2025–2026 Contra Costa County Civil Grand Jury

Ambulance Patient Offload Delays: Time Is of the Essence

Report 2607
May 21, 2026

Approved by the Grand Jury

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GRAND JURY FOREPERSON

5/28/26
Date

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Hon. Terri Mockler
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SUMMARY

In a medical emergency, residents of Contra Costa County (the County) depend on ambulance services to transport patients to a hospital. Patients expect the hospital emergency department to provide immediate care. In practice, monthly measures of the time it takes to transfer a patient from the ambulance to an emergency department regularly exceed time standards set by both the County Emergency Medical Services Agency (EMS) and the State's Emergency Medical Services Authority (EMSA). This patient transfer time is referred to as Ambulance Patient Offload **Time** (APOT). The time starts when the ambulance arrives at the hospital and ends when the emergency department accepts the patient. When the time exceeds local or state patient offload time standards, it is referred to as an Ambulance Patient Offload **Delay** (APOD).

APODs occur when the emergency department has both reached capacity, and the arriving patient does not require immediate medical attention. The emergency department may not accept the patient immediately and instead, the patient is either held in the ambulance or "parked" meaning placed in whatever space is available in the emergency department or elsewhere in the hospital. The ambulance personnel generally stay with the patient until the patient is accepted by the hospital. Ambulances and the ambulance personnel are unable to respond to other emergencies while they are at the hospital with a patient. This impacts the overall availability of ambulances within the emergency medical services system. Once an emergency department accepts a patient who does not require immediate care, the patient may still have to wait before treatment.

No single entity has jurisdiction or control over all the parts of the ambulance patient offload system. This means public and private organizations including local emergency medical services agencies and hospitals must collaborate to address the issues. In Contra Costa County, this collaboration is longstanding and ongoing. Although APOT data demonstrates improvements over the last year, APODs continue.

GLOSSARY

Ambulance Patient Offload **Delay** (APOD): an ambulance patient offload transfer to a hospital emergency department that exceeds a required standard.

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

Emergency Department (ED): facilities that have been licensed by the California Department of Public Health as having an emergency department service level of "basic, comprehensive, or standby" and "includes any location within the general acute care hospital (GACH) with an emergency department where ambulance patients are received."(Title 22, Division 9, Chapter 1.2, Section100002.10).

Emergency Medical Services Authority (EMSA): California state agency responsible for the equitable coordination, administration, and integration of the statewide emergency medical services system throughout California.

General Acute Care Hospital (GACH): a health facility having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff that provides 24-hour inpatient care, including the following basic services: medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary (Health and Safety Code Section 1250(a)).

Local Emergency Medical Services Agency (LEMSA): the county governmental entity designated to "plan, implement, and evaluate the local emergency medical services system." The County's LEMSA encompasses the entire county and is also referred to as Contra Costa County Emergency Medical Services (EMS).

California Welfare and Institutions Code Section 5150 (5150) provides that designated professionals can place a person in an involuntary psychiatric hold for up to 72 hours if they are experiencing a mental health crisis and evaluated to be a danger to others, themselves, or are gravely disabled. This hold is also commonly referred to as a "5150." These professionals include police officers, licensed members of a crisis team, or other mental health professionals authorized by the county.

BACKGROUND

Emergency medical services systems are designed to respond to medical emergencies. Federal and State statutes and regulations establish the framework for the provision of emergency medical care. County ordinances and policies add to the body of requirements that regulate and administer this system. System features include the 911 program, ambulance services, and patient treatment in emergency departments. These features interact to provide people with a rapid response and medical treatment.

However, people routinely use the emergency system for non-emergency services. Reasons include lack of insurance, lack of transportation, or lack of knowledge about alternatives. Diverting non-emergency patients from the emergency medical services system could reduce APODs. Patients like this are often informally referred to as "low acuity." These are patients who could get appropriate (and usually faster) medical care through other means other than through the emergency medical services system.

Since at least 2006, federal, state, and local governments, hospitals, and hospital associations have studied APODs and intervened to reduce them. The County's monthly reports of APOT data from all hospitals in Contra Costa County demonstrate a trend toward shorter average delays, but none of these hospitals are meeting the County's APOT standard.

Contra Costa County Local Emergency Medical Services Agency (LEMSA)

The Contra Costa County Emergency Medical Services Agency (EMS) is housed within Contra Costa Health, which is the County's integrated health system. Contra Costa Health provides public health programs, protects public health and offers medical care and managed-care health plans.

The County EMS serves as Contra Costa County's only Local Emergency Medical Services Agency (LEMSA). Its jurisdiction includes all of Contra Costa County.

California Health and Safety Code Section 1797.94 provides that LEMSAs have "primary responsibility for administration of emergency medical services in a county." California Health and Safety Code Sections 1797.200 through 1797.233 then set out the numerous requirements and responsibilities of LEMSAs. These include the planning, implementation, and evaluation of an emergency medical services system that, per California Health and Safety Code Section 1797.204, consists of "an organized pattern of readiness and response services based on public and private agreements and operational procedures."

LEMSAs are responsible for ensuring that county emergency medical services systems operate as intended. Contra Costa County's LEMSA describes its responsibilities to include regulating the provision of emergency medical services to ensure that everyone involved in a response is trained, licensed, and properly equipped. The County's LEMSA also provides medical oversight to emergency medical technicians and paramedics through its Medical Director. LEMSAs do not have the authority to control all the factors that contribute to APODs, including APOTs at private hospitals.

State and Federal Ambulance Patient Offload Time Requirements

Federal and state regulatory agencies presently do not have the authority to act to eliminate APODs. There is no federal or state requirement that a patient must be offloaded within a defined amount of time. Federal and state regulatory agencies do provide guidance to hospitals that discourages APODs and also caution that APODs could violate other laws or regulations.

- ***Federal Requirements***

The Federal Emergency Medical Treatment and Labor Act (EMTALA) Section 482.55 requires emergency departments to meet the emergency needs of patients. Patients cannot be refused care if they lack health insurance.

On July 13, 2006, the Centers for Medicare & Medicaid Services (CMS), which establishes minimum health and safety and standards for hospitals participating in the Medicare and Medicaid programs, issued an "All-State Letter" stating that "parking" patients in hospitals is a possible violation of EMTALA. The letter also states that "parking raises serious concerns for patient care and the provision of emergency services in a community" and "adversely impacts the ability of the EMS personnel to provide emergency response services to the rest of the

community." According to CMS, "parking" is a hospital practice of "deliberately delaying moving an individual from an EMS stretcher to an emergency department bed."

- ***State Requirements***

In June 2007, the California Department of Public Health (CDPH), which licenses and regulates California's General Acute Care Hospitals, sent an "All-Facilities Letter" to all California general acute care hospitals reiterating the information from CMS and advising that "parking patients" could be a violation of specified Department of Public Health regulations and could be an EMTALA violation.

