

EMSAC

Focused Initiatives

Translating committee background work into a practical hub-and-spoke action plan

Main idea: protect the 24/7 ALS transport hub while building reliable spokes that reduce demand, improve early intervention, and connect people to the right level of care.

1. Hub-and-Spoke Framework

Wapello County needs a dependable ALS paramedic transport hub, supported by practical spokes that reduce avoidable pressure on that hub.

The spokes do not replace ALS transport. They preserve it by handling earlier, lower-acuity, non-emergency, or support functions when those pathways are appropriate and available.

The Hub	The Spokes	The Test
Guaranteed 24/7 ALS paramedic transport ambulance remains the essential baseline.	Dispatch, BLS/assist teams, facility readiness, MIH, public education, and alternate transport help manage load.	A spoke only helps if it has ownership, activation rules, training, and measurable outcomes.

System lesson: when spokes are unavailable, inconsistent, or overwhelmed, demand returns to the hub.

Every proposed initiative should therefore be tested for reliability, ownership, dispatch/activation process, training requirements, and measurable effect on the EMS system.

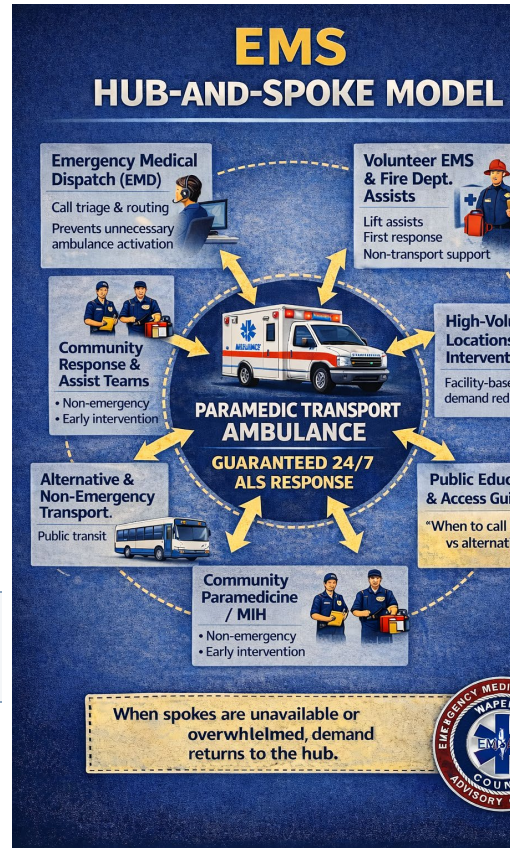


Figure 1. ALS transport is the core response capacity; supporting spokes manage demand and increase resilience.

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2. Main Focus Initiatives and Action Plan

The committee work can be boiled down to six initiatives. Each initiative is tied back to the hub-and-spoke model: protect the ALS transport hub, then build reliable spokes that reduce avoidable demand, improve early intervention, and create clearer access points for residents and partners.

Recommended EMSAC focus: approve the six initiatives as the organizing framework, then assign workgroups to convert each initiative into a scoped proposal, pilot, or implementation plan.

1. Protect and Define the ALS Transport Hub

Purpose

Keep the 24/7 ALS paramedic transport ambulance as the countywide baseline and primary measure of system risk.

Committee items included

Paramedic transport ambulance; guaranteed ALS baseline; demand returns to the hub when spokes are unavailable.

Primary partners

EMSAC; transport ambulance leadership; service directors; PSAP/911; EMA.

Why it matters

The ALS transport ambulance is the guaranteed response capability. If the hub is overused, under-resourced, or unsupported, every other weakness becomes less dependable.

Next steps

- Define the minimum baseline EMS capability the county expects to preserve.
- Track stress indicators: call volume, overlapping calls, response time, staffing availability, mutual aid reliance, and unit-hour availability.
- Use the hub as the reference point when evaluating whether each spoke is truly helping the system.

2. Build Countywide BLS and Assist Response Capacity

Purpose

Combine BLS team discussion, volunteer EMS/fire assists, and response-team activation into a structured countywide support model.

