

2025 Wapello County EMS Provider Survey

All-Stakeholders Summary
December 31, 2025



Confidentiality note: This report is based on anonymous survey data. Share only summarized results; do not attempt to identify individual respondents.

What this is

A countywide summary of what EMS providers reported about system strengths and pressures, and the practical improvement actions that can increase service stability and quality. Survey was distributed to all certified EMS providers in Wapello County in November of 2025 by EMSAC.

How to read the scale

Most survey items used a 1-5 Likert scale:

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neutral / Unsure
- 4 = Agree
- 5 = Strongly Agree

In this report, a “concern rate” is used for key capability statements (positive statements). Concern rate = the percent of respondents selecting 1-2 (disagree). Higher concern rates indicate a larger perceived gap.

Response snapshot (N=43)

Primary representation (by self-identified agency):

- Ottumwa Fire: 20
- ORMICS: 11
- Wapello County Rural: 6
- Eldon: 3
- Blakesburg: 2
- Agency: 1

Employment model context:

72.1% of respondents represent **paid EMS agencies**, while 27.9% represent **volunteer-based agencies**.

What we heard (system-wide themes)

- **Providers are proud of the care they deliver and report strong teamwork and partnerships across public safety.**
- **Staffing adequacy is the weakest system capability, and ongoing workforce strain is the most consistent pressure point—driving burnout and threatening reliable coverage.**
- **Customer feedback is not consistently measured or tracked (compliments/complaints).**
- **Joint training participation is inconsistent across the system.**
- **Fatigue management is a notable concern and needs clearer, consistent expectations—because it directly impacts safety and retention.**

Strengths to protect and build on

- **Interagency relationships:** Mean 4.19; 81.4% agree/strongly agree.
- **Care within scope:** Mean 4.12; 79.1% agree/strongly agree.
- **Physical safety:** Mean 4.14; 79.1% agree/strongly agree.
- **Renewal clarity:** Mean 4.42; 83.7% agree/strongly agree.
- **Expectation agencies provide CE:** Mean 4.26; 74.4% agree/strongly agree.

What the data shows

Section-level results (average 1–5; higher = stronger agreement; lower = more stress)

- Agency Culture and Morale: 3.61
- **Staffing, Resources, and Equipment:** 2.84
- Interagency Collaboration: 3.41
- Customer Service and Performance: 3.14
- Leadership and Communication: 3.49
- Safety and Wellness: 3.64
- Training and Professional Development: 3.12

Priority improvement areas (largest concern signals)

The themes below reflect the clearest concern signals (percent selecting 1–2 = disagree on positive capability statements).

Staffing adequacy

- Q7: We have an appropriate number of employees/volunteers to meet staffing needs. (Section: Staffing, Resources, and Equipment; Concern indicator: Disagree (1-2); Concern rate: 53.5%)

Direction: Stabilize staffing through recruitment/retention levers and practical coverage models.

Customer feedback measurement

- Q18: We conduct mail and/or telephone surveys with customers. (Section: Customer Service and Performance; Concern indicator: Disagree (1-2); Concern rate: 81.4%)
- Q19: We track the ratio between compliments and complaints. (Section: Customer Service and Performance; Concern indicator: Disagree (1-2); Concern rate: 76.7%)

Direction: Implement a simple countywide feedback method and shared tracking so both concerns and compliments are captured and closed out.

Joint training and interoperability

- Q13: We actively participate in joint training with other public safety agencies. (Section: Interagency Collaboration; Concern indicator: Disagree (1-2); Concern rate: 55.8%)

Direction: Publish a quarterly joint training calendar with participation targets and capture lessons learned for QI.

Quality feedback loops and service reassessment

- Q8: Data collected from patient care records are tabulated and reported back in a useful format. (Section: Staffing, Resources, and Equipment; Concern indicator: Disagree (1-2); Concern rate: 34.9%)
- Q20: We continually reassess our services to ensure we meet customer needs. (Section: Customer Service and Performance; Concern indicator: Disagree (1-2); Concern rate: 37.2%)

Direction: Create a non-punitive PCR-to-practice dashboard and routine case review so providers see data translated into improvement actions.

Fatigue management and wellness

- Q30: Fatigue management is addressed effectively (e.g., rest policies, workload). (Section: Safety and Wellness; Concern indicator: Disagree (1-2); Concern rate: 41.9%)

Direction: Adopt minimum fatigue expectations (rest, max consecutive hours, coverage triggers) and strengthen peer support / decompression practices.

