

UPDATES FROM SAN FRANCISCO EMSA

James Duren EMS Administrator

John Brown MD Medical Director



POPULATION HEALTH DIVISION SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

San Francisco EMS Agency

Public and Professional Education	Performance Improvement	Policy	Certification and Investigation	Research

Review of challenges to the EMS System(policy pillar)

- Standardization of regional EMS training
- Spread of High Performance CPR
- Medical Documentation improvements
- Hospital Diversion- Patient distribution
- Decision quality supported by data science
- Completion of EMSA staffing and training

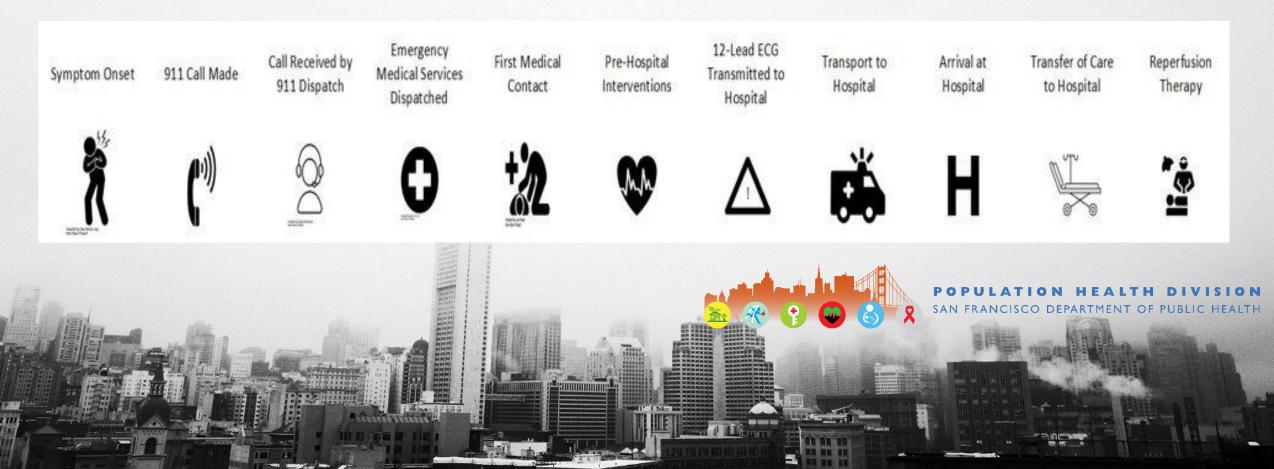
Performance Improvement (Pillar)

- EMSA system improvement initiatives
 - *2020/50*
 - PulsePoint
 - Lucas Device (mechanical compressor)
 - Standardization of equipment
 - Cardiac arrest review
 - After school CPR kits

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Performance Improvement (Pillar)

- EMSA system improvement initiatives
 - *2020/60*



Performance Improvement (Pillar)

- EMSA system improvement initiatives
 - *2020/60*

Time Interval	Average Time (mm:ss)
First Medical Contact to EKG Taken	10:37
First Medical Contact to Transfer of Care*	35:43
*Range for First Medical Contact to Trans	fer of Care – 14:00 to 83:00
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Dispatch Call processing time

- Dashboard time Vs policy time
- Call volume, code 3, code 2, code 3 return and non transport
- Reevaluate dispatch responses and response times
- Ambulance AVL's
- Quick dispatch
- Supply and demand model
- RN triage line for low acuity calls
- PSA of when to call 911

Dispatch Call processing time

Dashboard time Vs policy time – July 2019

Time Interval	Policy Time (mm:ss)	Dashboard Time Average (mm:ss)	Dashboard Time 90 th Percentile (mm:ss)
Total Dispatch Interval* for Code 2 calls	02:00	2:26	4:27
Total Dispatch Interval* for Code 3 calls	02:00	1:51	3:28

*Total Dispatch Interval is the time interval between the start of dispatcher creation to the time of dispatch to the first unit responding. Data comes from FirstWatch and processed by DEM's Division of Emergency Communications (DEC).

