CONTRA COSTA COUNTY FIRE PROTECTION DISTRICT

DRAFT

August 28, 2026

Foreperson, Grand Jury
c/o Contra Costa Superior Court
725 Court Street
Martinez, CA 94553-0091

RE: **Response to 2025–2026 Contra Costa County Civil Grand Jury**
Report No. 2607 — Ambulance Patient Offload Delays: Time Is of the Essence
Submitted pursuant to California Penal Code §§ 933(c) and 933.05

This response is submitted on behalf of the Contra Costa County Fire Protection District (CCCFPD, or the District) in response to Grand Jury Report No. 2607 and has been authorized by the Board of Directors of the Fire District. Pursuant to California Penal Code § 933.05, the District addresses each Finding and Recommendation specifically assigned to it: Findings F8, F9, and F24, and Recommendation R6.

The District appreciates the Grand Jury's thorough examination of ambulance patient offload delays and shares its commitment to a responsive, effective emergency medical services system for the residents of Contra Costa County.

Responses to Findings

Finding F8

"APODs prevent EMS personnel from responding to other emergencies in the County."

Response: The District agrees with the finding.

Explanation

The District agrees that prolonged Ambulance Patient Offload Times (APOT) can reduce ambulance availability and contribute to system strain, because ambulances and crews held at a hospital with a patient are unable to respond to other emergencies during that period.

The District notes for context that APOD is a complex, system-wide issue influenced by multiple factors beyond ambulance operations, including emergency department crowding, inpatient bed availability, behavioral health placement delays, discharge barriers, and overall hospital throughput. Accordingly, both the causes of APOD and the solutions to reduce it extend beyond EMS providers and require continued collaboration among hospitals, EMS providers, County agencies, and other healthcare system partners.

To help maintain emergency response capability during periods of reduced ambulance availability, the Contra Costa Fire District ambulance transport system employs a variety of

mitigation strategies, including dynamic deployment, system status management, mutual aid resources, BLS ambulance deployment, and alternative care programs such as Nurse Navigation.

Recognizing the impact of APOD and the growing demand for EMS services, the District has significantly expanded ambulance resources since 2021, adding approximately 18 ambulances per day and more than 200 unit-hours of ambulance coverage daily. These additional resources have helped offset the operational impacts of APOT and other system demands. Without these investments, ambulance response times are expected to increase, potentially affecting the timeliness of patient care.

Finding F9

"Con Fire's ambulance transports have increased 14% from 2021 to 2025."

Response: The District agrees with the finding.

Explanation

The reported increase is consistent with the District's transport volumes for the period. The increase reflects increasing utilization and transport volume within the County and does not, by itself, indicate any deterioration in system performance or operational effectiveness. The District views this trend in the broader context of EMS utilization patterns and ongoing system performance monitoring, noting that transport and 911 call volumes do not always increase at the same rate.

While ambulance transports increased 14% between 2021 and 2025, the District proactively expanded system capacity by increasing ambulance unit hours by 31% and increasing the number of ambulances deployed by 33% during the same period. These investments were made to address increasing EMS demand, maintain response performance, and mitigate the operational impacts of prolonged APOD. The District continues to monitor system utilization and adjust deployment and staffing as needed to meet community demand.

Finding F24

"The Contra Costa County Fire Protection District's Nurse Navigation Program can divert low-acuity patients from the emergency medical system by redirecting them to appropriate non-emergency care."

Response: The District agrees with the finding.

Explanation

The District agrees that its Nurse Navigation Program provides an alternative pathway for redirecting selected low-acuity patients to appropriate healthcare resources. Data through June 2026 confirms that the program has successfully redirected 35% of eligible patients to alternative care pathways.

The District provides the following context for the scope of this capability. The program serves a limited population defined by established clinical eligibility criteria and remains under ongoing

evaluation and refinement. Eligibility is intentionally limited to specific low-risk patient populations and excludes many patients who commonly use EMS services, including pediatric patients, non-ambulatory patients, patients with altered mental status, and patients who cannot be safely assessed through the Nurse Navigation process. The District supports the continued use and quality-improvement review of Nurse Navigation as an additional patient care option.

Response to Recommendations

Recommendation R6

"By April 1, 2027, the Contra Costa County Fire Protection District should consider expanding the use of its Nurse Navigation Programs to divert low-acuity callers from 911 ambulance responses when clinically appropriate."

Response: The recommendation requires further analysis.

Explanation

The District supports the continued evaluation and refinement of Nurse Navigation and other alternative response models and is actively exploring opportunities for thoughtful expansion of the program. Nurse Navigation launched within the Contra Costa Fire Protection District service area in June 2025, and continues to undergo active quality improvement review. By the response deadline, the District will have only twelve to eighteen months of operational data, providing an important foundation for evaluating program performance while recognizing that additional experience will further inform future expansion decisions.

Consistent with the District's continuous quality improvement approach, Nurse Navigation eligibility criteria are routinely evaluated and refined based on operational performance, patient safety, and clinical outcomes. The District's first-year experience demonstrates that expanding eligibility criteria does not necessarily improve program efficiency. Rather, expansion increased the number of eligible calls while yielding a similar proportion of patients successfully navigated. For some call determinants, expansion increased program volume but also increased the proportion of patients who ultimately required BLS or ALS ambulance transport, resulting in the need for further review and refinement of the program's eligibility criteria. This ongoing evaluation ensures that any future expansion is evidence-based, clinically appropriate, and focused on maintaining patient safety.

For these reasons, any decision to expand the program should be guided by demonstrated outcomes rather than expansion for its own sake.

Scope and Parameters of the Analysis

The District will evaluate potential expansion of Nurse Navigation using the following criteria:

- Clinical outcomes for patients diverted from 911-ambulance response.
- Patient safety, including the adequacy of eligibility criteria and exclusion thresholds.

- Resource requirements and operational performance.
- Impact on emergency department utilization and Ambulance Patient Offload Time (APOT).

Timeframe

The District will complete this analysis and be prepared to present its conclusions for discussion no later than November 21, 2026, within six months of the publication of Report No. 2607. This analysis will inform any future expansion decisions well in advance of the April 1, 2027, timeframe contemplated by the recommendation.

The District recognizes that Nurse Navigation is one component of a broader strategy to improve EMS system efficiency and reduce unnecessary ambulance utilization. Expansion of Nurse Navigation should be considered alongside other initiatives, including A3 responses, healthcare literacy and community education efforts, and emerging alternative response models demonstrating success in other California EMS systems. In addition, continued evaluation of County policies, including patient destination practices and alternative care pathways, may further improve ambulance availability and overall system performance.