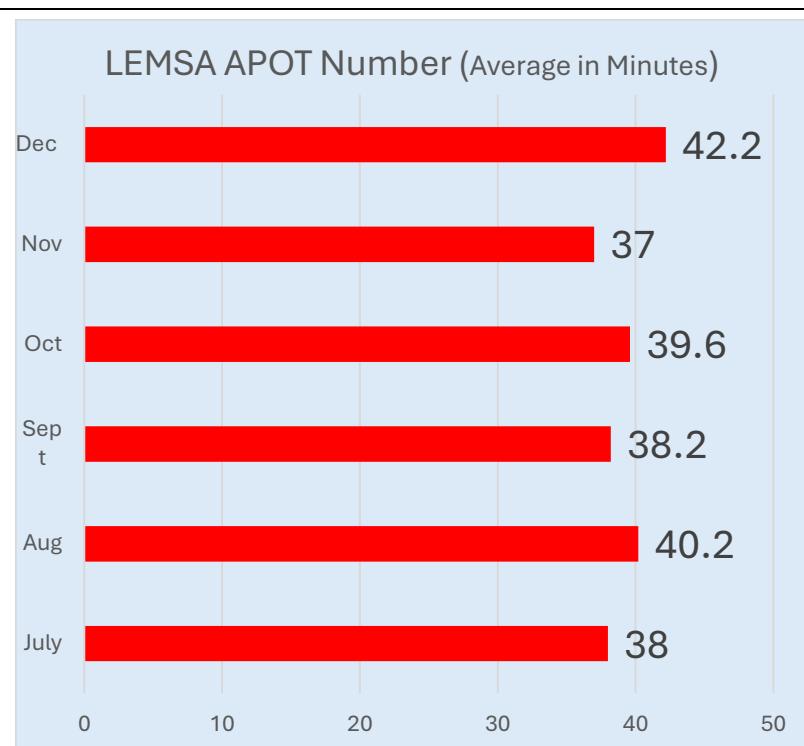
These data are necessarily presented as monthly reports, but the difference in length of the months can skew the data up or down. We are continuing to present the calls per day to make it easier to compare months of data. The stacked bar in each month shows the same categories as the pie chart on the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



## Ambulance Patient Offload Times at Emergency Rooms

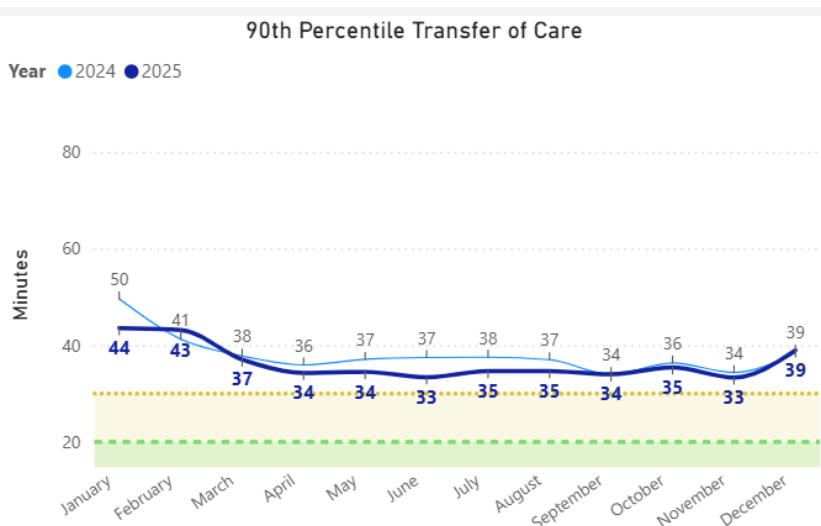
The LEMSA average APOT for the month of December has jumped 14% in the last month.

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 is the benchmark AB40 requires us to use. The data from our reports below show a more accurate time for APOT, which is based on the signature time of the hospital. We are in the planning stages for an APOT summit in March of this year, including all hospitals, providers, and LEMSA representatives.

