

# 2025 Iowa EMS System Standards Self-Assessment- Wapello County

Number	Standard	Measurement	Status			Implementation Challenges				2025 Summary and action items
			Completed	In-Progress	Not Started	Fiscal	Time	Personnel	Other	
<b>System Organization &amp; Management</b>										
1.01	System Administration; EMS System Structure; Organization; Mission	The EMS system shall have a written vision and mission statement.		X				X		Establish who should be on the EMS Advisory Board that reports to the Board of Supervisors. Establish EMS Board as arm of County Board of Supervisors (5 to 7 people)Timeline for Essential Service Resolution established including the appointment of the Advisory Council. Action item: Review EMS Association purpose and bylaws. Establish Advisory Council purpose and responsibilities.
		The EMS system shall have an advisory group with representation from one member of the County Board of Supervisors, one member from each of the EMS services in the EMS System, and one EMS physician medical director (designated as the EMS System medical director).	X							Advisory Council list has been finalized and approved. Ready for recommendation to the Board of Supervisors.
		The EMS System advisory group shall annually:								
1.01	System Administration; EMS System Structure; Organization; Mission	1. Assess each of the Iowa EMS System Minimum Standards and make provisions accordingly for emergency medical services treatment and transport within the system response area.			X			X		Action items: Discuss county-wide protocol. OFD working on new type of algorithm type and will share. Each service needs to set up the electronic CQI in ImageTrend. Dr. Lyssy is using this option.
		2. Submit the assessment to the Iowa Department of Public Health Bureau of Emergency Medical and Trauma Services.		X					X	What is global big picture plan? What would our ideal EMS system look like? Individual townships/fire departments/independent EMS agencies provide this service. EMS Advisory Council will be established May 2025. In the meantime, WCEMSA continues to work on the county-wide system concept and construct.

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		3. Complete strategic plans to assure that gaps in Iowa EMS system standards assessments are met.		X						WCEMSA is completing system standards assessment and developing a plan for long-term system development. Annual Update Completed Jan. 2025
		4. Develop policies and procedures to implement the Iowa EMS System Standards.			X		X			Action item: Need to assure common system standards for all services, and reviewed annually. Long-term goal based on pending changes of provider status and need to update system-wide. Working toward a county system with Essential Service process.
<b>1.01</b>	System Administration: EMS System Structure; Organization; Mission	5. Identify funding mechanisms that are sufficient to ensure continued operation of the EMS System and services required to meet the needs of the population.		X						Work with Wapello County Board of Supervisors and EMS Taskforce to work toward EMS Essential Service designation and vote. WCEMSA to develop a system concept. Essential Service process initiated in Jan. 2025 with a timeline established. Resolution readings will be April 8, April 22, May 6. Formal appointment of Advisory Board will be at the May 6th meeting.
<b>1.02</b>	System Administration: Public Impact	The EMS system shall implement survey processes to obtain patient, healthcare and public input.	X							Actionable item. Find survey from 2012?
<b>1.03</b>	System Administration: Medical Director / Medical Direction	The EMS system shall have an active physician medical director that participates on the advisory council. If multiple physician medical directors work with services within the EMS system, a physician medical director committee will be formed to support the EMS system physician medical director.			X	X	X	X		Dr. Lyssy at ORHC oversees all programs except Blakesburg. Need more conversation with him on creating common policies.
		The physician medical director committee shall assure that written policies, procedures and/or protocols are in place for each service and consistent for all services in the EMS system, and are in compliance with IAC 641-132.			X		X			Each service director is working independently with med control. Opportunity for congruency with System Development work this year.

