Contra Costa County Response to Civil Grand Jury Report No. 2607, entitled "Ambulance Patient Offload Delays: Time Is of the Essence"

Findings

F1. Ambulance Patient Offload Time (APOT) is the time it takes from ambulance arrival at a hospital until the patient is accepted by the emergency department.

Response: *The respondent agrees with the finding.*

F2. An Ambulance Patient Offload Delay (APOD) occurs when the time taken for an ambulance patient offload transfer to a hospital emergency department exceeds the required standard.

Response: *The respondent agrees with the finding. The required standard is contained within LEMSA Policy #4010.*

F3. California Health & Safety Code Section 1797.120.5 (b)(1) mandates that every Local Emergency Medical Services Agency (LEMSA) develop an APOT standard of not to exceed 30 minutes 90% of the time, measured monthly.

Response: *The respondent agrees with the finding.*

F4. The County LEMSA has adopted an APOT standard not to exceed 20 minutes 90% of the time, measured monthly.

Response: *The respondent agrees with the finding.*

F5. The County LEMSA Quarterly reports demonstrate that APODs in Contra Costa County have been occurring since at least 2020.

Response: *The respondent agrees with the finding.*

F6. The County LEMSA does not have the authority to enforce compliance with its APOT standard.

Response: *The respondent agrees with the finding.*

F7. County Emergency Medical Services (EMS) Standard Policy 4010 requires that ambulance personnel provide continuity of care to patients until they are accepted into the emergency department.

Response: *The respondent agrees with the finding.*

F10. Emergency department usage at Contra Costa Regional Medical Center (CCRMC) has increased 15% from 2021 through 2024.

Response: *The respondent agrees with the finding.*

F11. CCRMC's average monthly APOTs have consistently exceeded the County LEMSA standard of not to exceed 20 minutes 90% of the time since January 2020.

Response: *The respondent agrees with the finding.*

F12. Contra Costa County Psychiatric Emergency Services (PES) has the highest APODs in the County, with monthly 90th percentile averages exceeding one hour for each year from 2020 to 2025

Response: *The respondent agrees with the finding.*

F13. PES does not have a prescreening area to triage patients who might not need a complete behavioral assessment.

Response: *The respondent agrees with the finding.*

F14. PES has physical limitations that only allow one patient at a time to be given an intake assessment.

Response: *The respondent agrees with the finding.*

F15. PES currently has unbudgeted architectural plans for expansion.

Response: *The respondent agrees with the finding.*

F16. PES expansion would reduce the frequency and duration of APODs by providing additional screening and intake space.

Response: *The respondent agrees with the finding.*

F17. The County EMS system is being used by low-acuity patients.

Response: *The respondent agrees with the finding.*

F18. Low acuity usage of the County emergency medical services system increases the risk of APODs.

Response: *The respondent agrees with the finding.*

F19. Redirecting people who do not require emergency medical services to appropriate alternative care reduces the risk of APODs.

Response: *The respondent partially agrees with the finding. Redirecting individuals who can be appropriately and safely treated in alternative care settings may help reduce demand on emergency departments (EDs) and, under certain circumstances, may reduce the risk of APODs. However, the relationship between ED volume and APODs is complex, and a reduction in volume does not necessarily result in a corresponding reduction in APODs. APODs are influenced by multiple factors, including the volume and acuity of patients presenting to the ED, the availability of ED staffing and treatment capacity, inpatient bed availability, patient flow and throughput, and the ability of the ED to receive and process arriving patients. Accordingly, the finding should not be interpreted to mean that redirecting individuals who do not require emergency medical services will, by itself, reduce APODs.*

F20. County emergency medical and behavioral health responders use an ambulance with life support equipment to transport persons having a behavioral crisis and/or who are on a 5150 hold to PES when law enforcement does not do so.

Response: *The respondent agrees with the finding.*

F21. The County does not have a sobering center.