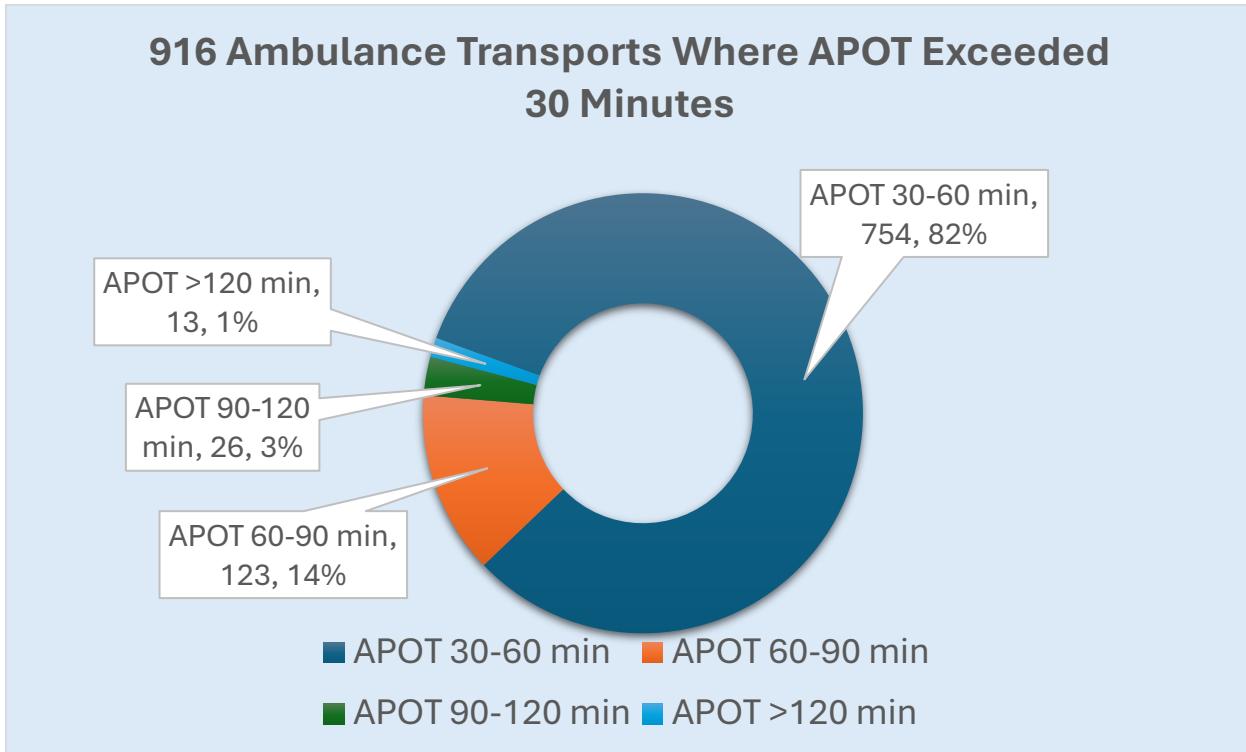


Ambulance Patient Offload Time (APOT) is an industry standard that measures the time from arrival at hospital to transfer of patient care. Transfer of care includes the physical moving of a patient to a hospital bed or chair, and a turnover report given to a nurse or doctor.