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1.03	System Administration: Medical Director / Medical Direction	The EMS system physician medical director shall assure that medical direction and medical consultation plans are in place to identify the role of hospitals and alternate medical consultation, as well as the roles, responsibilities, and relationships of out-of-hospital providers.			x	x	x	x	Action item: work to be done to educate public on community-wide medical services and how to access. Education on appropriate medical resources based on needs. EMA started but stopped due to essential service work delay. May be revived later as we develop a true system. Project for the Wapello County Healthcare Coalition. WCPH lead?
1.04	System Administration: Inventory of Resources	The EMS system shall assess and document EMS resources and services available within the system's service area to respond to day-to-day and large scale emergencies. In coordination with county partners, a detailed inventory of EMS resources (e.g., personnel, vehicle, and facilities) within its area shall be maintained and, at least annually, updated in the electronic system provided by the Bureau.		x					Each service sends inventory to EMA to include vehicles, EMS inventory, radios that would be covered by insurance annually. Still a need. Resources need uploaded into EMResources.
		The EMS system advisory group shall annually review 911 services and the county EMS system as a whole based on this assessment to assure resources meet the needs of the public.			x		x		What does "meets the need" mean? What is our local definition? Every call gets an ambulance? Alternate modes of treatment such as community paramedicine? Home health care nursing? Advisory Board will be appointed in May 2025. Can a heat map be created with GIS?

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<b>Staffing &amp; Training</b>										
2.01	Staffing: Personnel	The EMS system shall maintain up to date service rosters and assure provider certification.	X							Image Trend by each service director. Oversight by ? Need a central coordinator to manage data for all services. Long term goal: integration between Central Square dispatch CAD and Image Trend. Image Trend by each service director. Oversight by ? Need a central coordinator to manage data for all services. Long term goal: integration between Central Square dispatch CAD and Image Trend.
		The EMS system or services within the system shall have a policy regarding background checks.	X							Assessed by each service director currently. Action item: Identify the source used & who is HR that screens incoming applicants on hire- survey services. Create and share sample policies to be used by all services to establish congruency.
		The EMS system or services within the system shall notify the Bureau, as required by rule, of occurrences of potential violations that may impact service authorization or individual EMS provider certification through the complaint reporting process.	X							Service director and HR monitoring
2.01	Staffing: Personnel	The EMS system of services within the system shall credential personnel as per EMS certification level, scope of practice, and local protocol as authorized by the physician medical director.		X				X		Action item: Integrate the credentialing process with Wapello County EMA resource tracking system.
		The EMS system advisory group will assess staff numbers and staffing gaps in the system.	X							Without central coordination, this task is difficult. Advisory Council still needs established. EMA attempts to fill the void.

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		The EMS system advisory group will develop training plans for initial training to mediate staffing gaps.			X		X			Indian Hills Community College input on available education opportunities. IEMSA options annually in Iowa. New simulation training that comes to the local service. Some services offer online training platforms.
		The EMS system advisory group will develop a training plan that details anticipated trainings in the system as needed by services within the system. The plan will coordinate education and training opportunities to reduce duplication of efforts and leverage local and system funding.			X	X	X	X		Low volume, high risk tasks. Scenario critical thinking situations. Medical director oversight from quality assessments. WCEMSA submits annual training plan to Region 5 for training funding reimbursements. Action item: document system training plan. Need to establish a system with a coordinator to ease burden on individual services. IHCC is working to provide more training opportunities locally.
<b>2.02</b>	Staffing: Dispatch Training	Public safety answering point (PSAP) operators with medical dispatch responsibilities and all medical dispatch personnel (both public and private) shall be trained and/or certified using an approved program.			X					City or County PSAP's do not offer EMD call taking at this time. Dispatch upgrades include Central Square software. Both PSAPs now on same software which will be a huge advantage going forward.
		The EMS system physician medical director and/or the medical director committee will collaborate with system PSAPs to implement Emergency Medical Dispatch (EMD) services for all 911 calls for medical assistance.			X	X		X		Recommend EMD to county & city elected officials for standard of care for public safety. Could we start with TCPR?

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2.03	Staffing: Non transport	The EMS system shall ensure at least one person on each non-transporting service shall be a currently certified EMS provider. Public safety agencies and industrial first aid teams not listed as services shall be utilized in accordance with EMS system policies.	x							Meets via protocols/policies/procedures.
2.03	Staffing: Non transport	Emergency Medical Responder (EMR) level agencies that are part of an EMS system are considered a public safety agency and shall be utilized in accordance with EMS system policies.	x							Meets via protocols/policies/procedures.
2.04	Staffing: Transport	<b>The EMS system shall ensure that all transport services providing primary 911 response staff at the highest level of the authorized service.</b>	x			x		x		ORMICS is now a Conditional ALS service, however, they continue to staff shifts for ALS as staffing allows. They also can provide CCP level transport.