Response: *The respondent agrees with the finding.*

F22. The County has plans and funding to build the Los Medanos Recovery Center.

Response: The re*spondent agrees with the finding.*

F23. The Board of Supervisors has a goal to reduce emergency department usage by building the Los Medanos Recovery Center.

Response: *The respondent agrees with the finding.*

F25. The County's "Right Care, Right Way" initiative is designed to reduce low-acuity patient usage of ambulances and emergency departments by giving the public information about appropriate non-emergency alternatives.

Response: *The respondent agrees with the finding.*

F26. CCRMC uses a dedicated nurse to triage patients arriving by ambulance with a goal of improving APOTs.

Response: *The respondent agrees with the finding.*

F27. CCRMC's APOT Reduction Protocol, implemented on September 1, 2024, does not cite the County LEMSA APOT standard not to exceed 20 minutes 90% of the time.

Response: *The respondent agrees with the finding. The County's LEMSA APOT standard is now contained in the 2026 CCRMC APOT Reduction Protocol.*

F28. CCRMC's APOT Reduction Protocol does not provide specific criteria for activation of the protocol, as required by California Code of Regulations, Title 22, Division 9, Chapter 1.2, Section 100002.03.

Response: *The respondent agrees with this finding. The 2026 CCRMC APOT Reduction Protocol now contains specific criteria for activation of the protocol.*

F29. The County LEMSA has not notified the hospitals in the County that their APOT Reduction Protocols do not cite the applicable County LEMSA standard.

Response: *The respondent agrees with the finding. Per State statute (California Health and Safety Code, Section 1797.120.6) CCCEMSA is not party to and has no authority to review, evaluate, critique, and/or approve any general acute care hospitals' APOT Reduction Protocol.*

F30. As of March 2026, the County LEMSA has a current balance of $1,062,715 from fire district fines assessed when ambulance response times exceeded contracted times.

Response: *The respondent partially agrees with this finding. While the balance of $1,062,715 was reflected in the identified accounts as of March 2026, the finding inaccurately characterizes these funds as a reserve consisting of fire district fines. The reported balance represented the year-to-date activity recorded in accounts used to track fines and fees, including but not limited to fire district ambulance response time penalties, during FY 2025-26. These revenues were budgeted and used to support LEMSA operations during the fiscal year and did not constitute an accumulated reserve or uncommitted fund balance.*

F31. The Board of Supervisors (Board) does not have the County LEMSA's quarterly APOT reports as a standing agenda Board item.

Response: *The respondent agrees with the finding.*

Recommendations

R1. By April 1, 2027, the Board should consider retaining a consultant to evaluate CCRMC's emergency department throughput and to make recommendations on how to reduce or eliminate APODs.

Response: *The recommendation will be partially implemented. CCRMC currently has an improvement workgroup to address a number of projects, including evaluating the emergency department throughput and capacity management – both of which are drivers of APODs. Given the significant number of concurrent improvement initiatives required to address the financial and operational challenges facing the community hospital system as a result of federal and state budget reductions, CCRMC will prioritize internal performance improvement resources based on the highest-risk and highest-impact operational needs. Accordingly, CCRMC cannot commit at this time to retaining an outside consultant by April 1, 2027, but will evaluate the need for external expertise as the internal improvement work progresses and will pursue additional resources if warranted.*

R2. By April 1, 2027, the Board should consider using the County LEMSA's ambulance exceedance fine collections for the cost of an emergency department throughput consultant.

Response: *The recommendation at this time will not be implemented. Currently, fines are dedicated to supporting LEMSA operations. The recommendation shall remain under evaluation.*

R3. By April 1, 2027, the Board should consider directing the County LEMSA to assess whether any current County LEMSA regulations and policies limit EMS personnel's ability to redirect low-acuity patients to appropriate levels of care.