At the time of this Report, neither CMS nor CDPH have made findings of violations related to an APOD at Contra Costa County's hospitals in 2024 or 2025.

In 2015, the California Legislature passed Assembly Bill (AB) 1223, which required EMSA to create a standard methodology for calculating APOTs. The bill allowed LEMSAs to adopt policies to calculate and report on APOTs based on the EMSA methodology. AB 1223, in part, established a statewide APOT measurement that is described later in this Report.

State law did not require that LEMSAs report their APOT data to EMSA until 2019, when AB 2961 added the requirement for LEMSAs to provide quarterly APOT reports to EMSA. Despite these measures, EMSA data in subsequent years demonstrates that APODs continue, including in Contra Costa County.

In 2023, Assembly Bill 40 (AB 40) added Sections 1797.120.5, 1797.120.6, and 1797.120.7 to the Health and Safety Code relating to emergency services. The bill:

- Set a state APOT standard of not to exceed 30 minutes 90% of the time and allows LEMSAs to establish a shorter time.
- Required EMSA to develop and implement an electronic signature system to uniformly mark the arrival of ambulances at emergency departments and the transfer of patient care to emergency department personnel.
- Directed EMSA to develop and implement an APOT Auditing Tool for hospitals and LEMSAs.
- Requires EMSA to monitor monthly APOT data and report exceedances to the relevant LEMSA and the State Commission on Emergency Medical Services.
- Mandated that general acute care hospitals with an emergency department file an APOT Reduction Protocol with EMSA no later than September 1, 2024.
- Mandated that the APOT Reduction Protocol be triggered if the hospital monthly APOT exceeds their LEMSA standard in the prior month of reporting.

AB 40's implementing regulations are set forth in the California Code of Regulations, Title 22, Division 9, Chapter 1.2, 100002.01 through 100002.19 (hyperlink in bibliography). Initial emergency regulations were approved by the State of California Office of Administrative law on June 23, 2025. They included specific content requirements for the APOT Reduction Protocol, which were incorporated by reference into the current regulations under Section 100005.01 (b).

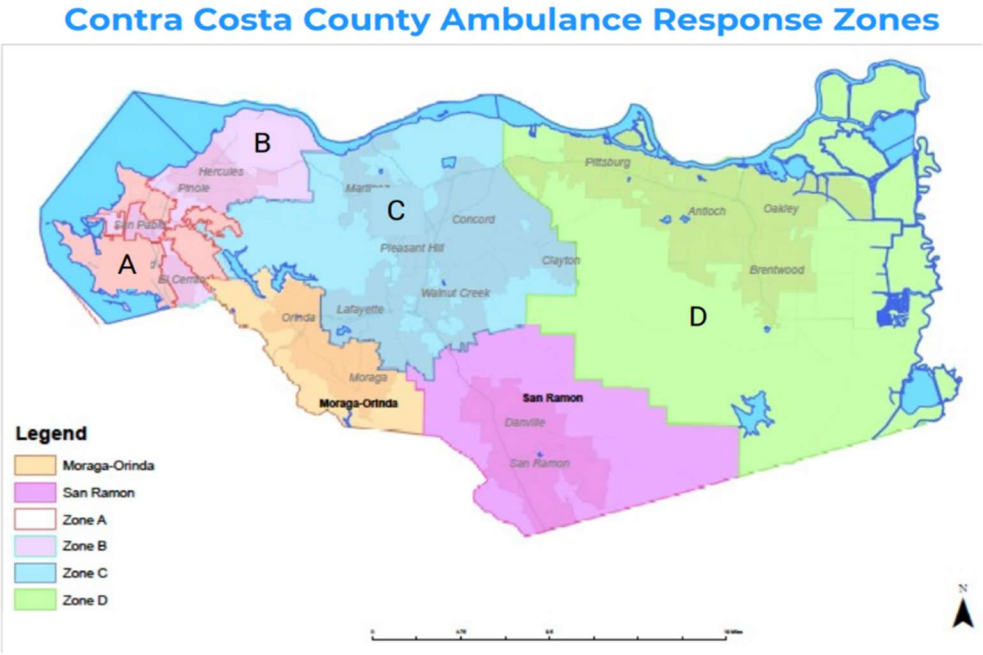
EMSA reports that since these measures have been implemented, statewide data quality and consistency have improved, and reporting is now more widespread.

Ambulance and Dispatch Operations

- ***Fire District Coverage***

Contra Costa County LEMSA has exclusive operating agreements with three fire districts to provide emergency ambulance response for the entire County. The County is divided into ambulance response zones as currently approved by EMSA.

Figure 1, below, displays color-coded zones. Contra Costa County Fire Protection District (ConFire) covers all areas not covered by Moraga-Orinda Fire Protection District or San Ramon Valley Fire Protection District.



- ***Ambulance Transports***

Ambulance transports in Contra Costa County have increased. As an example, ConFire, the fire district with the largest emergency coverage area, reports the data displayed in Table 1.

Table 1. ConFire Ambulance Transports from 2021 to 2025

Year	Ambulance Transports
2021	75,046
2022	81,499
2023	80,296
2024	84,861
2025	85,783

- ***Ambulance Response Times***

Ambulance response time is the time it takes for an ambulance to arrive at a scene after dispatch. The exclusive operating agreements require the fire districts to meet ambulance response time standards or be subject to fines by the County LEMSA.

- San Ramon Valley (per 11/2/21 Agreement with Contra Costa County)
    - Not to exceed 11 minutes and 45 seconds 95% of the time (urban/suburban)
    - Not to exceed 20 minutes 95% of the time (rural)
- Moraga/ Orinda (per 10/22/22 Agreement #23-768 with Contra Costa County)
    - Not to exceed 11 minutes and 45 seconds 95% of the time (urban/suburban)
    - Not to exceed 20 minutes 95% of the time (rural)
- ConFire (1/1/2016 Standard Contract with Contra Costa County)
    - Not to exceed 10 minutes in defined Zone
    - Not to exceed 11 minutes and 45 seconds in defined zones, except for low density designated areas
    - Not to exceed 16 minutes and 45 seconds for Bethel Island
    - Not to exceed 20 minutes (low density)

These contracted fire districts must ensure sufficient ambulance and personnel availability to stay within their Priority 1 (life threatening) ambulance response time requirements, and they most often do so. When a response time exceeds the requirement, it is called an ambulance response time exceedance. When an exceedance occurs, the County LEMSA can assess a fine.

APODs are not a direct cause of exceedances, which can occur for several reasons including traffic or weather. However, whenever an ambulance is delayed at a hospital, it decreases the number of ambulances that are available to respond to emergencies. The emergency medical services system must therefore attempt to maintain the appropriate number of ambulances in its fleet to offset APOD impacts.

LEMSA currently holds $1,062,715 in fines it has assessed and collected from fire districts for ambulance response time exceedances. At the present time, the County has not designated a purpose for the use of these funds.