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Number	Standard	Measurement	Status			n Challenges			
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<b>Communications</b>									
3.01	Communications: Plan	The EMS system shall assess, at least annually, communications linkages (inter-operability) among out-of-hospital and hospital providers in its jurisdiction and recommend needed changes for their capability to provide service in the event of multi-casualty incidents and disasters.	X						
		The EMS system advisory group shall develop an EMS communications plan for services in the system. The plan shall specify the medical communications capabilities of emergency medical transport vehicles, non-transporting agencies, and system participants.	X						State plan (frequencies – National/Local pre-defined); Base Stations, Mobile Stations, Radios; use of repeaters (ORMICS communication policy; Wapello Co Sheriff’s Office Dispatch MOU). HON; To date we have utilized the state communications plan. Includes regional and national frequencies. ORMICS has a radio policy and identifies who uses what frequencies. County-Wide EMS contingency plan signed by all entities and the dispatching (Sheriff and OPD). System has a mobile medical repeater system available for a mass-casualty event.
		The EMS system shall assure all emergency medical transport vehicles have the ability to communicate with a single dispatch center or disaster communications command post.	X						MABAS template, cell phones, County/City dispatchers in same room for paging & communications. New dispatch CAD system went online January 2023. Both PSAPs can work in the same system for first time in the county's history.

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3.01	Communications: Plan	The EMS system shall have a functionally integrated dispatch with system-wide emergency management coordination, using standardized communications frequencies.								911 Board working toward ability to have a trunked LMR system.
		The EMS system will work to establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.			X	X		X		Action items: a) Needs formal plan and subcommittee to work on; b) Needs further discussion, remote possibility; c) – Needs Subcommittee for review, definition of roles/responsibility (911 Dispatch Center) EMD still a goal. More conversations are happening as it is starting to get recognized as a necessary first step to better utilize resources of all services.
3.02	Communications: 911 Coordination	The EMS system advisory group shall seek to have an active member appointed to the county 911 commission in order to participate in ongoing planning and coordination of the enhanced 911 system.	X							EMS representative invited to 911 board meeting (non-voting) – IA Code sets membership (No active member). Per code, our EMS cannot have an active vote, not sure why it is in the standard.
3.03	Communications: Education	The EMS system shall be involved in public education regarding system access.			X		X	X		Need subcommittee for review, definition of roles/responsibility/plan design.

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<b>Response &amp; Transportation</b>											
4.01	Response & Transportation: Service Area	The EMS system shall, in coordination with neighboring EMS systems, determine the emergency medical service response areas to assure the most efficient 911 responses.		X				X			Create a System document that delineates how participating departments handle responses yet allow providers to function anywhere in the county.
4.02	Response & Transportation: Change to Policies and Procedures	The EMS system advisory group shall develop standard policies and procedures regarding response, transport, and minimum response times.			X			X			Not on radar. We must establish fundamental elements first- EMS as an Essential Service, county-wide system and coordination. Buy-in from BOS and all services. Sections 1 & 2 remain priority focus. Action item: Research what are the current research points on safety for safe response times? Working group? NHTSA and NFPA?
4.02	Response & Transportation: Change to Policies and Procedures	The following response times will be outlined in policies and procedures as standard for 911 responses for CQI purposes: Arrival of first EMS unit does not exceed: Urban: 5 minutes Rural: 15 minutes Arrival of ambulance does not exceed: Urban: 8 minutes Rural: 20 minutes Arrival of ALS does not exceed: Urban: 8 minutes Rural: 20 minutes	X								In the monitoring phase-ORHC provides stats to WCEMSA.