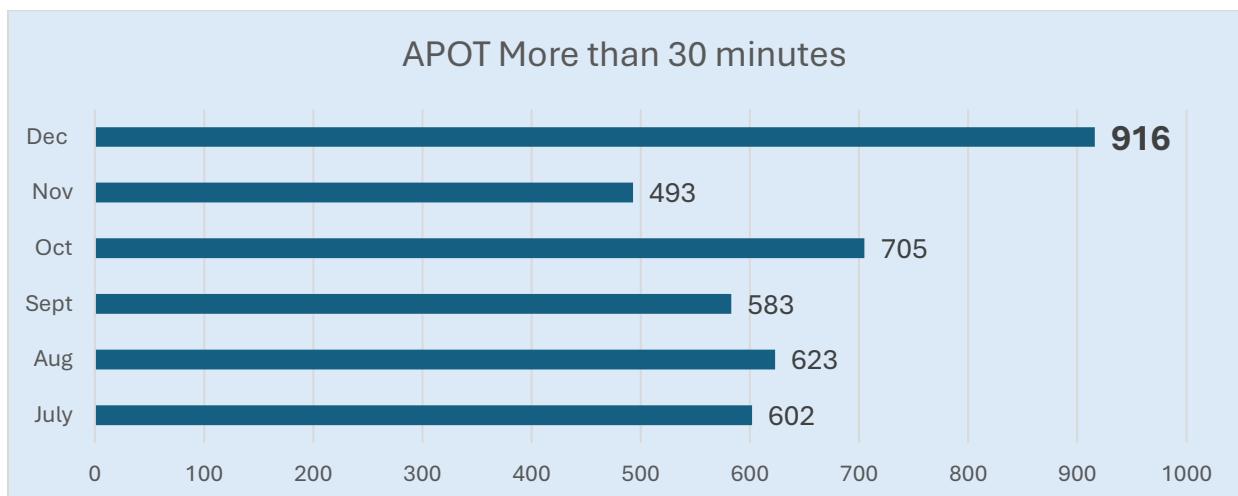
The next chart shows a year-over-year comparison for SFFD APOT times using the timestamp of the signature obtained at the hospital. This chart also shows the 90<sup>th</sup> percentile, rather than the average.



This next graphic shows the number of times our ambulances spent over 30 minutes at all the hospitals waiting to transfer care to hospital staff. It's organized into four buckets: 30-60, 60-90, 90-120, and over 120. These 916 times that ambulances waited to turn over a patient represents time beyond the state standard of 30 minutes and accounted for over 256 hours that our crews spent idle at hospitals *beyond thirty minutes*. This is a substantial increase over November (120 hours). This may be a possible result of staffing shortages at hospitals combined with greater impacts on the emergency rooms due to winter illnesses increasing. In 2025, we had ambulances held over 30 minutes totaling 2,410 hours.



This next chart is new. It shows the monthly trend for the number of times our ambulances were held more than 30 minutes at emergency room triage locations. You can see the increase over the last month. On the good side, approximately 80% of our transports are turning over care in under 30 minutes.



## Narcan Administration for Opioid Overdoses

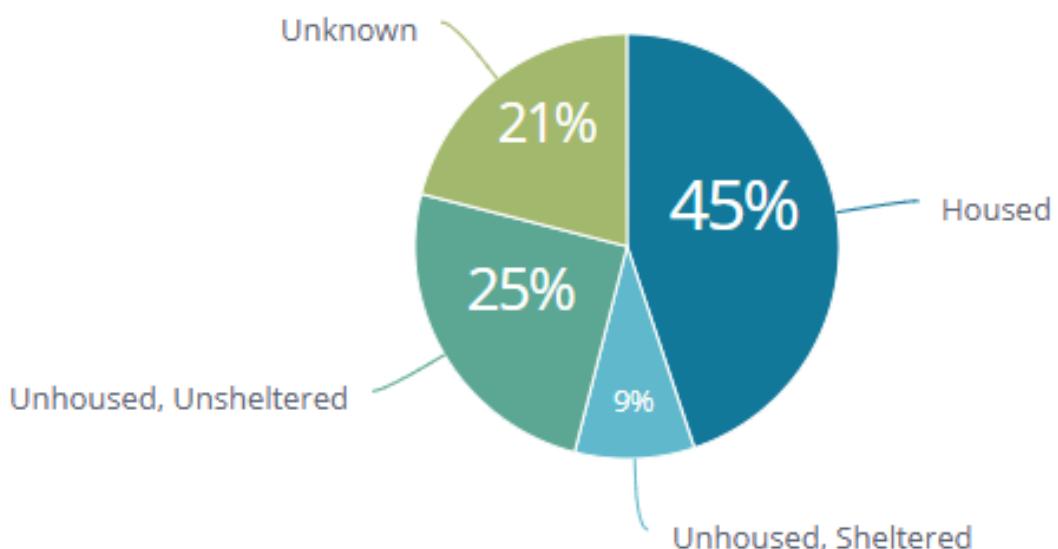
As you know, we are presenting Narcan administrations and patient numbers. We also looked to see the housing status of each call.