Operational readiness and right-care/right-transport policies

- Q9: Our vehicles and equipment are adequate to meet operational needs. (Section: Staffing, Resources, and Equipment; Concern indicator: Disagree (1-2); Concern rate: 39.5%)
- Q10: Clear policies exist for referring patients who do not require ambulance transport but have safety or special needs. (Section: Staffing, Resources, and Equipment; Concern indicator: Disagree (1-2); Concern rate: 46.5%)

Direction: Advance planned replacement cycles and clarify alternative pathways / referral guidance for low-acuity but high-need situations.

Leadership climate for input and innovation

- Q26: Leadership encourages innovation and input from all levels of the organization. (Section: Leadership and Communication; Concern indicator: Disagree (1-2); Concern rate: 34.9%)

Direction: Increase two-way communication: routine listening, transparent decision rationale, and visible follow-through on frontline ideas.

Open-ended question themes

Common themes appearing in written responses:

Strengths (most repeated):

- Quality patient care and compassion
- Teamwork and reliability
- Response and community commitment

Challenges (most repeated):

- **Staffing and coverage**
- **Equipment/ambulance replacement and readiness**
- **Communication and coordination friction (including hospital/transfer dynamics)**
- **Fatigue and workload**

Provider-proposed solutions (most repeated):

- **Recruitment and retention incentives; strengthen pipeline**
- **Planned replacement cycles for ambulances/equipment**
- **More joint training and clearer system expectations**
- **Improve two-way communication and feedback loops**

Recommended EMSAC initiatives

These initiatives are designed to address the highest-signal gaps while staying realistic for small and mixed-model agencies.

Countywide EMS Customer Feedback Program

- Adopt a simple, standardized feedback method (QR card + short paper option + phone option).
- Track compliments/complaints, response concerns, and resolution time.
- Publish a quarterly summary to agencies and EMSAC.

Joint Training Calendar and Interoperability Exercises

- Publish a quarterly interagency training calendar (MCI, cardiac arrest, trauma, violent scene, radio/ICS).
- Set attendance targets by agency size/model.
- Capture lessons learned and feed into QI.

PCR-to-Practice Quality Feedback Loop

- Create a one-page monthly/quarterly dashboard: key clinical and operational indicators in a non-punitive format.
- Add a brief case review segment to EMSAC or agency training rotations.
- Standardize how data are reported back in a useful format.

Fatigue and Wellness Minimum Standard

- Recommend a minimum fatigue policy framework: max consecutive hours, rest expectations, and coverage triggers.
- Promote access to peer support/CISM resources and post-incident decompression when appropriate.
- Track near-miss/fatigue-related issues as a learning tool.

Staffing and Sustainability Workgroup

- Run a countywide recruitment/retention strategy (messaging + pipeline + incentives).
- Evaluate shared staffing concepts and duty-crew models where feasible.
- Identify funding levers and grant opportunities for sustainability.

What can happen next

- EMSAC prioritizes initiatives, assigns owners, and sets quarterly reporting dates.
- Agencies confirm participation targets for joint training and adopt a customer feedback collection method.
- Launch the first joint training and publish the first “PCR-to-Practice” dashboard framework.
- Operate the customer feedback process and publish quarterly summaries; identify at least one improvement action each quarter.

Appendix A: Full Likert Item Results (All 42 items)

Scale: 1=Strongly Disagree, 2=Disagree, 3=Neutral/Unsure, 4=Agree, 5=Strongly Agree.

“Concern rate” (for positive capability statements) is % selecting 1–2. Higher concern rate indicates a larger perceived gap.

Q#	Statement	Mean	% 1–2 (Concern)	% 3	% 4–5
Q1	I feel that my EMS agency is meeting my needs as an employee or volunteer.	3.77	14.0%	23.3%	62.8%
Q2	I believe in our vision and have high morale concerning my affiliation with my agency.	3.98	9.3%	18.6%	72.1%
Q3	All of our employees/volunteers have undergone training in principles of customer service.	3.58	14.0%	30.2%	55.8%
Q4	Our employees/volunteers receive appropriate recognition for their service.	3.14	27.9%	32.6%	39.5%
Q5	New member orientation effectively prepares personnel for field work.	3.56	18.6%	30.2%	51.2%
Q6	I receive constructive feedback on my performance and skills.	3.65	20.9%	14.0%	65.1%
Q7	We have an appropriate number of employees/volunteers to meet staffing needs.	2.49	53.5%	27.9%	18.6%
Q8	Data collected from patient care records are tabulated and reported back in a useful format.	2.98	34.9%	27.9%	37.2%
Q9	Our vehicles and equipment are adequate to meet operational needs.	3.14	39.5%	11.6%	48.8%
Q10	Clear policies exist for referring patients who	2.77	46.5%	25.6%	27.9%