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		<b>Policies and procedures will include response type, minimum response times, backup response plan, peak response and backfill, and transport protocols.</b>		X		X	X	X		New review of current staff struggles & increased call volumes. Part of current discussions with system standards assessment and future system design work by Advisory Council.
		<b>The EMS system shall have contingency plans and assure the development of mutual aid agreements to provide for emergent and non-emergent response and transport during increased system volume.</b>		X		X	X	X		Mutual Aid Agreements; Tiered Response in conjunction with Fire or Law providers. Mutual Aid Assn. is working on revising the current county-wide mutual aid agreement. We cannot rely on surrounding counties to come in and help us with transports because
		The EMS system will work to establish an emergency medical dispatch priority reference system, including systemized caller interrogation, dispatch triage policies, and pre-arrival instructions.				X	X	X	X	Driven by police chief & sheriff. Doesn't seem to be a priority. Staffing and funding would be an issue.
<b>4.03</b>	Response & Transportation: Air Medical Services	The EMS system shall have a process for identifying specialty air medical transport services and shall develop policies and procedures regarding: Request of air medical services Addressing/resolving formal complaints		X				X		Use of Air Services (Mercy, UIHC, etc. based on location/pt need) Action item: education of all providers on current policies (common handbook). How to access. Dispatch contact with aimed dispatch. Recent visits by AirCare and LifeFlight. Spring LZ class

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<b>Facilities/Critical Care</b>										
<b>5.01</b>	Facilities: Assessment of Capabilities	The EMS system advisory group shall annually assess the capabilities of acute care facilities in the system area to include trauma care facility designation, STEMI, stroke, OB, orthopedics, and any other specific patient criteria.			X		X			Assess the current changes in staffing for services offered locally as reported by ORHC. ORHC just received chest pain accreditation related to the cath lab. Working on full staffing of the cath lab.
		The EMS system advisory group shall assure that services within the system have updated information regarding facility capacity.			X		X			No process for this information flow currently.
<b>5.02</b>	Facilities: Trauma Care System	The EMS system and all services within the system shall follow the Out of Hospital Trauma Triage Destination Decision Protocol.	X							TNCC review of calls, monitoring and reporting. Current trauma nurse coordinator Gretchen reviews periodically and reviews data with staff.
<b>5.03</b>	Trauma Care Facility Verification	The EMS system partners shall participate in the trauma verification process as available in the system area.			X		X			(Need to determine State Review) We are not conducting system-wide evaluations of actual incidents that include all providers or not including volunteers who need continuing education related to this. Discussion on scene flight protocol. Utilize GPS with

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<b>Data Collection/System Evaluation</b>										
6.01	System Evaluation: Continuous Quality Improvement Plan	The EMS system shall establish an EMS CQI program to evaluate the response to emergency medical incidents and the care provided to specific patients. The program shall address the total EMS system, including all pre-hospital provider agencies and hospitals. It shall address compliance with policies, procedures, and protocols and identification of preventable morbidity and mortality and document resolution of deficiencies found.		X			X			In place; Dr. Lyssy reviews; State reviewed criteria ?using Image Trend? Med Control prefers electronic run audits. Action item: get all services utilizing the electronic audit process in ImageTrend
		The EMS system shall establish an EMS CQI program to evaluate quality management, quality assurance and the system capabilities in order to establish benchmarks. The program shall address the total EMS system from dispatch to patient outcome.			X		X			Determine new benchmarks, revise CQI policy. Current policy not effective. Action item: write a new county-wide audit policy and implement electronic reviews.

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6.01	System Evaluation: Continuous Quality Improvement Plan	The EMS system shall conduct audits of out-of-hospital care including overall EMS system response to ensure that the patients' needs are matched to available resources including, but not limited to established benchmarks. It shall address compliance with policies, procedures, and protocols, and identification of preventable morbidity and mortality, and document resolution of deficiencies found.				X		X	X	Currently evaluating through this group (WCEMSA). Needs a key person to assist with the data input & gathering.
		The EMS system shall develop and implement a procedure to review medical dispatch to assess if the appropriate level of medical response is sent for each 911 call and to monitor the appropriateness of pre-arrival/post-dispatch directions.			X		X	X	Refer to earlier discussions of dispatch system (3.03)	
		The EMS system shall have a process to address and resolve formal complaints.			X		X	X	Who is resolving or entertaining complaints or concerns for each service? Most complaints are handled in house.	
		The EMS system advisory group shall identify mechanisms and persons to complete system-wide strategic plans to meet the Iowa EMS System Standards and CQI plans.			X	X	X	X	Coordination & manpower hours available?	