- ***Dispatch Process***

When someone calls 911 in the County, the system directs the call to either the appropriate local law enforcement agency or the California Highway Patrol. From there, if it is determined to be a medical emergency, the call is redirected to the appropriate fire district dispatch, shown in Table 2.

Table 2. County Fire District Emergency Medical Service Dispatch and Ambulance Service

Fire District	Dispatch Service	Ambulance Service
Moraga-Orinda	ConFire provides dispatch service	Contracts with American Medical Response
San Ramon Valley	San Ramon Valley does its own dispatch through its Emergency Communications & Technology Unit	Operates its own ambulances
ConFire	Contra Costa Regional Fire Communications Center (CCRFCC)*	Contracts with American Medical Response

*CCRFCC dispatches for ConFire, Moraga-Orinda, Crockett-Carquinez Fire Department, and El Cerrito/Kensington Fire Department

As determined by the dispatch process, a Basic Life Support or an Advanced Life Support ambulance(s) will be dispatched. In the County, the patient is allowed to request the specific hospital to which they want to be transported. A paramedic can advise the patient if there is an alternative emergency department with a shorter current APOT. The patient may still demand their choice of hospital. This is per Contra Costa Health EMS Patient Destination Determination Policy 4002, which provides guidance to ground ambulance personnel that are transporting patients to emergency departments.

The paramedic can also evaluate the patient and, if appropriate, recommend an alternative to ambulance transport. However, all patients have the right to insist on transport by ambulance.

Emergency medical services calls have increased during the past five years. As an example, ConFire, the fire district with the largest emergency coverage area, reports the data displayed in Table 3.

Table 3. ConFire Emergency Medical Services 911 Calls From 2020 through 2025

Year	Emergency Medical Services 911 Calls
2020	62,613
2021	70,281
2022	81,311
2023	76,480
2024	69,036
2025	69,837

Not all emergency ambulance transports result from a 911 call – for example police radioing for an ambulance.

These fire districts are responsible for dispatching ambulances and personnel quickly to emergencies. They do this without being able to predict how often, or for how long, any ambulance and its personnel will be held at an emergency department. They must depend on the County LEMSA, the hospitals, and the Contra Costa Regional Medical Center's (CCRMC) Psychiatric Emergency Services (PES) Unit to address APODs.

METHODOLOGY

The Grand Jury used the following methods to conduct its investigation:

- Interviews with subject matter experts
- Study of APOT and APOD data sets
- Study of records and reports available on governmental and non-governmental websites
- Reviews of meeting minutes from the Contra Costa County Emergency Medical Care Committee
- Review of current statutes, regulations, and policies as noted throughout this Report
- Review of Sacramento County LEMSA's activities that resulted in improvements in APODs
- Observations during a Grand Jury tour of the Contra Costa County Psychiatric Emergency Services Unit

DISCUSSION

Numerous systemic and hospital-specific factors contribute to APODs.

Low-Acuity Patient Demand on the Emergency Medical Services System

Emergency medical services systems do not always screen out low-acuity patients. These are patients who could get appropriate medical care through means other than an ambulance and an emergency department. Low-acuity patients include:

- Those who need to fill a prescription or obtain a medical test
- Those who can be treated with urgent care or first aid
- Those who do not know how to use the non-emergency health care system and only know to dial 911
- Those who do not know how to evaluate their medical need and do not have access to someone who can help
- Those whose only means of accessing health care is via ambulance, which must transport the patient to an emergency department

Low-acuity usage of the emergency medical system strains its capacity and contributes to APODs because ambulances and their personnel remain at the emergency department until it can accept the patient. This can reduce system-wide ambulance response time to other emergencies and delay care for persons who must wait in an emergency department when they could have received appropriate care in a non-emergency room setting.

The U.S. Department of Health and Human Services Office of Health Policy's March 2, 2021, report, titled *Trends in the Utilization of Emergency Department Services, 2009-2018*, states that "potential overuse or inappropriate use of emergency departments for non-emergent care has been a concern for many years."

APODs do not typically impact patients who require immediate medical care. Emergency department medical personnel triage patients as they arrive so that those with critical or otherwise emergent conditions receive immediate emergency care. However, studies including one from the National EMS Quality Alliance (2022), show that adverse outcomes can occur if ambulance response times are extended due to APODs.

Ambulance Patient Offload Times (APOTs) and Ambulance Patient Offload Delays (APODs)

The California Emergency Medical Services Authority (EMSA) reports that:

> *Timely transfer of care is essential so emergency medical personnel can respond to the next emergency. Monitoring offload times helps identify system pressures, improve coordination between hospitals and emergency medical services, and support better patient flow across the healthcare system.*

APOTs and APODs are measurements used in the emergency medical services field to capture the time of patient transfers from ambulance care to the care of an emergency department. California Code of Regulations, Title 22, Division 9, Chapter 1.2, Article 2 Section 100002.04 defines an "APOT Standard" as "the maximum length of time permitted for APOT, not to exceed thirty minutes, 90% of the time, that is developed and adopted by each LEMSA to be applicable within its jurisdiction." This standard is guidance and not an enforceable limit.

APOTs are calculated using the 90th percentile of monthly offload times, meaning 90% of recorded times during the measurement month fall below that value and 10% are higher. In practical terms, this means that 90% of all recorded APOTs for the month are shorter than this value, and only 10% are longer. The EMSA APOT standard is not to exceed 30 minutes 90% of the time.