This month, we treated 176 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 34% were unhoused, 21% were unknown status, and 45% were housed.

Total Number Of  
Individuals Treated With  
Naloxone (Narcan):

176

### Resident Status Breakdown



## 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]	July	Aug	Sept	Oct	Nov	Dec
Intubation: Direct Laryngoscopy	6	4	5	10	9	12
Intubation: Video Laryngoscopy	16	14	15	13	18	17
Continuous Positive Airway Pressure (CPAP)	6	22	17	34	23	34
Pleural Decompression	2	1	0	0	0	0
Needle Cricothyrotomy	0	0	0	0	0	0
Cardioversion	0	1	2	1	0	3
Transcutaneous Pacing	1	3	1	6	6	4
Intraosseous Infusion Adult	33	34	31	31	54	32
Intraosseous Infusion Pediatric	0	0	1	1	0	2

Table 2 - Advanced Life Support EMS skills

Over the past several months, we'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 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 cases are at bottom.

Month	Total	Resus Attempted	Witnessed	Shockable Rhythm	Bystander CPR/AED	ROSC at ED	% survival at ED
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%
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%
<b>2025 Total</b>	<b>1526</b>	<b>356</b>	<b>132</b>	<b>55</b>	<b>119</b>	<b>112</b>	<b>31%</b>

Table 3 - Cardiac Arrest monthly data

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

	Number of calls	Transported	ROSC at ED	Percentage
<b>Utstein 1</b>	2	2	1	50%
<b>Utstein 2</b>	2	2	1	50%

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

### New H3 L1 and L2 Classes

On December 12, 2025, our most recent classes of EMTs and one paramedic joined Station 49. This is our H3 L1 class 28 and H3 L2 class 14.



### Holiday Season

Station 49 and Community Paramedicine crews continued our joint annual holidays celebrations, having a Christmas meal at CP station. We also had a wonderful turnout for our Station 49 Santa Breakfast with dozens of CP and EMS folks and their families.





## Annual RC Training

We conducted our annual RC training this December. It was coordinated with a live burn so that our RCs could perform a firefighter down drill, rescue, and treatment. This is a large event with many participants and provided an excellent opportunity to practice this critical skill.



## Notable Calls

### 25180496 – Bridge Jumper

Responding Units: E16, T16, RB1, FB3, E51, E35, B07, RS1, and RC2

On December 19, 2025, at approximately 1924 hours, crews were dispatched to assist Golden Gate Bridge Patrol after reports of a person under the Golden Gate Bridge. It was dark and raining at the time. Bridge Patrol had received a video about one hour earlier showing a person beneath the bridge.

A full bridge jumper response was started. Fireboats were deployed to search the underside of the bridge using thermal imaging. Working with the SFPD Drone Unit, crews located the individual sitting on a narrow ledge beneath the bridge.

Crews were able to safely remove the individual from the ledge without injury. The patient was placed on a 5150 psychiatric hold and transported by Medic 561 for further evaluation.

### 25178603 – Auto vs. Pedestrian

Responding Units: E14, M591, and B07

On December 16, 2025, at approximately 1330 hours, emergency crews were dispatched to a report of an individual who had been run over by her own vehicle in a residential driveway. Upon arrival, responders located an approximately 80-year-old female pinned beneath the vehicle, with her upper body trapped under the car.

A coordinated extrication was initiated, and the patient was safely removed from beneath the vehicle. Upon assessment, she was alert and oriented with normal mentation, though she sustained traumatic injuries to the upper chest area. Due to the mechanism of injury, the patient was transported emergent, lights and sirens, to San Francisco General Hospital for further evaluation and treatment.