Committee items included

EMS BLS teams; volunteer EMS/fire assists; response team activation; geofenced dispatch.

Primary partners

Service directors; volunteer EMS/fire departments; PSAP/911; EMA; EMSAC.

Why it matters

Countywide BLS capability is a significant opportunity, but it needs ownership, dispatch rules, training expectations, and clear limits so it supports the ALS hub without confusing transport responsibility.

Next steps

- Convene service directors for countywide BLS/assist and geofenced activation discussion.
- Inventory current BLS/assist capabilities across services and communities.
- Develop activation criteria, dispatch geofencing, response expectations, and minimum training/equipment standards.

3. Implement EMD / CPR-T and Better Dispatch Triage

Purpose

Use CPR-T and an EMD model to improve pre-arrival guidance, triage, routing, and appropriate activation of BLS/assist resources.

Committee items included

EMD program; CPR-T; call triage/routing; response team activation connection.

Primary partners

PSAP/911; dispatch leadership; EMS medical direction; EMSAC; EMA.

Why it matters

Dispatch is a key spoke because call triage affects every downstream resource decision. CPR-T can be a near-term step while a fuller EMD model is scoped and tested.

Next steps

- Build a clear EMD/CPR-T proposal with cost, training, staffing, quality assurance, and policy requirements.
- Document PSAP staffing/workflow barriers and identify phased options rather than treating the barrier as a stopping point.
- Connect dispatch triage with BLS/assist team activation and public access guidance.

4. Launch Community and Facility-Based First Aid Teams

Purpose

Use United First Aid and an employer/facility training structure to improve readiness at high-volume sites, large employers, and community settings.

Committee items included

Community response teams; industrial response teams; United First Aid; high-volume locations.

Primary partners

Large employers; housing/facility partners; EMS.edu; EMA; EMSAC.

Why it matters

Some demand is concentrated at high-volume locations or large facilities. On-site readiness can improve immediate care, reduce unnecessary ambulance use, and support safer decision-making.

Next steps

- Finalize and distribute the large-employer/facility survey.
- Use United First Aid as the central program structure for community, employer, and facility-based teams.
- Pilot with willing employers or high-volume facilities, then evaluate call patterns, training completion, and staff confidence.

5. Create Alternative Care and Transport Pathways

Purpose

Advance Community Paramedicine/MIH, home-care referral options, and non-emergency medical transportation to reduce avoidable ambulance demand.

Committee items included

Community Paramedicine/MIH; Happy at Home/Milestones; public transit; non-emergency/on-call medical transport.

Primary partners

Potential MIH host agency; Milestones/Happy at Home; public transit/transportation partners; EMSAC; EMA.

Why it matters

Some residents need important help that is not always best solved by an ALS ambulance. MIH, home-care referral options, and non-emergency transport can help keep ALS available for emergencies.

Next steps

- Identify the best-fit agency for a Community Paramedicine/MIH grant application and define EMSAC endorsement.
- Add viable referral options such as Happy at Home/Milestones to Wapello Life or other public guidance tools.
- Explore on-call non-emergency medical transportation: eligibility, hours, cost, dispatch/referral method, and sustainability.

6. Coordinate Public Education and EMS Training Information

Purpose

Maintain Wapello Life as an access-guidance tool and create a repeatable training/continuing education reference with IHCC and EMS.edu.

Committee items included

Wapello Life app; community education products; initial training options; CE options; repeatable training plan.

Primary partners

EMA; IHCC; EMS.edu; EMSAC; service directors.

Why it matters

Training is generally a strength, but coordination and communication can improve. The public also needs clear guidance on when to call 911 and what alternatives exist.

Next steps

- Maintain Wapello Life as a community education and access guidance product.
- Develop a training reference product showing initial training, continuing education, and predictable repeat offerings.
- Coordinate with IHCC and EMS.edu to keep the training picture current and easy to understand.

3. Workgroup Alignment and Measures of Progress

To keep the next phase manageable, EMSAC can organize work into four workgroups. Each workgroup should return with a short written proposal identifying scope, costs, partners, barriers, timeline, and how the work protects the ALS hub.