	do not require ambulance transport but have safety or special needs.				
Q11	We have a positive working relationship with other public safety agencies.	4.19	4.7%	14.0%	81.4%
Q12	We regularly communicate with other agencies through system quality improvement initiatives.	3.07	32.6%	32.6%	34.9%
Q13	We actively participate in joint training with other public safety agencies.	2.47	55.8%	30.2%	14.0%
Q14	We share a common incident command system with other agencies.	3.53	23.3%	23.3%	53.5%
Q15	Our agency's role is clear during multi-agency responses.	3.79	11.6%	25.6%	62.8%
Q16	Our dispatch system meets our agency's needs.	3.33	27.9%	25.6%	46.5%
Q17	We meet our customers' needs and expectations.	3.98	9.3%	20.9%	69.8%
Q18	We conduct mail and/or telephone surveys with customers.	1.56	81.4%	9.3%	9.3%
Q19	We track the ratio between compliments and complaints.	1.77	76.7%	20.9%	2.3%
Q20	We continually reassess our services to ensure we meet customer needs.	2.88	37.2%	25.6%	37.2%
Q21	We provide the best possible medical care within our licensure level and scope of practice.	4.12	7.0%	14.0%	79.1%
Q22	We meet response time benchmarks.	4.00	7.0%	25.6%	67.4%
Q23	We update our knowledge consistent	3.47	18.6%	25.6%	55.8%

	with published trends in emergency medical care.				
Q24	I feel comfortable providing feedback to agency leadership.	3.81	20.9%	14.0%	65.1%
Q25	Agency leaders communicate clearly and regularly with staff and volunteers.	3.42	23.3%	18.6%	58.1%
Q26	Leadership encourages innovation and input from all levels of the organization.	3.26	34.9%	14.0%	51.2%
Q27	I understand how decisions are made and communicated within the organization.	3.49	27.9%	16.3%	55.8%
Q28	Leadership is visible and approachable within the organization.	3.47	27.9%	20.9%	51.2%
Q29	Our agency has an active safety and wellness program.	3.19	27.9%	32.6%	39.5%
Q30	Fatigue management is addressed effectively (e.g., rest policies, workload).	2.77	41.9%	30.2%	27.9%
Q31	I have access to mental health or peer support resources.	4.05	14.0%	18.6%	67.4%
Q32	I feel physically safe while performing my duties.	4.14	9.3%	11.6%	79.1%
Q33	The agency supports post-incident debriefings or Critical Incident Stress Management (CISM).	4.05	14.0%	16.3%	69.8%
Q34	My service/agency should be responsible for providing all continuing education needed by employees/members to renew.	4.26	2.3%	23.3%	74.4%
Q35	I believe that I am provided sufficient	3.42	32.6%	14.0%	53.5%

	opportunities for high-quality continuing education through my service/agency.				
Q36	Indian Hills offers a sufficient amount of EMS continuing education.	3.19	25.6%	37.2%	37.2%
Q37	Indian Hills offers continuing education at a fair price.	3.05	23.3%	46.5%	30.2%
Q38	I prefer face-to-face continuing education opportunities versus online courses.	3.79	14.0%	25.6%	60.5%
Q39	If I had the option, I would have preferred that my initial training course (EMR, EMT, Paramedic) had been offered online or through some distance learning format.	2.23	58.1%	25.6%	16.3%
Q40	I have considered dropping my certification just because it is too hard to obtain sufficient continuing education to renew.	1.53	83.7%	9.3%	7.0%
Q41	I have to pay too much of my own money to acquire continuing education.	2.16	62.8%	16.3%	20.9%
Q42	I understand my renewal requirements.	4.42	4.7%	11.6%	83.7%

Appendix B: Open-Ended Themes (Count of respondents mentioning theme)

Method: themes were coded from written responses using keyword-based tagging. Counts represent how many respondents referenced a theme at least once across any open-ended field. This is directional and intended for planning, not attribution.

- Staffing & coverage (recruitment/retention, scheduling): 28 of 43 respondents
- Community relations & patient experience: 26 of 43 respondents
- Interagency coordination & system partners (fire/law/dispatch/hospital): 24 of 43 respondents
- Equipment, ambulances & capital planning: 22 of 43 respondents
- Leadership, communication & recognition: 22 of 43 respondents
- Training & continuing education (CE, education access/cost): 16 of 43 respondents
- Fatigue, burnout & wellness (mental health, rest): 14 of 43 respondents
- Funding, pay & reimbursement: 9 of 43 respondents
- Quality improvement & clinical feedback (PCR/QI/data): 6 of 43 respondents

Note: To protect confidentiality, this appendix reports theme counts only and does not include verbatim quotes or identifiers.