

EMSAC Progress Report: Building the Future of EMS in Wapello County

July 2025 – January 2026
Update for elected officials

Wapello County EMS Advisory Council Update Briefing March 2026

From council formation to solution development



Who Is Represented on EMSAC

COUNTYWIDE REPRESENTATION ACROSS GOVERNMENT, MEDICAL LEADERSHIP, OPERATIONS, AND THE COMMUNITY

Government

Board of Supervisors - Bryan Ziegler
Ottumwa City Council - Bill Hoffman Jr.

Medical Leadership

Physician Medical Director (ORHC) - Dr. Douglas Lyssy
Local Physician - Dr. Peter Rieter

System Partners

Emergency Management - Tim Richmond
Dispatch - TJ Millikin
EMS Training Program (IHCC) - Lori Reeves
EMS Association / Practicing Provider - Amanda Hull

EMS Service Directors

Agency - Cindy Hewitt
Blakesburg - Mike DeWild
Eldon - Athena Sears
WCRF - Loren McIntosh
OFD - David Cronin
ORMICS - Mark Frymoyer

Community Representation

Quincy Keck
Jean Dell

EMSAC brings together elected officials, medical leadership, EMS providers, dispatch, training, emergency management, and community representatives.

EMSAC was formed to build an enduring countywide EMS system

PURPOSE AND MISSION

What is already in place

- 1 A cross-sector advisory council was convened in July 2025 with representation from county leadership, city government, dispatch, medical direction, training, EMS agencies, and community members.
- 2 The council established a forward path centered on identifying gaps, reviewing options, and developing a sustainable EMS system for Wapello County.
- 3 On August 4, EMSAC formally adopted its mission statement and advanced the standards review and data-subcommittee work needed to support future recommendations.



Mission statement adopted August 4, 2025

“Develop an enduring EMS system that reduces suffering, disability, and death caused by injury and illness, while ensuring access, quality, and affordable out-of-hospital EMS for all residents of Wapello County.”

Governance and planning foundations are in place

JULY TO OCTOBER 2025

July



Council convened

Cross-sector membership established; standards review and forward path launched.

August



Bylaws + mission adopted

Council approved governing rules, formal mission, and a data-report subcommittee.

September



Officers elected

Chair, vice-chair, and secretary were selected; data report was 75% complete.

October



Projects selected

Standards update continued, stakeholder report was refined, and priority project areas were identified.

Result: EMSAC moved from launch to structured project work in roughly four months.

Recent progress: EMSAC is moving from workstreams to findings

NOVEMBER 2025 TO JANUARY 2026

November



Workstreams defined

Committee update meeting documented 14 workstreams with action items. Sustainability, liability, and interagency coordination emerged as recurring themes.

December



Early field issues surfaced

Committee reports highlighted lift assists as a case-management concern, restarted community education/app work, and flagged transportation gaps for after-hours care access.

January



Findings began shaping options

Provider survey results helped define the issues more clearly, while the ideal-system draft and EMD research pushed the discussion toward practical recommendations.

Result: EMSAC is now showing visible monthly progress, with committee work maturing into concrete issues, data-informed discussion, and next-step option development.

From Assessment to Action

HOW EMSAC USED ANALYSIS AND PROVIDER INPUT TO CREATE FOCUSED WORKSTREAMS

Assessment inputs

1 System standards review
Used the 2025 Iowa EMS System Standards Self-Assessment and current system issues to identify where deeper work was needed.

2 Stakeholder reporting + SWOT
Built stakeholder understanding through CAD, transport, and patient-report data, then used SWOT and concept mapping to organize issues and opportunities.

3 Provider survey
Added frontline ground truth through a countywide EMS provider survey with 43 responses, confirming staffing, training, fatigue, equipment and coordination concerns.



Resulting action

1 Priority gaps identified
The October gap-analysis work translated those findings into specific project areas that merited focused committee research.

2 Workstreams organized
EMSAC then assigned 14 workstreams so the council could move from issue identification toward practical solution development.

3 What this means
The committees were EMSAC's way of converting assessment findings and provider input into focused action.

EMSAC paired council-level assessment with frontline provider experience before organizing project work.

EMSAC Committee Structure:

14 Priority workstreams are now organized around practical solutions

ASSIGNED PROJECT AREAS FOR SOLUTION DEVELOPMENT

1 Staffing

- Community Response Teams
- Industrial Response Teams
- EMS BLS Teams / Countywide Abilities

2 Communications

- Emergency Medical Dispatch
- Response Team Activation
- Community Education Products

3 Training

- Initial Training Options
- Continuing Education Options
- Repeatable, Predictable Plan

4 Response & Transportation

- Home Care Options
- Community Paramedicine
- High Volume Locations / Alternative Options
- Lift Assists
- Public Transit / Expanded Non-Emergency Transport Options

EMSAC organized committee work into distinct project areas that move the process from issue identification toward practical system design.

