

## 2025 CAASE Awards

## Application Instructions



The CAA Service Excellence (CAASE) Awards are open to all ambulance companies and agencies operating within California. To participate, applicants must submit an online submission that includes a **Statement of Entry** and any relevant supporting materials.

**Submission Process**

All materials must be submitted through the CAA's online application form. The following file types are accepted:

**Documents:** PDF, Word, Excel

**Images:** JPEG/PNG

**Links:** Video content or webpages that support the entry

Once your submission is received, you'll get a confirmation email with instructions for uploading any additional materials. If you wish to include physical displays, these may be shipped separately to the CAA for presentation at the Annual Convention.

**Terms of Use**

By submitting an entry, you grant the California Ambulance Association permission to publicly share your materials as examples of best practices and submissions may be used for educational, promotional, or marketing purposes.

## Contact Information

**Contact Name:**

Jeremey Shumaker

**Organization:**

American Medical Response

**Email:****Preferred**

Jeremey.Shumaker@gmr.net

**Address:****Organization**

879 Marlborough Ave

Riverside CA 92507

United States

**Phone:****Company Phone Number**

805-312-6433

**Phone:****Mobile Phone Number**

## 2025 CAASE Awards Submission

**Submission Category:**

Community Impact Program (open to any community-based program)

Innovation in EMS

**Submission Title:**

AMR 911 Nurse Navigation

**Number of Annual Service Requests:**

230,000

**Number of Ambulances:**

0

**Business Type (check all that apply):**

Business

**Project Participants (Names, Job Titles & Email Addresses of individuals involved in the project):**

In California: American Medical Response, Heartland Communications Facility Authority, Contra Costa County Fire Protection District, Santa Clara County Fire Department, Riverside County Fire Authority, Nationally: Washington DC, Seattle Wa, DeKalb County GA, Knox County TN, and many more.

**Situational Analysis (Background of Project):**

The goal of EMS has traditionally been the transport of patients to the emergency department. Patients are experiencing a crisis in access to care across the county, leading to challenges obtaining treatment for chronic and minor conditions, transportation, and access to off-hours services. With nowhere else to turn, patients are increasingly calling 911 with lower acuity complaints. EMS responds and transports to the emergency department, contributing to the backlog of patients at overwhelmed emergency departments, higher costs of care (relative to the community setting), and poor continuity of care. Research suggests that this shift in patterns of care is growing.

A recent Gallup poll found that over 100 million Americans reported delaying care in the previous year due to cost (Gallup Poll. "Record High Put Off Medical Care Due to Cost in 2022" Jan, 2023.), half of Americans report struggling to find care on evenings and weekends (The Commonwealth Fund. In New Survey of 11 Countries, U.S. Adults Still Struggle to Find Care. Nov 16, 2016.), and over 30% of ED visits are (2011). ED patients: how nonurgent are they? Systematic literature. Am J Emerg Med.; 29(3):333-45.) This perfect storm, exacerbated by social determinants of health, has effects not only on the individual patient but on the EMS and healthcare system. Across the country, media reports of patients awaiting emergency response are prevalent and more hospital closures loom. AMR, along with parent company GMR, recognized the need to address the root causes of patient access to care by diverting lower-acuity 911 callers to community based and out-of-hospital solutions that are more efficient, cost-effective, and preserve EMS and ED resources for time-critical emergencies.

**Project Goals:**  
Since its launch in the District of Columbia in 2018, GMR 911 Nurse Navigation has been active in over two-dozen locations across the country with mature markets realizing up to a 5% overall reduction in 911 calls resulting in the patient presenting to an emergency department and 10% reduction in EMS transport. Working with local EMS and Fire partners, and with County and LEMSA support, 911 Nurse Navigation is being added as a benefit to the patients in several California regions, including Heartland/El Cajon (2023), Santa Clara County (2024), Contra Costa County (July 2025), and Riverside County (September 2025). The goals of the program are to improve healthcare access to all 911 callers by providing enhanced caller screening and assessment, and offering navigation and transport to clinical-needs-matched non-ED care. The result is a demonstrable reduction in time to definitive care for the lower-acuity patient, reduction in out-of-pocket healthcare costs, reduction in overall healthcare spending, and improved service availability.

**Planning & Implementation (describe process from the planning phase, including research, through implementation phase. Include the overall length of your project in weeks/months):**  
After defining the project scope, the typical implementation time runs between 90 and 120 days. This allows time for stakeholder engagement and cooperation with elected officials, public safety answering points, first responders, LEMSAs, Medical Directors, and Community Based Care resources such as urgent care facilities and Federally Qualified Health Centers. Not to be lost in implementation is the patient focus. With the understanding that the beneficiary of the program is the patient, significant time is spent on community and public education with the recognition that 911 Nurse Navigation represents a departure from both tradition and public education. Work groups are established in the several domains and consist of local subject matter experts with support from the GMR National Team to tailor the program to the needs of the local community.