<p>BLS / Assist Response and United First Aid Workgroup Countywide BLS capabilities, geofenced dispatch, service-director engagement, United First Aid pilot sites, and facility/employer first-aid teams.</p> <p>Dispatch Triage / EMD / CPR-T Workgroup CPR-T implementation, EMD model options, dispatch workflow impacts, quality assurance, activation rules, and cost proposal.</p>	<p>Alternative Care and Transportation Workgroup Community Paramedicine/MIH grant opportunity, Happy at Home/Milestones referrals, public transit, and non-emergency/on-call medical transport.</p> <p>Training and Public Education Workgroup Training reference product, continuing education communication, Wapello Life app content, and public guidance on when to call 911 versus alternatives.</p>
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Measures of Progress

The better test is not simply whether a new program exists. The test is whether each initiative strengthens the hub, improves patient access, or reduces avoidable system strain.

Measure Area	Suggested Indicators
Hub Stability	ALS unit availability; overlapping calls; mutual aid reliance; response times; staffing availability; transport volume trends.
Dispatch and Triage	CPR-T/EMD training completion; protocol adoption; QA review process; appropriate response routing; pre-arrival instruction use.
BLS / Assist Response	Participating services; activation criteria adopted; geofenced areas defined; response participation; operational issues identified.
Community / Facility Readiness	Employers/facilities surveyed; United First Aid teams trained; high-volume locations engaged; facility-level response plans created.
Alternative Care and Transport	MIH grant readiness; referral options listed; non-emergency transport concept developed; referral/transport utilization once launched.
Education and Training	Training reference published; CE offerings communicated; Wapello Life content updated; public guidance materials distributed.

4. Six-Month Roadmap to the Ideal Total EMS System

EMSAC’s next phase should move from committee research to an “ideal total EMS system” package that can be explained to the public and used to support the EMS levy ballot question. The target is to be ballot-question ready within the next six months.

Six-month outcome: a clear total-system proposal showing the ALS hub, reliable support spokes, service expectations, governance/dispatch needs, cost assumptions, accountability measures, and what the EMS levy would fund.

0-30 Days: Organize and Authorize

- Adopt the six focus initiatives as the working framework and assign workgroups/leads.
- Confirm the baseline data needed: call volume, overlapping calls, response times, mutual aid, staffing availability, transport volume, high-volume locations, and non-emergency demand.
- Require each workgroup to use the same proposal format: scope, partners, cost, barriers, timeline, effect on the ALS hub, and public value.

31-90 Days: Define Models and Build Proposals

- Convene service directors on countywide BLS/assist capacity, geofenced dispatch, and activation standards.
- Complete EMD/CPR-T model review with cost, staffing, workflow, policy, and QA requirements.
- Advance United First Aid, employer/facility survey, MIH grant-fit analysis, referral options, non-emergency transport concept, and training/public education reference products.

3-5 Months: Shape the Ideal Total System

- Separate the must-have baseline from optional enhancements: ALS transport hub, dispatch/triage, BLS/assist response, community/facility readiness, MIH/referral options, transportation, education, and training.
- Identify the recommended governance, staffing, dispatch, medical direction, partnership, and accountability structure for the total system.
- Translate the technical plan into plain public language: what the system is, why it is needed, what will change, and how success will be measured.

5-6 Months: Public Funding Readiness

- Select the recommended system package and develop a cost/funding range for EMSAC review.
- Prepare public-facing materials for the EMS levy ballot question: system graphic, service expectations, FAQ, accountability measures, and “what the levy buys.”
- Decide whether the package is mature enough to advance into the formal ballot question timeline and broader public education effort.

Immediate EMSAC decisions

- Endorse the hub-and-spoke model.
- Approve the six focus initiatives.
- Assign workgroups and request written recommendations.
- Authorize partner outreach and use progress measures to revise, expand, or discontinue ideas.

Final framing

The work is not about creating more programs for their own sake. The work is about protecting the ALS hub, adding reliable support spokes, and building the total EMS system the public can understand, fund, and hold accountable.

Source basis: EMSAC Committees Focused Initiatives working notes and EMS hub-and-spoke concept graphic, May 2026.