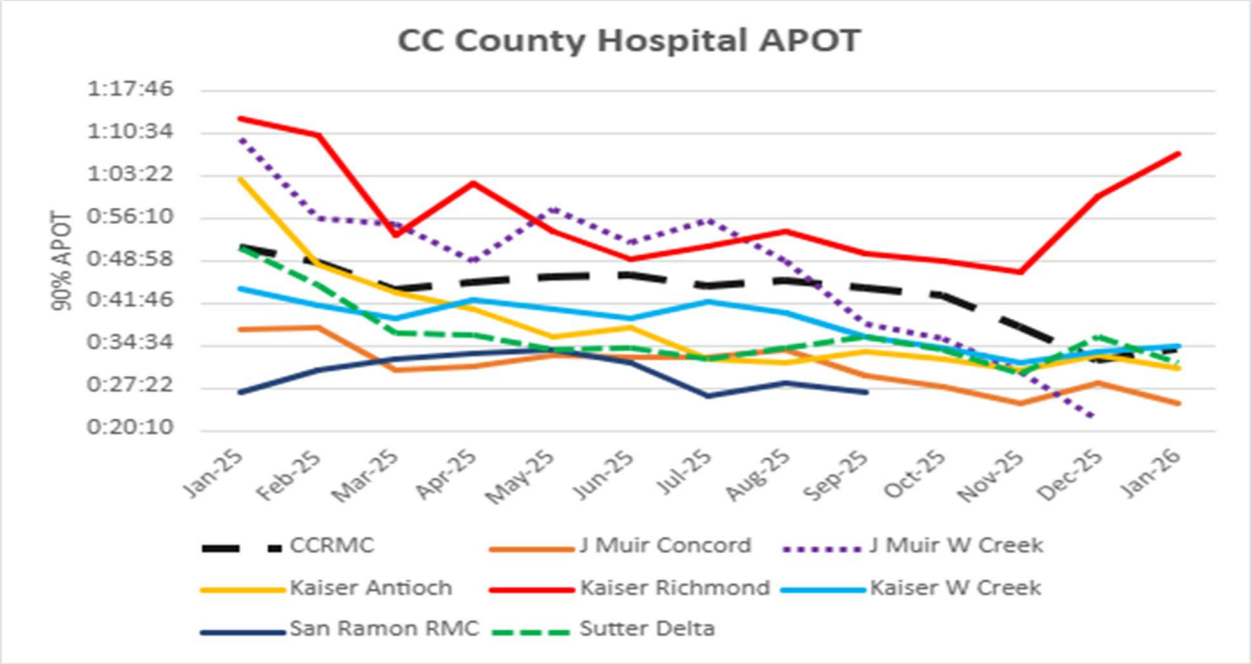
- Contra Costa County LEMSA has adopted a shorter APOT standard of not to exceed 20 minutes 90% of the time.

Hospitals use EMSA's database to report their APOT data. EMSA evaluates whether hospitals meet local APOT standards. EMSA compiles statewide results and reports exceedances monthly to the State Commission on Emergency Services and the applicable LEMSAs. In its February 2026 report, EMSA found that 55% of California hospitals exceeded their local APOT standard in January 2026.

There is no state law requiring LEMSAs to report APOT data to their County Board of Supervisors and the County LEMSA does not do so.

Chart 1 displays Contra Costa County hospitals' APOT data from January 2025 to January 2026, the most recent data available. The vertical axis (the numbers on the left side of the chart) shows the APOT in hours, minutes and seconds). It demonstrates that APOTs across all County hospitals have improved. Nonetheless, APOTs remain higher than the County LEMSA standard and are often higher than the EMSA standard.

Chart 1. Contra Costa County Hospitals' Monthly Ambulance Patient Offload Times from January 2025 to January 2026



Compiled from monthly CC County LEMSA data and EMSA monthly Reports to the State Commission on Emergency Services

Hospitals

Hospitals are an integral part of an emergency medical services system. Therefore, an investigation of the County APODs necessarily included examining publicly available information about relevant hospital data and practices.

Private hospitals are not subject to Grand Jury investigations. Private hospital representatives voluntarily provided information about their emergency departments and APODs.

There are eight general acute care hospitals with emergency departments in the County, and all are subject to AB 40. Contra Costa Health operates the CCRMC and directs its operations. The remaining seven hospitals are privately administered. All eight hospitals may receive ambulances from anywhere inside and outside of the County.

APODs at hospitals can occur for one or more reasons. These include the previously discussed usage of the emergency medical services system by low-acuity patients. There is no known County-wide data on this usage. Each fire district has its own data.

Using data reported by San Ramon Valley Fire Protection District's ambulance patient offloads as an example, Table 4 presents "lower acuity" data for the five Contra Costa County hospitals where it offloads patients. "Patients Seen" is the total number of ambulance patients seen in the emergency department in the given year.

Table 4. San Ramon Valley Fire Protection District Lower-Acuity Ambulance Patient Offloads in 2024 and 2025

Hospital	Lower Acuity 2024		Lower Acuity 2025	
	Patients Seen	% low acuity	Patients Seen	% low acuity
Contra Costa Regional	198	87%	234	81%
John Muir, Concord	14	56%	15	52%
John Muir, Walnut Creek	751	57%	618	53%
Kaiser, Walnut Creek	1,169	67%	1,125	63%
San Ramon Regional	1,995	66%	1,995	65%

APODs can also be caused by increasing overall patient usage of emergency departments, whether they arrive by ambulance or walk in. The California Hospital Association's *Toolkit to Reduce Ambulance Offload Delays in the Emergency Department Building Strategies for California Hospitals and Local Agencies* notes that the number of ED visits to a hospital is one factor affecting APODs.

According to the California Health Care Almanac published by the California Health Care Foundation, between 2013 and 2023, the number of emergency department visits statewide increased by 17%, while the state's overall population increased by 2%. According to the California Department of Healthcare Access and Information, emergency department usage in the County has been increasing year to year. Table 5, on the following page, provides the most recent available data. The causes of APOD across hospitals vary because the hospitals are not identical. The size of the emergency department, whether it is designated as a trauma center, its inpatient capacity, and the number and type of patients who use the emergency department vary widely among hospitals.

Table 5. Contra Costa County Hospital Emergency Department Capacity and Usage from 2021 to 2024

Hospital	ED Beds	Acute Care Beds	Intensive Care Beds	Trauma Center	2021 ED Usage	2022 ED Usage	2023 ED Usage	2024 ED Usage
Contra Costa Regional Medical Center	17	167	8	No	33,573	37,890	35,943	38,717
John Muir Concord	32	245	47	No	45,748	52,369	54,040	58,249
John Muir Walnut Creek	44	554	55	Yes	40,015	47,848	50,630	52,046
Kaiser Antioch	35	150	20	No	57,989	66,644	67,243	70,321
Kaiser Richmond	15	50	8	No	N/A	N/A	N/A	N/A
Kaiser Walnut Creek	52	233	24	No	55,604	65,573	69,036	70,559
San Ramon Regional	17	123	12	No	14,729	18,054	18,005	18,245
Sutter Delta	32	145	12	No	35,375	41,182	46,518	49,523

APODs can occur due to:

- Limited number of hospital emergency department beds
- Limited number of hospital in-patient beds (where emergency department patients may need to be transferred but cannot be when the beds are full)
- The inability to release hospital in-patients to non-hospital care (skilled nursing, rehabilitation, psychiatric, and others) in cases where there is no availability
- Hospitals having to maintain federal- and state-required nurse to patient ratios, which can limit flexibility to move nurses to emergency departments when demand exceeds nursing capacity

When an ambulance arrives at an emergency department that cannot readily accept a low-acuity patient, Contra Costa Health EMS Standard Policy 4010 (Appendix 1) requires that ambulance personnel provide continuity of oxygen, IV fluids, and nebulizer treatments to patients while they wait to be accepted. The policy does not address whether the ambulance personnel must otherwise stay with a patient who is waiting to be accepted by the emergency department but, in practice, this is what occurs. Although the policy also describes the expectations of emergency departments and ambulance personnel to resolve the delay, there remain regular instances of APODs. These APODs prevent ambulance personnel from leaving the emergency department until the patient is accepted.