**Results (Did you achieve your goals? How did you measure results?):**  
Understanding that to change culture takes time and our experience in other areas of the country indicates that program growth through maturity can be achieved in three to five years, early indications are that we are making a positive impact on patients. In El Cajon, the first of the California markets, over 1700 patients have been assessed by one of our Licensed Nurses and 40% have been able to find care outside of the emergency department. We estimate the resulting savings to the patient and health plans to exceed \$1.5 million from just this limited start. Operationally, the savings to the EMS system amount to over one hour per day of capacity that is returned in the form of available ambulances for life-threatening emergencies, and almost two avoided Fire/First Response responses per day reserving those resources for life-threatening EMS calls, structure fires, or rescues. The evidence from our more mature markets outside of California shows generated unit hour capacity equivalent to one to two additional full time ambulances per systems, and thousands of hours of capacity for first responders, improving resource availability and response time. Pertinent to our stated goals of improving patient access to care and experience, patients presented with an alternative to ED transport receive a follow-up call to ensure care met their expectations and needs. Aggregate scores, which account for everything from the ease of access to the care provided by a third party at a clinic or virtually, are consistently 4.7 out of 5 or higher. Also on follow-up, 54% of patients report they did not know how else to get care (other than calling 911), had no other transportation options available, or had trouble getting an appointment prior to calling 911. 40% of patients perceived they had a life-threatening emergency (that was ultimately handled without ED presentation through our Nurse Navigation). Only 6% of patients report that they called 911 because they thought they would be seen more quickly. These metrics support our initial premise that we need to explore non-traditional solutions to combat the changing landscape in EMS.

**Impact (What impact has this project had on your service? Information can be given as narrative. However, if possible, please provide qualitative and quantitative information.):**  
According to Chief Bent Koch, Heartland Fire and Rescue, "Nurse Navigation is an incredibly effective tool for providing 911 callers with the most appropriate care." EMTs and Paramedics in markets with 911 Nurse Navigation report higher job satisfaction and feelings of purpose. We attribute this to both the ability for these EMTs and Paramedics to offer an extended range of solutions to the patient through Nurse Navigation, and the decrease in lower-acuity volume allowing them to focus on clinically necessary responses. Because the time on task returned to the EMS System is significant, EMTs and Paramedics also experience a decrease in overall Workload and Workload Unit Hour Utilization, decreasing the sense of perceived business on shift. We have correlated this return of time on task with improved on-time-performance, supporting the case for navigation of lower-acuity patients to support time and clinically-appropriate care for higher-acuity patients. For impacts in a specific market, please see the attachment "Nurse Navigation Review: Heartland, CA."

**Budget (Did you have a budget? Budget numbers can be provided as a percentage of overall operating or departmental budget.):**  
The costs for 911 Nurse Navigation are structured based on AMR's participation in the market and the market size. Ultimately, the program's expenses (nurses, technology, medical direction, quality assurance, etc.) are offset by the operational benefits (improved response times, increased unit availability, reduced hospital wall time, provider morale and retention, etc.).

**Supporting Documents #1:**  
Heartland Nurse Navigation 2025-07-27.pdf

**Supporting Documents #2:**

**Supporting Documents #3:**

**Supporting Documents #4:**

**Supporting Documents #5:**

**Supporting Documents #6:**

**Comments:**  
Supporting Documents "Nurse Navigator Programs Help Address 911 Overuse", Municipal Research and Services Center, posted May 19, 2025. "California's First Nurse Navigation Program Expands from El Cajon to More of East County", Times of San Diego, Oct 24, 2024. "East County Nurse Navigation 911 program frees up resources for emergencies", ABC 10 News, February 15, 2024. <https://www.globalmedicalresponse.com/services/healthcare-innovation/nurse-navigation>

**CAASE Awards Submission Fee:**  
CAASE Awards Submission - \$100.00

Discount Code:

Date:

Discount Code:

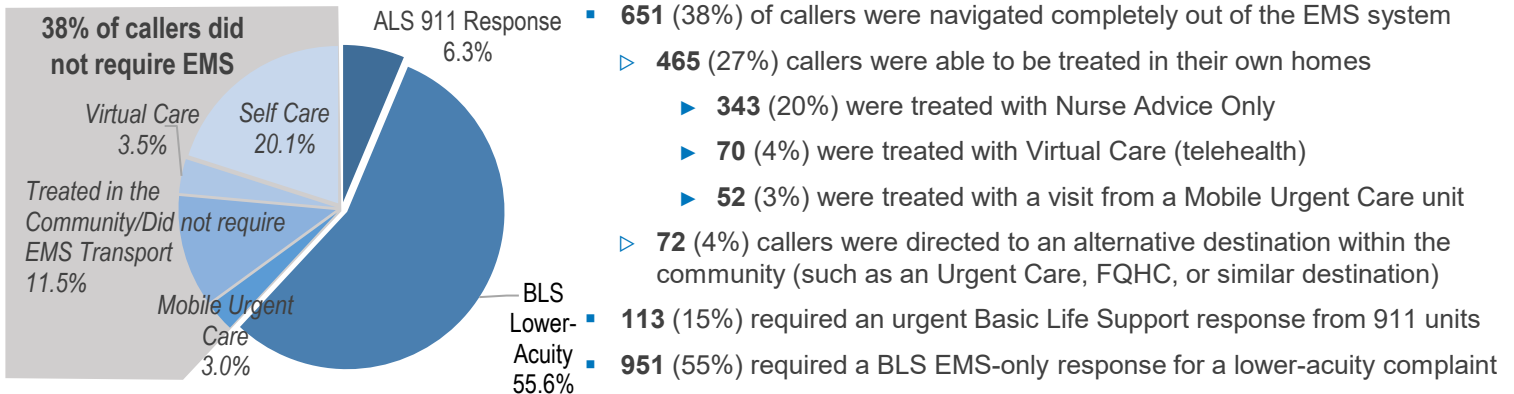
Date:

