

Wapello County Emergency Medical Services Advisory Council (EMSAC)
Meeting Minutes – September 16, 2026, 5:30 pm

Present: Tim R, Loren M, David C, Gary (Blakesburg), Bryan Z, Amanda H, Cindy H, TJ M, Lori R, Jean D, Mayor Ben Foote; Robert V (Zoom). **Absent:** Dr. Pete Reiter, Dr. Lyssy, Athena S, Quincy K. **Others:** Sam Haney, Raquel Alderman, Kim Elder (Emergency Manager, Marshall County; observer via Zoom), Scott Reeves, Pat Short, Josh Chance, Hailey McCarty, Richard Bergmann. Robert V left at about 7:09 pm (before the vote); Sam Haney left at about 8:00 pm.

1. Call to Order Called to order at 5:30 pm by Tim Richmond.

2. Approval of September 2, 2026 Minutes

Motion: Cindy H / Jean D. Carried, all in favor.

3. Presentation – Interim Recommendation for the Hub and Supporting Evidence Tim presented the 58-page analysis (61 pages including the recommendation itself), covering 92 days of county data, June 1 – August 31, 2026. Hard copies are available from Tim; a revised version reflecting tonight’s changes will be sent out.

- **Staffing (pp. 10–11):** Robert pulled three months of ORMICS staffing from Homebase by hand, since the software cannot produce a report. Tim noted page 10 shows not nearly enough green; the page 11 graph shows the two-crew minimum and the third-crew window. Tim noted the analysis indicates the ideal would be to always have a crew in waiting.
- **Call coverage (pp. 13–14):** Page 13 shows city calls and fire department wait times. About 79% of calls could be covered by two crews; 21% would have benefited from a third. The two-and-a-half-year third-crew study gives a longer view of need; the three-month window captures the busier summer months.
- **Data limits:** Staffing figures show scheduled staff only. They do not account for transfers or psych transports; psych transports use a separate vehicle but take at least one BLS provider off the crew, are not recorded in ImageTrend, and would require manual review of transfer logs. ORHC’s Meditech report shows dispositions only.
- **Other findings:** BLS first-response hold times for all services (p. 17); annualized projection (p. 26); 75 lift/fall calls dispatched and 59 arrived on, June–August (p. 26).
- **Reporting changes:** TJ confirmed monthly reports can be broken down by township and city. The main report stays intact; the outlier pages (pp. 34–35: the mild/moderate/extreme outlier page and the time-of-day/day-of-week graph) move to a separate outlier report. The new format keeps the rural vs. urban comparison, adds the township breakdown, and sets up the benchmark discussion. Two measures going forward: first EMS unit on scene (how quickly care arrives) and ambulance arrival (how quickly transport arrives). Rural first responder units did not respond about 30% of the time, a figure the council has wanted for years. Bystander/community responder teams may later be measured through app check-in data.

Discussion highlights

- **Transfers:** Sam reported preliminary August figures, to be verified by Robert: 88 transfers, 37 by flight and 51 by ground (ORMICS 5, secure van 6, private vehicle 7, EMS Team 22; 11 not itemized); 551 so far this year. Over half of the EMS Team transfers were likely psychiatric, as ORHC’s inpatient psych unit is on pause.
- **How outside transfers work:** Mercy (Des Moines) picks up its own patients when it has a crew; EMS Team bills the patient, with a contract rate if uninsured; ORHC pays Heartland; ORHC tries to use a service returning to the destination; Iowa City sends ground crews only for pediatric transports. Des Moines-based crews usually take about 1.5 hours to arrive; Van Buren is usually under an hour but has had limited availability. Crew capability (vents, drips) also limits options. ORHC sometimes pays for

transports insurance does not cover, and patients often wait for beds because receiving hospitals are also short-staffed.