## 25178136 – MCI, Cable Car

Responding Units: E41, RC1, RC3, RS1, B01, M550, M505, M562, KM110 and CP11

On December 15, 2025, at approximately 1500 hours, emergency crews responded to an incident involving a cable car on California Street that came to an abrupt stop, resulting in multiple reported injuries. Upon arrival, responders conducted a rapid scene assessment, established Incident Command, and determined the need for additional resources. A Red Alert was declared to ensure an appropriate level of response.

A total of 15 patients were evaluated on scene, 2 sustained moderate injuries, 10 received minor injuries. Twelve patients were transported to area hospitals for further evaluation and treatment, while the remaining patients were treated and released at the scene.

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# Community Paramedicine Division Fire Commission Report

Operational Period 12/1/2025 – 12/31/2025

**Total CP Division Monthly Dispatches: 1,623**

**Daily Average: 52.35**

**Average Response Time: 17.93**

## Involuntary Psychiatric Holds

Grave disability	25
Danger to Self	10
Danger to Others	8
<b>Total*</b>	<b>34</b>

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

## Disposition Engaged Individuals (SCRT)

Ambulance Transport to Hospital	157	17.05%
Non-Ambulance Transport	221	24%
Remained in Community	543	58.96%
<b>Total</b>	<b>921</b>	

## Top 3 Alternate Destinations:

1. SOMA: RISE
2. Geary Stabilization Unit (GSU)
3. A Woman's Place Drop In

## Law Enforcement

PD requested by SCRT	14	1.17%
SCRT requested by PD	337	28.32%

## **Community Paramedic Captains**

- 310 Responses
- Engaged with 46 unique high utilizers of 911
  - 101 engagements
- Engaged with 5 overdose survivors (one or more overdoses)
  - 7 engagements
- HSOC resolutions: 8

Case Conferences	7
Shows of Support (SOS)	5
MAP referral	0
SCOPE referral	1

## **Division Highlights**

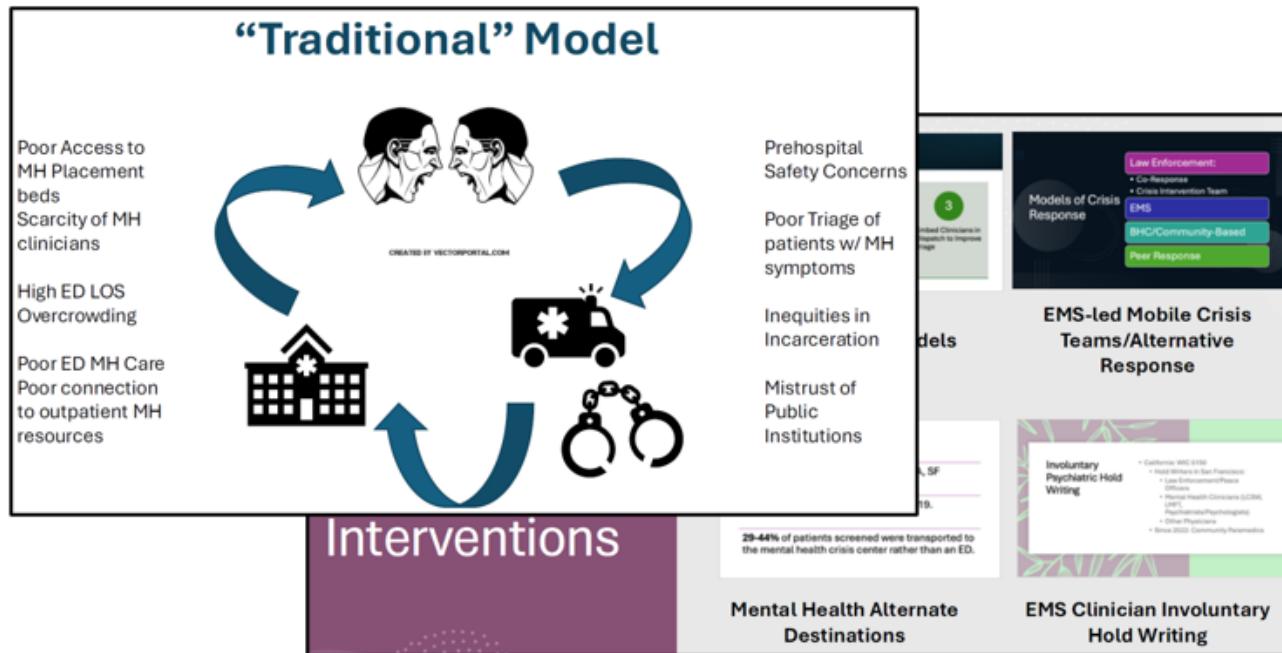
### **Interdepartmental Care Coordination and System Improvement**