The risk of APODs can be reduced when the emergency medical services system redirects patients who do not require emergency medical services to appropriate alternative care. This reduces the demand in emergency departments which then reduces the risk that the emergency department will reach capacity.

While hospitals do not control all factors that cause APODs, they can use hospital-specific strategies to address those within their control. In August 2014, the California Hospital Association, in collaboration with EMSA and other stakeholders published *Toolkit to Reduce Ambulance Offload Delays in the Emergency Department Building Strategies for California Hospitals and Local Agencies.* This is the most recent publication of its kind for statewide consideration. It provides a detailed description of APODs in California and includes strategies that hospitals can consider to reduce them.

Examples of strategies used in one or more hospitals in the County include:

- Employing an emergency department nurse whose primary job is to immediately triage and accept ambulance offload patients as they arrive at the emergency department. This frees up ambulances, though it does not necessarily reduce the number of low acuity patients who are "parked" while they await treatment.
- Engaging an expert in hospital emergency department throughput (patient movement from intake to discharge) to comprehensively evaluate its emergency department processes and suggest improvements.
- Sharing best practices among hospital officials and LEMSA.
- Engaging hospital executives to prioritize development and execution of APOT reduction strategies.

AB 40 required specified hospitals to complete and submit an APOT Reduction Protocol to EMSA by September 1, 2024. The intent is for hospitals to have specific strategies to use to reduce APODs when their APOTs in the prior month exceed the applicable standard. All eight Contra Costa hospitals have complied with this requirement (see Appendix 2 for CCRMC's Protocol). None of these APOT Reduction Protocols cite the County's local APOT standard of not to exceed 20 minutes 90% of the time.

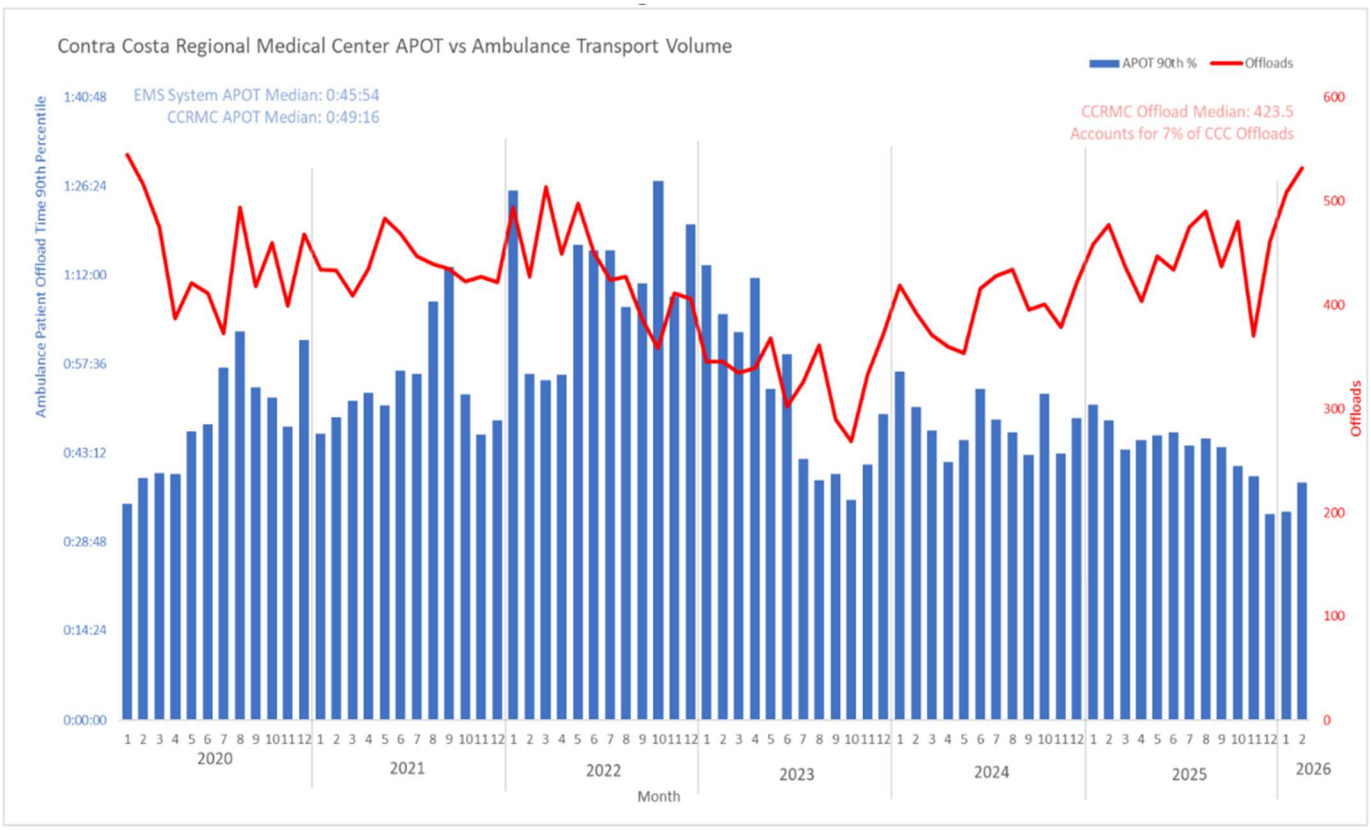
- All hospital Protocols except San Ramon Regional Medical Center and Sutter Delta Medical Center refer to the state standard of not to exceed 30 minutes 90% of the time.

- The San Ramon Regional Medical Center Protocol cites the 30 minutes but not the percentage of the time.
- The Sutter Delta Medical Center Protocol does not cite an APOT standard.

Contra Costa Regional Medical Center

The CCRMC is a 167-bed public hospital in Martinez. It has a history of APODs, as depicted in Chart 2 below and Chart 1, previously displayed.

Chart 2. Contra Costa Regional Medical Center Ambulance Patient Offload Times January 2020 through February 2026



Contra Costa Health Emergency Medical Services (LEMSA)

CCRMC faces the same challenges as other hospitals. There is a limited amount of space available for emergency department patients as they arrive and are awaiting treatment. When the emergency department reaches capacity, it cannot immediately accept patients. Instead, depending on the patient's needs, the patient may be redirected to the lobby for intake, or wait in an available chair or be kept on the ambulance gurney in the hallway until an alternative is available. The ambulance personnel remain until the emergency department accepts the patient.

Public Hospital Challenges

Public hospitals treat patients regardless of their ability to pay. The California Public Policy Institute's March 2026 Fact Sheet, titled *California's Health Care Safety Net*, reports that in 2023–2024, patients identified as homeless made more than 900,000 visits to emergency departments statewide. CCRMC's emergency department regularly receives patients who need long-term care, shelter, or other services to be safely released. CCRMC has a medical social worker assigned to the emergency department during the day who works with available community resources to implement safe releases. As described, community resources may be insufficient to immediately respond to the need. In these cases, the patient may be held at CCRMC until needed resources are available, which can decrease the emergency department's capacity and increase the risk of APODs.