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		The EMS system advisory group shall meet at least annually to review the System Standards plan and CQI plan.		X				X			WCEMSA completing annual assessment. Filed with SA5 by EMA.
<b>6.02</b>	System Evaluation: Provider/Service Participation	The EMS system shall require provider/service participation in the system-wide evaluation programs.	X								"
<b>6.03</b>	System Evaluation: Reporting	The EMS system shall complete an annual report on the results of the evaluation of EMS system operations to the County Board(s) of Supervisors.			X		X	X			Action item: WCEMSA to mail or in person presentation of annual report of service activities/statistics to each clerk for reporting.
<b>6.04</b>	Data Collection: Pre-hospital Record	In accordance with IAC 641-132, all services within the EMS system shall complete and maintain a patient care report, provide a verbal report upon delivery of a patient, and shall provide the completed patient care report within 24 hours to the receiving facility.	X								CQI - per Iowa Code Also need to document in Image Trend no monthly calls.
<b>6.05</b>	Data Collection: Data Management System	The EMS system services shall participate in an integrated data management system that collects and submits reportable data as directed in accordance with IAC 641-132 that includes system response and clinical data.	X								All services should be using the state-provided ImageTrend product.
		The EMS system shall utilize the system to review reports and review outcome data.	X								

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<b>Public Information &amp; Education</b>										
<b>7.01</b>	Public Information	The EMS system shall promote the development and dissemination of information for the public that addresses:								Opportunities exist but will not be prioritized at this juncture.
		1. Understanding of the EMS system.		X			X			Clear consistent message to public
		2. Access to the EMS system.		X			X			Public messaging product in process.
		3. Providing public training in CPR, first aid, etc.	X							
		4. Patient and consumer rights as they relate to the EMS system.	X							Appropriate use of ambulance for transports or private vehicle
		5. Health and safety habits as they relate to the prevention and reduction of risks in target areas.			X		X			
		6. Promotion of injury control and preventive medicine.			X		X			
<b>7.02</b>	Public Information: Disaster Preparedness	The EMS system shall participate in the development of community wide capabilities through system development to support Emergency Support Function (ESF) - 8: Public Health and Medical Services Preparedness and Response	X							EMA guided from best practices

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<b>Disaster Medical Response</b>										
8.01	Disaster Medical Response: Planning	The EMS system shall participate with local response partners including public health, hospitals, and EMA to develop plans, procedures, and policies to respond effectively to the medical needs created by disasters.	X							Opportunities exist but will not be prioritized at this juncture.
		The EMS system advisory group shall collaborate with partners to utilize federal emPOWER data, community health needs assessments, and other available data sources to assist in identifying special at-risk populations and develop strategies to fill gaps related to special at-risk populations.			X		X	X		emPower. Network with public health. Who puts in data?
		The EMS system shall collaborate with local response partners to identify exercise priorities.	X							Required for other entities such as CMS
		The EMS system will participate in a minimum of one exercise per year that includes local response partners and assist in the completion and submission of an after action report (AAR) improvement plan.	X							Using real life events such as COVID, bad weather. ORHC does two drills and EMS is always involved.

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8.02	Disaster Medical Response: Response Plans/Review	The EMS system shall have medical response plans and procedures for disasters which shall be applicable to multi-hazard responses. The EMS system shall annually review and update the disaster medical response plans that are inclusive of all ESF-8 partners based on exercise lessons learned and after action report improvement plans.	X							Need system for annual review that include County plans. EMS has been moved to ESF-4 Firefighting since our fire departments do most of the EMS service delivery.
8.03	Disaster Medical Response: Emergency Operations Center (EOC)	The EMS system shall be represented and participate with their local response partners in the development and exercise of a plan for activation, operation and deactivation of the emergency operation center.	X							EOC part of disaster plan, EMS provides this support and provides continuing education for providers.
8.04	Disaster Medical Response: Hazardous Materials Training	The EMS system shall ensure all EMS providers are properly trained for response to hazardous materials awareness. The service will determine the require system role, train, and equip the staff.	X			X	X			
8.05	Disaster Medical Response: Plan Participation (ICS)	The EMS system shall assure that services are capable of implementing all components of the National Incident Management System (NIMS), including training and incident command.	X							