# Nurse Navigation Review: Heartland, CA

(Data Period: January 2023 through June 2025)

## **Benefit: Nurse Navigation directed over 1700 residents to the right care** <sup>1</sup>

The Heartland Fire & Rescue Nurse Navigation program provides clinical guidance for 9-1-1 callers with specific complaints and determines the best options for their emergency care. Over the past 30 months, Nurse Navigation successfully managed 1744 cases (approximately 6% of all EMS-related 9-1-1 calls). The highlights include:



## **Benefit: Nurse Navigation creates operational efficiencies**

96% (1,636) of the cases managed by Heartland Fire & Rescue Nurse Navigation did not clinically require rapid response from first responders, reducing response costs and maintaining availability for more serious cases. The program also led to:

**Generated Ambulance Capacity** <sup>1,2</sup>

**1,006 unit hours**

(1.1 additional Unit Hour Capacity per day)

Based on system "Unit Hour Utilization" of 0.312. Assumes 28-minute time on task for patients treated on scene and released, and 100% of diverted calls would have resulted in on scene assessments and patient refusal of transport without Nurse Navigation.

**Improved Unit Efficiency** <sup>2</sup>

**685 unnecessary responses avoided entirely**

(decrease of .75 responses / day)

Assessment of callers that had their complaint managed directly by the Nurse Navigators without need for additional 911 resources.

## **Benefit: Nurse Navigation provides exceptional customer service**

Heartland residents who received Nurse Navigation services expressed satisfaction with the care received when called back 24 hours after their initial call. Additionally, the program generated close to \$1.5 MM in savings from avoided ED visits and aligned closely to provide services in traditionally underserved communities, promoting equity of care across the city.

**Patient Survey Score**

(out of 5.0) <sup>1</sup>



**Reasons for Calling 911** <sup>1</sup>

**40%**

Perceived they had a life-threatening emergency.

**19%**

Had no other transportation options.

**34%**

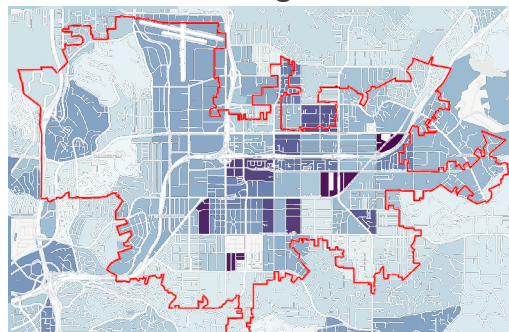
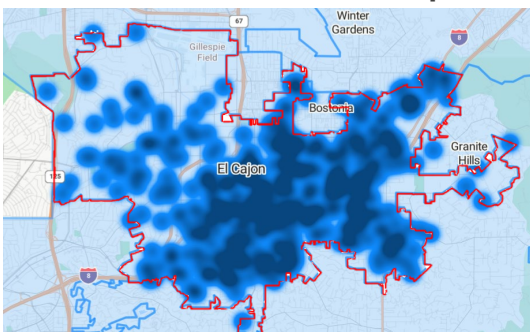
Did not know other options or could not get an appointment.

**Generated Savings**

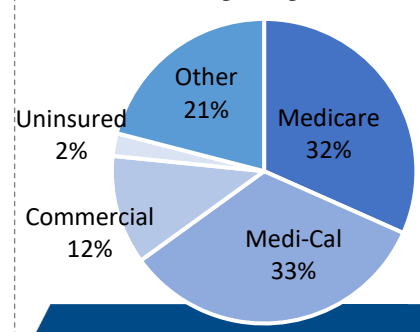
**\$1,562,000**

in avoided Emergency Care Costs <sup>3</sup>.

**NN Caller Locations Compared to Low Income Neighborhoods** <sup>1,4</sup>



**NN Callers by Payer Class** <sup>1</sup>



### Sources and Notes:

<sup>1</sup> Nurse Navigation program data for the HCFA, CA system. Accessible on demand.

<sup>2</sup> AMR system data for HCFA 911 contract (estimated 30,703 total EMS 911 calls during time period) and functional UHU of 0.312.

<sup>3</sup> Includes avoided hospital ED charges, physician fees, ambulance transport fees, and first response costs.

<sup>4</sup> Residents with income below 50% of the poverty level by neighborhood, courtesy of [www.city-data.com/nbmaps/neigh-El-Cajon-California.html](http://www.city-data.com/nbmaps/neigh-El-Cajon-California.html)