Early Themes Are Beginning to Emerge

PROVIDER SURVEY + COMMITTEE WORKSTREAMS

1

Workforce strain is a major issue

- Staffing adequacy and coverage pressure
- Burnout and fatigue affect sustainability
- **Committee links:** community response, industrial response, countywide BLS

2

Readiness depends on equipment and training

- Equipment and vehicle readiness concerns
- Joint training and interoperability gaps
- **Committee links:** initial training, continuing education, repeatable plan

3

Demand extends beyond ambulance transport

- Lift assists and high-volume locations
- Home care, transit, and alternative transport gaps
- **Committee links:** lift assists, home care, transit, community paramedicine

4

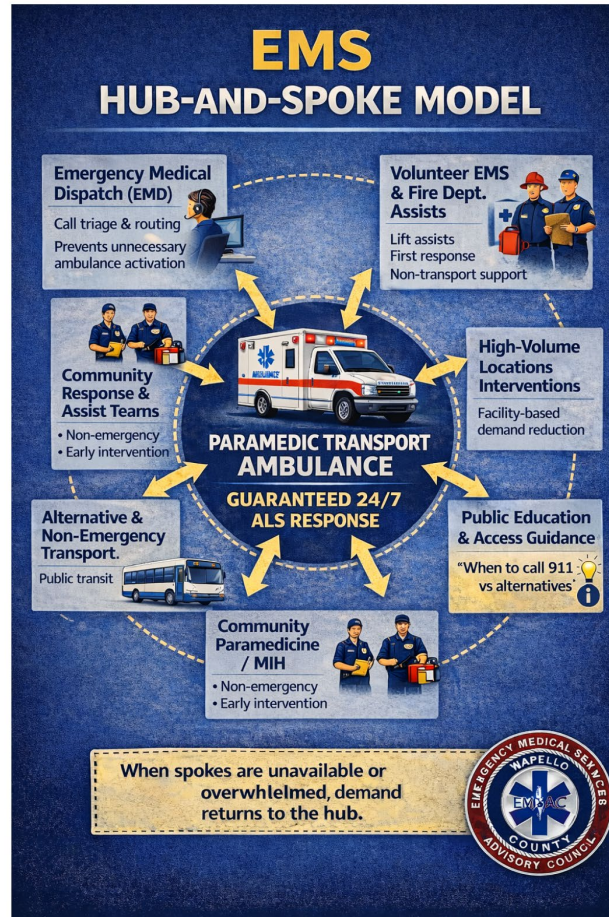
System design and coordination can help

- EMD and activation design matter
- Public education improves resource navigation
- **Committee links:** dispatch, response activation, education products

Bottom line: EMSAC's early findings suggest that workforce strain, readiness gaps, non-transport demand, and better system design are the main issues shaping future options.

Emerging System Design Concept

Illustrative EMS hub-and-spoke model



What this concept shows

- A core 24/7 ALS transport service anchors the system.
- Supporting spokes can route needs to the right resource before they reach the transport hub.
- If those spokes are unavailable or overwhelmed, demand returns to the hub.

Illustrative planning concept, not a final adopted model.

What EMSAC has accomplished so far

PROGRESS SNAPSHOT

1 Built the table

Established a standing countywide council with cross-sector representation.

2 Set governance

Adopted bylaws, approved the mission, and elected officers.

3 Created a process

Used standards review, data work, SWOT analysis, and concept mapping to structure the conversation.

4 Organized the work

Grouped major issues into defined workstreams with leads and action items.

5 Started validation

Used provider survey feedback and dispatch/service data to sharpen priorities.

6 Entered solution design

Began draft thinking on ideal-system structure, public education, and future funding readiness.

Overall status

EMSAC has progressed from council formation to organized solution development, with stronger data grounding than it had at launch.

What comes next — and why it matters to elected officials

NEAR-TERM DIRECTION

1. Turn workstreams into options

Committees still need to convert their research and draft outlines into **recommendation-level choices**.

2. Keep validating with data

Survey results, dispatch patterns, and service data should continue to shape which **options** rise to the top.

3. Prepare the policy conversation

Public understanding, local coordination, and readiness for state **funding windows** will all matter.

The most useful role for elected officials at this stage is to stay aligned with the process, support clear public understanding, and be prepared to evaluate structured options as they mature.