The U.S. Department of Health and Human Services Office of Health Policy's March 2, 2021 report, titled *Trends in the Utilization of Emergency Department Services, 2009-2018*, notes that public hospitals receive a higher percentage of emergency department visits from patients with mental health or substance use disorder issues. These patients may have additional needs beyond emergency medical care, which require hospital resources that strain capacity and increase the risk of APODs.

Contra Costa Regional Medical Center took steps in 2025 to reduce APODs:

- Established an "APOT nurse" whose primary duty is to complete the intake of patients who arrive by ambulance
- Introduced a new electronic screen in the emergency department that displays a constant visual reminder of real-time APOTs

Despite efforts made to date, the Contra Costa County Regional Medical Center's monthly APOT data exceeds the state and LEMSA APOT standard.

Contra Costa Regional Medical Center APOT Reduction Protocol

The Contra Costa Regional Medical Center's APOT Reduction Protocol procedure is as follows:

> *Upon notification from EMS crew that there is an extended ambulance offload time, the ED Charge nurse will notify the ED Manager and/or Medical Center Supervisor. The ED Manager or Medical Center Supervisor will coordinate with the ED Charge nurse to coordinate a plan to safely transfer care of the patient from the EMS crew to the ED Charge nurse or designee. The Medical Center Supervisor will follow tasks in saturation plan to create capacity as needed.*

This replicates Contra Costa Health EMS Standard Policy 4010.

California Code of Regulations, Title 22, Division 9, Chapter 1.2, Section 100002.03 defines an APOT reduction protocol as one that "identifies specific criteria for activation of the protocol and contains actionable steps to decrease APOD as described in Section 100005.01 of this chapter."

CCRMC's APOT Reduction Protocol does not include specific criteria for activation but instead states "an extended ambulance offload time". It does not include a description of actionable steps. Instead, it refers to a "saturation plan" that is not included or described in the APOT Reduction Protocol. It does not include most of the procedures found in the Hospital Reduction Protocols of the private hospitals in Contra Costa County.

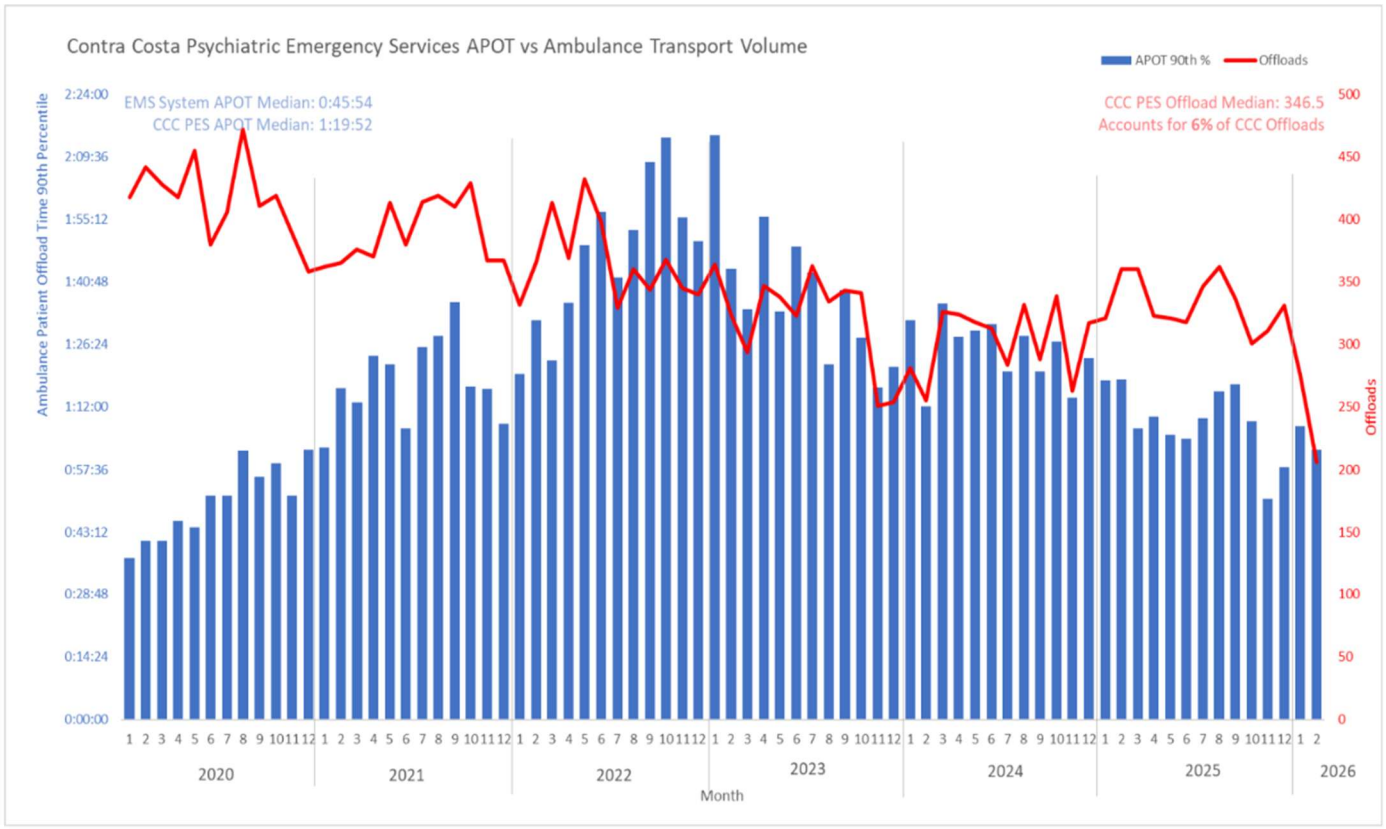
Psychiatric Emergencies – Psychiatric Emergency Services Unit

The state and counties work together to designate the facilities that can provide mental health evaluation and treatment. These facilities are approved by the State Department of Health Care Services and licensed as a health facility or certified by the state to:

- Provide for the involuntary detention (5150) of a person who is a danger to themselves or others for up to 72 hours for assessment, evaluation, and crisis intervention, or
- Allow for the patient's placement for evaluation and treatment

In the County, this facility is Contra Costa Regional Medical Center's Psychiatric Emergency Services Unit (PES). Although John Muir Behavioral Health Center can provide these services, it is not the facility used by the County emergency medical services system for responses to behavioral health crises. Patients who require an emergency psychiatric evaluation and/or are placed on a 5150 hold in the field must be taken to PES for evaluation. Patients who also have a medical emergency will first be treated in a hospital's emergency department.