Division leadership continued close collaboration with the Mayor's Office of Innovation (MOI) the Department of Public Health (DPH), the Department of Emergency Management (DEM), and the Department of Homelessness and Supportive Housing (HSH) to improve care coordination for the most medically and behaviorally acute individuals encountered through the 911 system. December workshops focused on refining the role of Neighborhood Street Team captains to prioritize unsheltered high utilizers, continued improvement of escalation protocols for individuals who repeatedly refuse services, analyzing the volume and drivers of 911 calls originating from permanent supportive housing (PSH) sites, and initiating a pilot to expand shelter access pathways for Street Crisis Response Team (SCRT) clients.

### **Medical Director**

#### **Behavioral Health and EMS Regional Leadership**

Community Paramedicine Medical Director Joe Graterol, MD, delivered a comprehensive presentation on Behavioral Health Emergencies and EMS at a LEMSA convening on December 10<sup>th</sup>. The presentation highlighted systemic barriers to behavioral health care, the expanding role of EMS in behavioral health response, alternative response models, mental health alternate destinations, and EMS clinician involuntary hold writing. The presentation also included current research findings on EMS clinician hold writing, patient outcomes, and moral injury among first responders.



Pictured: Slide excerpts from Dr. Graterol's presentation to the Local EMS Agency on Dec. 10th (San Francisco)

## Training

### CP Documentation Refresher Training & Guidelines

CP Division Training Lt. Dmitry Golovin and temp. CQI Captain Richard Platt developed an updated documentation guide and rolled out an in-service training initiative to all Division members. Community paramedicine requires additional, often complex documentation beyond standard EMS engagements.

### Behavioral Hold & Conservatorship Documentation

#### 1) 5150:

- If a 5150 hold is indicated use **FLOWCHART => Involuntary Psychiatric Hold**,
- Note in the **Comments** who you consulted with for your 5150,
- Note in the **Comments** DTO, DTS, GD,
- Document transporting unit and destination in your narrative,
- If the *decision* to place someone on a 5150 hold is made but you are unable to complete the process mark **Successful=> NO** and elaborate in your narrative,
- If there is a *consideration* to place someone on a 5150 but then decided against, mark **Not Performed** and indicate the best reason and elaborate in your narrative.
- Using an approved HIPPA-compliant device and your best effort, take a clear, well-lit and shadow-free photo of the front and back of the completed 5150 document,

Above: Excerpt from the CP documentation guide

## Cohort 8 Planning

Planning for our eighth community paramedicine cohort continues. Cohort 8 is slated to begin April 27<sup>th</sup>. We will be hosting our second external agency information session in February and plan on releasing a general order at the end of January soliciting internal applications.

