

Sobering Results from the Tenderloin: The Northern California Experience with Sobering Centers



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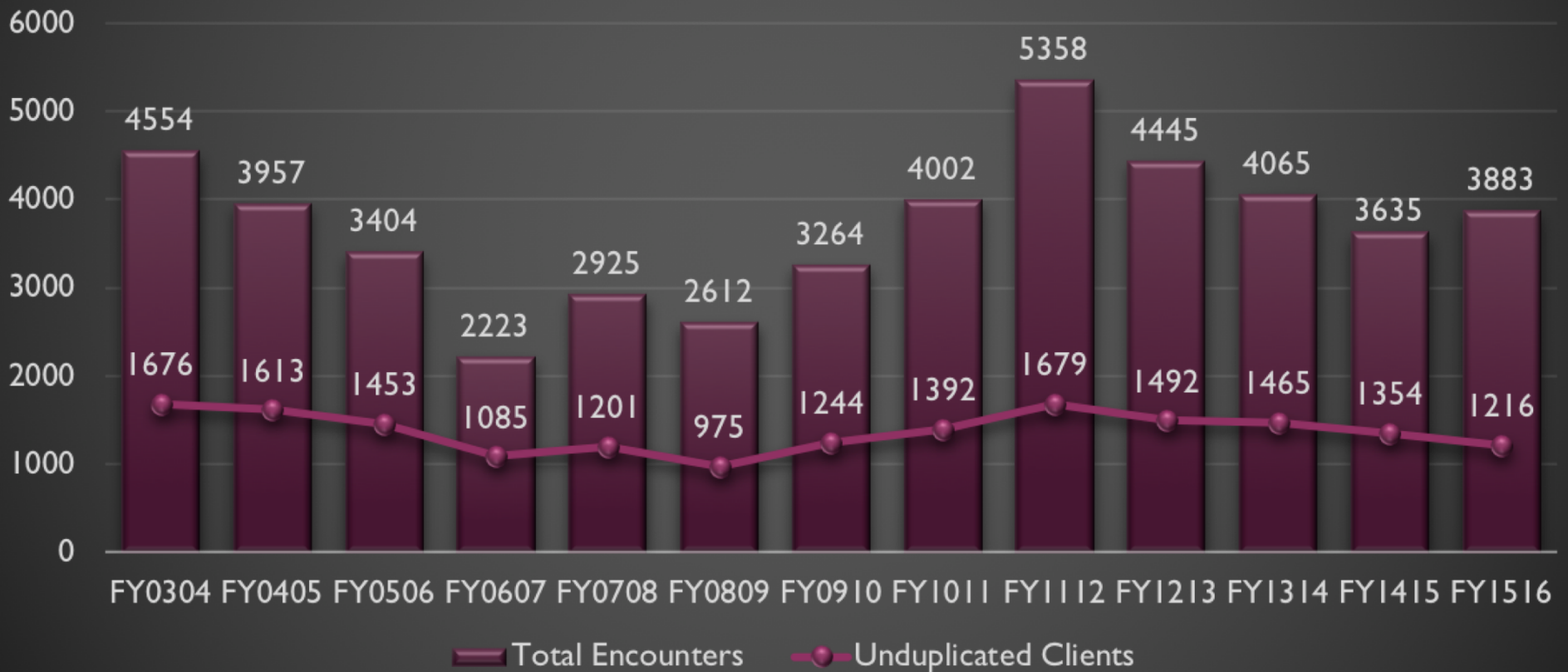


EMS triage to Sobering Centers



- Be medically appropriate by meeting all the following criteria:
 - Indication of alcohol intoxication (odor of alcohol on breath, bottle found on person)
 - GCS 13 or greater
 - Pulse 60-120
 - Systolic BP >90
 - Diastolic BP <110
 - Respiratory Rate 12-24
 - Oxygen Saturation >89%
 - Blood Glucose 60-250
 - No active bleeding
 - No bruising or hematoma above clavicles
 - No active seizures; and
 - No laceration that has not been treated

Total Encounters (bar) with Unduplicated Clients (line) by Fiscal Year (2003-2016)



Sobering Center as healthcare hub

Food: 3756

Laundry: 878

Shower: 1815

Clothing: 1526

Vitamins: 741

Wound Care: 89

started tracking in 2013

- Nursing
 - Wound Care
 - Lab Draws
 - ETOH withdrawal treatment
 - Medication management
- Intensive Case Management / Social Work
- ADL
- Hygiene/De-lousing

Safety of EMS triage to Sobering?

- 2003-2017: >50,000 encounters, 12,500+ individuals
- Analyzed SF Sobering Center July 2013 – June 2016
- 10,980 total encounters
- 4,045 (37%) triaged by EMS
- 4.2% secondary transport to ED
- Most common reasons for secondary transfer: tachycardia, alcohol withdrawal

Smith-Bernardin SM, Kennel M, Glenn M, Yeh C. EMS Can Safely Transport Patients to a Sobering Center as an Alternate Destination. *Ann Emer Med*. October 2017. 70:4 (S92)