Chart 3. Contra Costa Psychiatric Emergency Services Ambulance Patient Offload Times January 2020 through February 2026



Contra Costa Health Emergency Medical Services (LEMSA)

PES APODs, calculated like hospital APODs, are the longest in the County. Many of the reasons for PES APODs are the same as for hospitals, but PES has additional contributing factors, including:

- All emergency medical service system responses for a 5150 hold require the person to be transferred to PES by ambulance if law enforcement does not provide the transportation.
- Up to 95% of arrivals at PES are by ambulance.
- PES does not have a screening space to triage and determine if a person requires further evaluation or can be redirected, which means every person has to be seen in the intake room.
- PES has only one intake room and privacy must be maintained, which means that PES can only assess one patient at a time.
- When there is more than one person requiring assessment at PES, the additional persons are held in an ambulance because they must be kept under observation and cannot be held in a common space.

The County has architectural plans to expand the PES intake space. This may improve APOTs by providing additional space to screen and redirect patients who do not require an intake and

would provide an additional evaluation space. The estimated current expansion cost of $30 to $40 million has not been budgeted.

- ***A3 Program***

The County established the A3 Program as an additional feature of its emergency response system, focused on mental and behavioral health crisis response. A3 provides timely and appropriate mental and behavioral health crisis services to "Anyone, Anywhere, Anytime" in the County. Contra Costa Health operates A3 with 48 clinicians and staff.

The A3 program is linked to APODs because of its connection to PES. Its mobile crisis teams respond to emergency scenes when contacted by law enforcement or emergency medical services due to a behavioral health emergency. However, A3 cannot transport patients to PES when a 5150 determination is made. Instead, those individuals are transported by an ambulance with life support equipment and medical personnel.

A December 2023 Fitch & Associates report, titled *EMS System Assessment Summary Briefing Report*, discussed later in this report, notes that in the County, approximately 20 persons on a 5150 hold per day require such transportation. These APODs are often the longest duration in the County. The Fitch & Associates report further notes that where PES was the receiving facility, the average APOT was 122 minutes in 2022.

County APOT Interventions

The County has taken measures beyond those required in AB40 to reduce APOTs.

- ***Meetings***

In 1998, the County established the Contra Costa County Emergency Medical Care Committee, an advisory body to the Board of Supervisors. The Committee includes emergency medical services stakeholders and organizations, and one member of the public nominated by each supervisor. Its duties include at least annually reviewing ambulance services operating within the County. The Committee meets up to four times per year. In its meetings, the Committee discusses the impacts of APODs and strategies to address them. Its 2025 Annual Report noted continuing discussion of the adverse impacts associated with APODs and continued support to reduce them.

LEMSA and fire districts also participate in a separate hospital-led quarterly meeting that focuses on APOTs.

- ***Expert Consultant***

In 2023, the County contracted with Fitch & Associates, experts in emergency medical systems, to evaluate response time standards and performance and make recommendations for improvements in ambulance services. Applicable recommendations are to be considered for inclusion in the new County Request for Proposals (RFP) for a fire district contract for the

ambulance zone currently covered by ConFire. (ConFire's contract expired on December 31, 2025, but was extended until December 31, 2027).

In December 2023, Fitch & Associated produced the responsive report, titled *EMS System Assessment Summary Briefing Report.* Relevant recommendations made in this report include that the county should explore appropriate non-EMS transport alternatives for behavioral health and that CCRFCC should consider a Nurse Navigation system. Both of these actions would reduce the frequency and duration of APODs by moving persons who do not require ambulance transport for medical purposes out of the ambulance response system.

- ***Sobering Center***

Sobering centers provide an alternative to emergency departments in treating people with short-term recovery and recuperation from acute alcohol or drug intoxication. The County does not have a sobering center but one is being planned. On May 13, 2025, Contra Costa Health announced that it would use its $98 million in State Behavioral Health Services Act funding, in part, to develop the Los Medanos Recovery Center. The new facility will include a Sobering Center, crisis triage, withdrawal management, and outpatient services. One of the goals for this Sobering Center is to reduce avoidable emergency department visits.

- ***Nurse Navigation Program***

The Contra Costa County Fire Protection District's pilot Nurse Navigation Program diverts non-urgent 911 calls to registered nurses, who provide callers with support and coordinate alternative care. Launched in June 2025 within the ConFire zone, the program redirects low-acuity patients to appropriate alternative medical care without impacting ambulance service or emergency departments. This reduces low acuity usage of emergency departments.

- ***Right Care, Right Way Initiative***

In July 2025, the County launched the "Right Care, Right Way" initiative, currently focused in Antioch, Bethel Island, Brentwood, Byron, Discovery Bay, Knightsen, and Oakley, with plans to expand countywide. Supervisor Diane Burgis spearheaded this pilot program in eastern Contra Costa County as a partnership among Kaiser Permanente, Contra Costa Health, and CCCFPD. This educational program provides information to people to help them know how and when to use healthcare, in part to reduce low-acuity usage of emergency departments. Reducing emergency department usage decreases the risk of APODs.

- ***EMS Vital Signs Dashboard***

The County, through Contra Costa Health, recently launched a new public website titled "EMS Vital Signs Dashboard." It displays real-time APOTs at all hospitals in Contra Costa County to the public and encourages hospitals to remain focused on this issue.

CONCLUSION

LEMSA quarterly reports reflect that hospitals in the County have improved their APOTs over the last year, a positive outcome for the County emergency medical services system and residents. Nonetheless, APODs remain an issue in the County, despite efforts to date to reduce their frequency and duration.

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.

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.

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.

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

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

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

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.

F8. APODs prevent EMS personnel from responding to other emergencies in the County.

F9. ConFire's ambulance transports have increased 14% from 2021 to 2025.

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

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.

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.

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

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

F15. PES currently has unbudgeted architectural plans for expansion.

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

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

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

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

F21. The County does not have a sobering center.

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

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

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.

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.

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

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.

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.

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.

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.

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

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.

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.

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.

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.*

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

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.

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.

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.

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.

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.

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.

REQUEST FOR RESPONSES

Pursuant to California Penal Code § 933(b) et seq. and California Penal Code § 933.05, the 2025-2026 Contra Costa County Civil Grand Jury requests responses from the following governing bodies:

Responding Agency	Findings	Recommendations
Contra Costa County Board of Supervisors	F1-F7, F10-F23, F25-F31	R1-R5, R7-R11
Contra Costa County Fire Protection District	F8, F9, F24	R6

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to ctadmin@contracosta.courts.ca.gov and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson
725 Court Street
P.O. Box 431
Martinez, CA 94553-0091

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

BIBLIOGRAPHY

The following websites were reviewed to inform this Report:

Alameda County Emergency Medical Services Urgent or Emergent

American Ambulance Association Emergency Medical Treatment and Labor Act (EMTALA) Archives - American Ambulance Association

Assembly Bill 40 Today's Law As Amended - AB-40 Emergency medical services.