- **Transfers and the 911 standard:** Robert said the goal is two staffed crews for 911 with an ideal third crew for transfers; transfers matter because patients waiting on transfer hold hospital beds. Transfers go out at all hours; Fridays may be busier, but this has not been studied. Tim noted an OFD ambulance would need some predictability for scheduling, and ORHC noted it would help for ORMICS to let OFD know when it will be short because of transfers. Many of the same EMTs and paramedics work for several services across the region. Sam cautioned that crews that never do transfers would push that work onto neighboring services, and that even with a third crew there will be times (weather, critical transfers) when two ALS crews are not in county. The council's position: the standard should still be stated, with any shortfall explained; the purpose is to identify gaps so resources can be sought, not to criticize any agency. **Consensus:** the council will track transfer data for its impact on 911 availability but will not own or control transfers.
- **ORMICS staffing:** 4 FT paramedics (2 travelers), 4 FT EMTs, 9 PRN paramedics, 4 PRN EMTs; two more traveler paramedic spots posted. Sign-on bonuses of \$15,000 (paramedic) and \$10,000 (EMT) are not bringing in applicants. Two ALS crews 24/7 would require 8 FT paramedics, 8 FT EMTs, 4 PT paramedics and 4 PT EMTs, not counting time off.
- **Ambulances:** 2 new units plus a loaner; a third expected around mid-February; a fourth for backup during maintenance. Still 1.5 rigs short. The 5-year replacement plan is in progress. Current ambulance and maintenance financials are not sustainable, and funding for rigs and maintenance remains an open question for the council.
- **Drivers and RN exemptions:** ORHC plans one day-shift and one night-shift RN exempt. State driver requirements are simple (CPR, driver's license, driving-record check, driving course, on the roster), so ORHC could send a driver instead of relying on fire to drive back. Drivers are limited to CPR and hemorrhage control; Robert will confirm details such as helping with the stair chair or cot. In response to Cindy H, Robert confirmed fire department members (Agency, Ottumwa, Eldon, Blakesburg) can still drive ORMICS ambulances; the new requirements apply to drivers who are hospital employees. Sam noted ORHC's contracts, including with Ottumwa Fire, cover these drivers under ORHC's insurance.
- **Workforce:** The shortage is regional and national, driven by retirements accelerated by COVID, fewer people entering healthcare, reluctance to work shifts, childcare and pay (it was stated new RNs start around \$33/hour vs. about \$17/hour for new EMTs). Staff working consecutive shifts across multiple agencies was raised as a safety concern.
- **Other:** Sam asked whether an OFD ambulance would cover only the city; it would ideally cover the whole county as ORMICS does, under an operating agreement, staffed with extra firefighter/EMTs so it does not pull from on-duty fire crews. OFD stated it is on board with a countywide system. It was suggested the EMS Association/service directors serve as a work group on barriers to using credentialed personnel (the county has fewer than two dozen people running EMS, down from 88). Recruitment and retention will become Spoke 8, "EMS Academy," in the Spoke Decision Brief for the next meeting. Tim also raised a possible future item, designing what a public model would look like, as a down-the-road planning step; it was not part of the recommendation. Tim met with Dr. Pete Reiter, who could not attend this or the next meeting; Dr. Reiter supports the recommendation. Sam asked whether Dr. Lyssy's buy-in was needed for medical control of an OFD ambulance; the response was that Dr. Lyssy already does the CQI and protocols and is on board.
- **Response protocol subgroup:** Dr. Lyssy, David C, Robert V and Sam H will develop protocols so calls such as no-injury lift assists do not require both fire and EMS. Tim has drafted an interim Medical Director-driven dispatch response plan with Dr. Lyssy and TJ; published national protocols generally assume EMD is already in place, so this would be developed locally by the two responding agencies with the Medical

Director. Robert noted that not sending ambulances to no-injury lift assists, and not sending fire to medically staffed facilities, is becoming national practice, with only 1–2% of such calls escalating. TJ said CAD can easily report calls by incident type and location; cancellations are harder but possible. It was reported that in 2024, 26% of calls did not result in transport, 73% were transported and 1% were treated on scene. An email will go out for review before the subgroup meets.

4. Approval of the Interim Recommendations

Motion: Approve the interim recommendations as read. Mayor Ben Foote / Bryan Ziegler. Carried, all in favor, no opposition (council consensus). This constitutes the Hub operator decision.