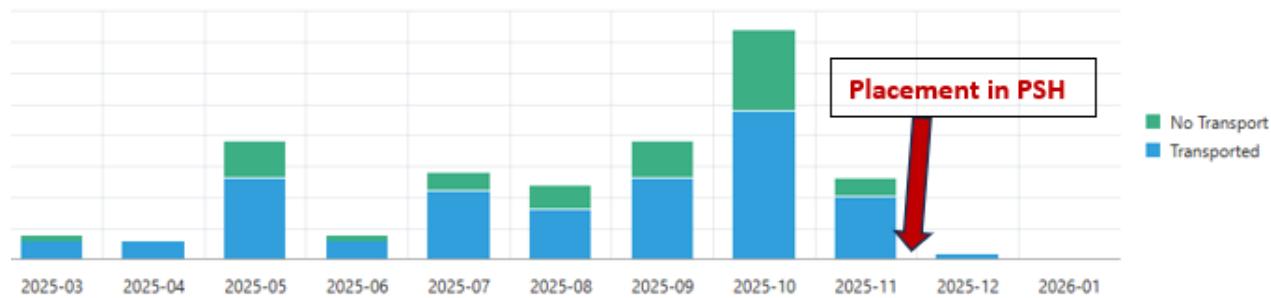
## Notable Incidents

### Conserved Missing Individual Located and Returned to Care

On December 11<sup>th</sup>, SCRT-4 (CP Isaac James, EMT John Diamant) was dispatched to assist a medic unit with a patient requesting shelter after initially asking for hospital transport to meet basic needs. On scene, the patient was medically stable but demonstrated signs suggestive of cognitive or neurodevelopmental impairment and later disclosed recent alcohol use. During engagement, SCRT-4 identified indicators consistent with a recently issued BOLO (Be-On-the-Lookout) and confirmed the individual was conserved and had previously gone AWOL from a psychiatric facility within the City. SCRT4 coordinated with a CP captain, attempted contact with the assigned conservator and social worker, and confirmed the appropriate disposition. The patient was transported without incident to Psychiatric Emergency Services at Zuckerberg San Francisco General Hospital, where care was transferred and the missing person's report was cleared by the Sheriff's Department. This incident highlights SCRT's role in behavioral health assessment, interagency coordination, and appropriate diversion without unnecessary involuntary hold initiation.

### High-Utilizer Appropriately Housed with Resulting Decrease in Utilization

EMS-6 managed a longitudinal high-utilizer case involving a housed individual with cognitive impairment, end-stage renal disease requiring dialysis, and co-occurring mental health conditions. Utilization initially spiked in March 2025, and the client was engaged by EMS-6. Initial linkage to Intensive Case Management (ICM) did not meaningfully reduce 911 utilization. Continued advocacy by CP and EMS-6 with DPH leadership resulted in the individual being placed into a higher level of residential care through permanent supportive housing (PSH). As of November 30, a marked reduction in pre/post utilization was observed following placement. The individual had 55 documented EMS-6 engagements during the intervention period, including multidisciplinary case conferences.



### SCRT & Geary Stabilization Unit Collaboration Results in Successful Family Reunification

On December 11<sup>th</sup>, SCRT-8 (CP Isaac James, EMT Diamantidis) in coordination with GSU staff, facilitated a positive outcome for an individual experiencing acute behavioral health distress after several days unsheltered. SCRT-8 identified the individual as being from outside San Francisco, coordinated with the Geary Stabilization Unit to provide short-term therapeutic support, and successfully contacted a family member with the individual's consent. Through collaborative planning between SCRT, DPH clinical leadership, and stabilization unit staff, the individual remained in care while awaiting family arrival and was ultimately discharged in stable

condition to reunite with a spouse and return to their out-of-county home. DPH leadership formally commended SCRT-8 for effective problem-solving, interagency coordination, and compassionate, patient-centered care.

**High-Utilizer Exited from Shelter & Re-Connected to Non-Congregate by EMS-6**

An unhoused but sheltered 61-year-old client known to EMS-6 was exited from shelter due to mental health issues. In the four (4) months preceding their shelter exit, the individual had no 911 activations. In the three (3) weeks following their exit, the client had fourteen (14) encounters with EMS and CP Division units.

EMS-6 followed the client in the community and successfully coordinated with the Office of Coordinated Care to arrange for non-congregate shelter. When next engaged in the community by SCRT-5 (CP Freeland, EMT Hobbs) the client was brought directly to the pre-arranged non-congregate setting. Since placement, the client has had three 911 activations, all of which resulted in transport to non-ED destinations by CP teams.