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Dispatch Call processing time

Call volume, code 3, code 2, code 3 return and non transport – July 2019

EMS Call Volume	Ν
Total Call Volume	9503
Non-Transport	2465 (26%)
Code 3 Calls	4533
Code 3 transports	403 (9%)
Code 2 Calls	4970
Code 2 transports	6611 (75%)

*All data comes from FirstWatch. Dispatch data is processed by DEM's Division of Emergency Communications (DEC). Transport data is processed by the EMS agency. **ULATION HEALTH DIVISION** RANCISCO DEPARTMENT OF PUBLIC HEALTH

911- unit response times

- Policy Vs actual
- 1st unit on scene
- 1st ALS unit on scene
- Ambulance on scene



911- unit response times

Policy vs. Actual – Code 3 Calls - July 2019

Time Interval for CODE 3 CALLS	Policy Time (mm:ss)	Source Data Count	Source Data 90 th Percentile (mm:ss)	Validated Responses Count	Validated Responses 90 th Percentile (mm:ss)
First Unit On Scene	04:30	4528	5:54	3654	5:13
First ALS Unit On Scene	07:30	4493	6:49	3631	6:07
First Ambulance On Scene	10:00	4294	10:42	3423	8:52

*Data was obtained from the San Francisco Fire Department Monthly Response to Medical Calls report produced by the SFFD.

911- unit response times

Policy vs. Actual – Code 2 Calls - July 2019

Time Interval for CODE 2 CALLS	Policy Time (mm:ss)	Source Data Count	Source Data 90 th Percentile (mm:ss)	Validated Responses Count	Validated Responses 90 th Percentile (mm:ss)
First Unit On Scene	20:00	4967	17:55	4870	17:16
First ALS Unit On Scene	20:00	4911	18:13	4823	17:25
First Ambulance On Scene	20:00	4735	19:17	4596	17:59

*Data was obtained from the San Francisco Fire Department Monthly Response to Medical Calls report produced by the SFFD.

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On scene performance

- Infrequently used skills
- Medical documentation
- Increase in Medical Directors involvement in QI
- Competency training (sim lab)



On scene performance

Infrequently used skills – January 2018 - December 2018

Name of infrequently used skill	Number of Procedure Attempts	Number of Successful Placements	Percentage of Successful Placements
Endotrachial Intubation (ETT)	366	209	57%
King Airway Placement	122	113	93%
Adult Intraosseous Infusion (IO)	467	445	95%

*Data was obtained from the San Francisco EMS providers and compiled by the San Francisco EMS agency.



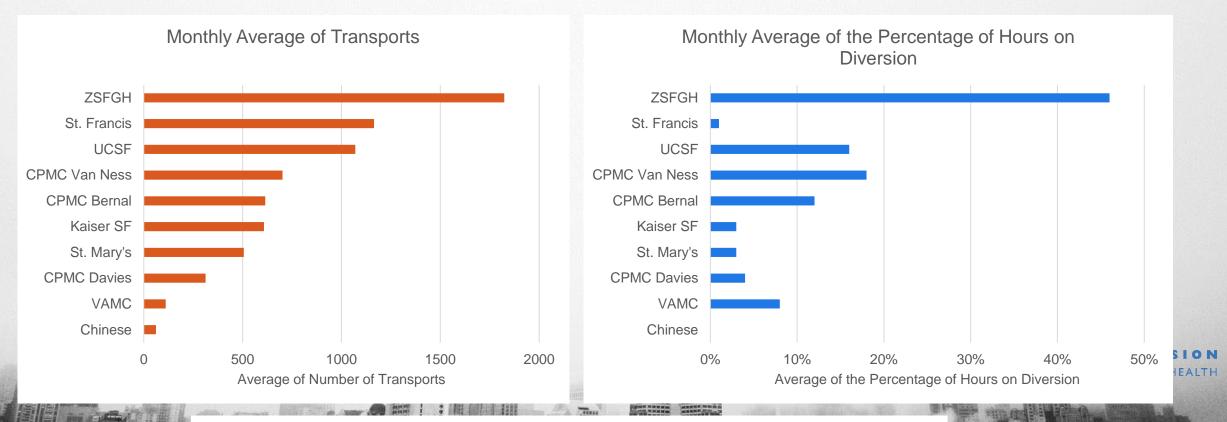
Hospital receiving centers

- Diversion and Transports
- EMS patient distribution
- CADDIE pilot project
- Evaluation of specialty care centers (Stroke, Trauma, STEMI, 5150)



Hospital receiving centers

Diversion and Transports – July 2018 – July 2019



*Data was obtained from the San Francisco EMS Agency monthly EMS Diversion Report

Community Paramedic program

- Pilot
- AB 1544
- Community focus groups



Slide 17

Special event medical care

- Revised EMSA policy on event medical coverage
- Working to integrate fixed, non-permitted facilities (Chase Center)
- Need for regular, ongoing disaster exercises of pre-hospital resources



Community outreach programs

- Project Friend
- PulsePoint
- Citizen CPR training



Performance Improvement summary

- Increase provider training for competency
- Improve provider medical documentation
- Dispatch the right resource to the right patient at the right time

Slide 20

- Level load the 911 patient distribution
- Increase cardiac arrest survival rates
- Decrease first medical contact to reperfusion for STEMI patients
- Increase community education and involvement



THANK YOU!

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