1. Continue with the existing hub operator, ORMICS.
2. Adopt two staffed ALS crews (two people, at least one paramedic) 24 hours a day as the countywide service floor for 911, measured in crew hours and verified monthly.
3. Focus staffing efforts where data shows the greatest need (replaces “build the floor nights first”).
4. Pursue an Ottumwa Fire-operated backup third-out ambulance (“Phase 2” and the time window were struck).
5. Pursue a dedicated out-of-county transfer crew, not necessarily ORMICS. “Out-of-county” was chosen because transfer duration, not destination type, affects 911 availability; it covers hospital, hospice and nursing home transfers.
6. Develop a Recommended Unit Protocol short term; pursue Emergency Medical Dispatch (EMD) long term.
7. End state: two ALS crews around the clock, with surge capacity from, including but not limited to, Ottumwa Fire, Blakesburg and other transporting services (language naming RN exempts and management was struck).

5. Follow-Up Items / September 2 Assignments Reviewed. OFD has provided Sam and Robert its list of equipment needed to stock the city-owned ambulance. OFD has views on a compensation model to support ORMICS when call volume is high but wants to talk with the Mayor and City Administrator before bringing it to EMSAC. The staffing element is complete; open items are in the Action Items table below.

6. Council Record Actions Arising from the Interim Recommendations Struck by the Chair as not needed.

7. Iowa EMS System Standards (July 2026) as the Council’s Evaluation Framework The standards most affect standard 4.05 (tiered response), the hub-and-spoke financial model, QA/QI metrics, the resource gap inventory, BLS/ALS staffing, response-time reliability, the annual report to stakeholders and the council’s own reporting obligations. The updated standards replace the old benchmarks; the council will set its own benchmarks after adoption. Existing data and analysis do not need to be redone, and state reporting already uses the new standards.

Motion: Adopt the Iowa EMS System Standards. Mayor Ben Foote / Jean Dell. Carried, no opposition.

8. Revised Hub and Spoke Decision Work Plan Tim presented a revised one-page schedule that keeps the two-week meeting cycle and moves completion to before the end of 2026. Agreed by consensus; no formal motion.

9. Status Reports on September 2 Assignments Covered under items 3–5.

10. Path to the October 14 Hub Operator Decision The decision was made at this meeting (item 4), ahead of the October 14 target.

11. Public Comments None. Member comments: TJ M asked that materials be condensed and that it be clear which documents are current; Tim will assemble the agenda packet in agenda order. Sam Haney will have limited availability until ORHC's trauma verification survey on October 6.

12. Next Meeting September 30, 2026, 5:30 pm, Wapello County EMA office.

13. Adjournment Adjourned at 8:00 pm.

Motion: David C / Mayor Ben Foote. Carried, all in favor.

Action Items

Action item	Owner	Status
Send comments on the August Response Time Report and QA outlier report	All members → Tim	Open
Distribute the revised interim recommendation and analysis	Tim	Open
Provide exact August transfer figures	Robert	Open
Provide transfer cost data	ORHC (Sam, Robert)	Open
Copy the OFD ambulance equipment/supply list; discuss major equipment funding with the region	Tim	In progress
Compile the hospital-side equipment list and pricing; identify what the hospital supplies vs. OFD purchases	Sam, Robert	Open
Review the OFD compensation model with the Mayor and City Administrator, then bring it to EMSAC	OFD (Josh, David)	In progress
Develop the interim backup ambulance proposal (equipment, staffing, scope, billing, compliance, CQI, medical) for council review before City Council	Josh, David, Robert, Sam	Open
Develop a Recommended Unit Protocol (lift assists and similar calls); email a draft for review before meeting	Dr. Lyssy, David C, Robert V, Sam H	Open
Deliver response protocol questions and the sample protocol to Dr. Lyssy	Tim, TJ	Open
Confirm driver role details (stair chair, cot)	Robert	Open
Send the sexual assault training information	Sam	Open
Release the version 2 protocols; load them into the One Dose app	Robert, Tim	Pending release
Add Spoke 8 (EMS Academy) to the Spoke Decision Brief	Tim	Next meeting
Assemble the agenda packet in agenda order	Tim	Ongoing