California Department of Health Care Access and Information Hospital Emergency Department - Encounters by Facility - Dataset - California Health and Human Services Open Data Portal

California Department of Health Care Services County LPS Designated Facilities

California Department of Public Health All Facilities Letter AFL-07-04

California Department of Public Health Cal Health Find Database Home

California Department of Public Health Regulations

California Department of Public Health State Enforcement Actions Dashboard

California Emergency Medical Services Authority Ambulance Patient Offload - EMSA

California Emergency Medical Services Authority AB 40 Regulations Browse - California Code of Regulations

California Health Care Almanac CaliforniaEmergencyDepartmentsAlmanac2025

California Hospital Association Toolkit to Reduce Ambulance Patient Offload Delays

CMS DEPARTMENT OF HEALTH & HUMAN SERVICES (July 13, 2006 EMTALA Memo)

CMS eCFR :: 42 CFR 482.55 -- Condition of participation: Emergency services.

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CMS State Operations Manual Appendix V (EMTALA) SOM - Appendix V

Contra Costa County A3 Program A3 Crisis Response - 24/7 | Contra Costa Health

Contra Costa County Civil Grand Jury (2018-2019 Report and Response on PES) files

Contra Costa County Emergency Medical Care Committee Emergency Medical Care Committee | Contra Costa Health

Contra Costa County Emergency Ambulance Service Contracts & Reports Emergency Ambulance Service Contracts & Reports | Contra Costa Health

Contra Costa County EMS Ordinance 2022-21 638790291426730000

Contra Costa County EMS Vital Signs Dashboards | Contra Costa Health

Contra Costa County EMS Welcome to Contra Costa EMS | Contra Costa Health

Contra Costa County Fire Protection District Copy of Annual Report

Contra Costa County Fire Protection District Communications / Information Systems | Contra Costa County FPD, CA

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Contra Costa County Healthcare and Literacy Council Council | Contra Costa Healthcare Literacy Council

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Fitch & Associates EMS Report Contra Costa County EMS Assessment Summary Report

HRSA Data Warehouse Find a Health Center

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Sacramento County Emergency Medical Services Agency Sacramento County Emergency Medical Services Agency (SCEMSA)

San Ramon Valley Fire Protection District San Ramon Valley Fire Protection District | Home

San Ramon Valley Fire Protection District Emergency Communications & Technology | San Ramon Valley Fire Protection District

State of California Office of Administrative Law (approval of AB 40 emergency regulations which includes the Hospital APOT Reduction Protocol Checklist) 2025-0612-01ER-Approval.pdf

U.S. Department of Health & Human Services Office of Health Policy Trends in the Utilization of Emergency Department Services, 2009-2018

APPENDICES

Appendix 1. Contra Costa County Emergency Department Transfer of Care Standard 4010

Contra Costa County Emergency Medical Services

EMS – Emergency Department Transfer of Care Standards

I. PURPOSE

This policy establishes standards for transfer of patient care for 9-1-1 ambulance personnel to Emergency Department (ED) staff in Contra Costa County. These standards are essential to public safety.

II. POLICY

Hospitals designated as an EMS receiving hospital in Contra Costa County shall be prepared to receive patients transported by 9-1-1 ambulance providers and accept these patients upon arrival. The patient transfer process performance expectations for the EMS System is twenty (20) minutes or less 90% of the time.

III. EMS AMBULANCE PROVIDER RESPONSIBILITIES

A. Prehospital personnel will notify ED staff of their estimated time of arrival as soon as practical, once patient destination has been established.

B. Prehospital personnel shall provide continuity in their treatments upon arrival at the hospital, which typically may involve oxygen, IV fluids and nebulizer treatments, which have been started prior to patient arrival in the ED.

C. During periods of unusual level of demand, prehospital personnel may provide the stable patient with information on hospital delays to assist the patient in their choice of destination.

D. Prehospital personnel will promptly notify ED supervisory staff of ambulance parking, stacking conditions and "Patient Care Delays" when they occur. Ambulance supervisory personnel will assist with the resolution of parking and stacking issues and follow up with the Contra Costa County EMS Agency (LEMSA) and hospital.

E. Notification of the need to release ambulance resources shall be communicated by the ambulance supervisor using the following chain of command:

1. ED charge nurse and physician in charge
2. Hospital House Nursing Supervisor

IV. RECEIVING HOSPITAL RESPONSIBILITIES

A. The hospital responsibility for the care of a patient begins when the patient or ambulance arrives on hospital grounds and requires an initial assessment and triage of the patient without delay. *

B. Hospital staff shall provide ongoing care beyond oxygen and IV fluids once the patient has arrived in the ED.

C. ED staff will work with ambulance personnel to ensure optimal patient care handoff and resolve any instances or delayed patient care handoff.

D. During periods of unusual level of demand, hospitals shall activate internal protocols for ED saturation using the hospital incident command system.

E. Predictable seasonal high utilization periods are considered normal EMS System operations that should be included in hospital planning and are not considered unusual level of demand episodes.

F. Hospital staff will work with LEMSA staff to ensure internal policies and procedures are in place to prioritize patients arriving by EMS ambulance and effectively manage ambulance parking and stacking issues. Examples include:

1. Rapid response teams to support ED patient care flow.
2. Communication protocols with appropriate personnel to support rapid patient transfer of care decisions (e.g., Hospital Nurse Supervisor, Hospital Administrator on call, the EMS Duty Officer, etc.)

V. EMS AGENCY RESPONSIBILITIES

A. Provide hospitals and ED leadership with reliable patient handoff performance reports.

B. Post countywide EMS-hospital offload reports on the LEMSA website at appropriate intervals.

*Emergency Medical Treatment and Labor Act (EMTALA)

Appendix 2. Contra Costa Regional Medical Center APOT Reduction Protocol

CONTRA COSTA HEALTH

ED AMBULANCE OFFLOAD PROCEDURE

I. PURPOSE:

To provide guidelines for the Emergency Department to reduce ambulance patient offload time.

II. REFERENCES:

CA AB 40 SECTION "Emergency services adopts a statewide standard of 30 minutes, 90 percent of the time, for ambulance offload time… and requires general acute hospitals with an emergency department to develop an ambulance patient offload time reduction protocol.

Contra Costa County Fire Protection District Ambulance Offload Policy "the goal of this policy is to transfer patients to the receiving hospital and off AMR gurneys as soon as possible, with actions taken at 10, 20, 45, and 60 minutes to make certain patient offloads do not exceed 60 minutes".

III. PROCEDURE:

Upon notification from EMS crew that there is an extended ambulance offload time, the ED Charge nurse will notify the ED Manager and/ or Medical Center Supervisor.

The ED Manager or Medical Center Supervisor will coordinate with the ED Charge nurse to coordinate a plan to safely transfer care of the patient from the EMS crew to the ED Charge nurse or designee.