Response: *The recommendation has been implemented. The County LEMSA continually evaluates its policies and practices to improve EMS system flexibility, resiliency, and sustainability. While California statute and regulation limit the ability of paramedics to transport patients to destinations other than general acute care hospitals, the LEMSA is developing a Triage to Alternate Destination (TAD) program that would allow eligible patients to be transported directly to designated sobering centers and Crisis Stabilization Units.*

The LEMSA has also implemented local strategies to appropriately manage lower-acuity patients, including tiered BLS/ALS ambulance deployment, 911 Nurse Navigation to divert eligible low-acuity calls from the EMS emergency response system, and support for transport agency processes that expedite transfer of care from ambulance to facility and allows appropriate ambulatory, non-altered patients to transition directly to ED waiting areas.

These efforts demonstrate that the LEMSA is actively assessing and implementing opportunities to direct patients to the most appropriate level of care within existing statutory and regulatory requirements.

R4. By April 1, 2027, the Board should direct the County A3 Program to consider using non-ambulance vehicles to transport persons in a behavioral crisis and/or who are on a 5150 hold and not having a medical emergency, as recommended in the Fitch & Associates Report, titled EMS System Assessment Summary Briefing Report.

Response: *The recommendation will be implemented. The County A3 Programs is in the process of evaluating options for the non-EMS transport persons in a behavioral health crisis and/or who are on a 5150 hold and not experiencing a concurrent medical emergency. A final recommendation following this evaluation will be completed by April 1, 2027.*

R5. By April 1, 2027, the Board should consider exploring sources of funding for construction of the proposed PES expansion.

Response: *The recommendation has been implemented. CCRMC continuously evaluates potential funding opportunities for the proposed PES expansion. Current fiscal constraints and reductions in state and federal funding may limit the availability of feasible funding options; however, CCRMC will continue to assess opportunities as they become available.*

R7. By April 1, 2027, the Board should consider using the County LEMSA's ambulance response exceedance fines to expand the County's "Right Care, Right Way" initiative countywide to reduce unnecessary emergency department usage.

Response: *The recommendation at this time will not be implemented. Currently, fines are dedicated to supporting LEMSA operations. The recommendation shall remain under evaluation. Future funding allocation adjustments will be reviewed against financial data and system needs.*

R8. By April 1, 2027, the Board should consider requiring CCRMC to update its APOT Reduction Protocol to meet the requirements of California Code of Regulations, Title 22, Division 9, Chapter 1.2, Section 100002.03.

Response: *The recommendation has been implemented. The 2026 version of CCRMC's APOT Reduction Protocol was approved and finalized on June 30, 2026.*

R9. By April 1, 2027, the Board should consider requiring the County LEMSA to notify CCRMC that its APOT Reduction Protocol does not cite the applicable LEMSA APOT standard of not to exceed 20 minutes 90% of the time.

Response: *This recommendation will not be implemented. Per State statute (California Health and Safety Code, Section 1797.120.6) CCCEMSA is not party to and has no authority to*

review, evaluate, critique, and/or approve any general acute care hospitals' APOT Reduction Protocol.

R10. By April 1, 2027, the Board should consider requiring the County LEMSA to notify any hospital in the County when its APOT Reduction Protocol cites a standard longer than the County LEMSA standard.

Response: *This recommendation will not be implemented. Per State statute (California Health and Safety Code, Section 1797.120.6) CCCEMSA is not party to and has no authority to review, evaluate, critique, and/or approve any general acute care hospitals' APOT Reduction Protocol.*

R11. By April 1, 2027, the Board should consider requiring the County LEMSA to provide the Board with its quarterly reporting on the status of APOTs in the County.

Response: *The recommendation will be implemented. By April 1, 2027, the County LEMSA will present this recommendation to the Emergency Medical Care Committee, which serves in an advisory capacity to the Board of Supervisors on emergency medical services matters, for consideration and development of a recommended approach to reporting the status of Ambulance Patient Offload Times (APOTs) to the Board. The recommendation of the Emergency Medical Care Committee will inform the County's approach to providing regular APOT reporting to the Board.*