2025

Wapello County EMS System: By the Numbers

Annual Report to the Community

3,910	4,560	70%	74%
EMS calls to 911	ambulance runs, including transfers	ambulance on scene in under 10 minutes	of runs ended in a transport

Calendar year January 1 – December 31, 2025

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HOW TO READ THIS REPORT

It takes a system: one 911 call, many teams

When you call 911, several teams work together to get you care. This report first follows a call from start to finish. Then it shows how every team works with the ambulance, the hub of the system.

1 Follow a 911 call: the road

Each chapter is one stop on the road, in the same order as the *It Takes a System* graphic in the center (pages 8–9). Figures are numbered by stage (Fig. 3.2 = Stage 3).

STAGE 1
911 Dispatch
A dispatcher answers and sends help.

Program: Dispatch

Pages 3

STAGE 2
Community & Bystanders
People nearby start help in the first minutes.

Programs: Community Teams, Public Education

Pages 4–5

STAGE 3
First Responders
Fire, volunteer EMS and law often arrive first.

Program: First Response

Pages 6–7

STAGE 4
Ambulance: The Hub
Paramedics give advanced care and transport.

The hub and the EMS Academy

Pages 10–12

STAGE 5
Hospital & Beyond
Care at the hospital, transfers and follow-up.

Programs: Alternative Transport, Community Paramedicine

Pages 13

2 Why the ambulance is the hub: the wheel

The **hub** is the ALS ambulance service, with a goal of two crews ready 24/7. The **spokes** are six programs along the road that work with it. The **EMS Academy** is the rim that trains people for every part.

1 Dispatch	**Stage 1**
2 First Response	**Stage 3**
3 Community Teams	**Stage 2**
4 Alternative Transport	**Stage 5**
5 Community Paramedicine	**Stage 5**
6 Public Education	**Stage 2**

Approved by EMSAC 9.30.26. **Phase 1** is an interim, one-year plan for the hub and permanent recommendations for the spokes. In **Phase 2** (2026–2027), EMSAC will build and price a public operator model, including how it would be paid for, and compare it with the interim plan.

It's all one team

Better, faster care. Spokes start care before the ambulance arrives, such as CPR, bleeding control or the right questions on the phone. The crew reaches a patient who is already being helped.

A hub that is free. Spokes handle needs that do not call for an ambulance, such as a lift assist or a ride to an appointment. The ambulance stays ready for the next emergency.

Who took your call for help?

What happens here. Every emergency starts with a 911 call. Ottumwa Police dispatches calls in the City of Ottumwa (urban); the Sheriff's Office dispatches rural calls. The dispatcher decides who to send: the ambulance, a first responder or both.

How this helps the hub: sending the right help starts care sooner and keeps the ambulance free.

Fig. 1.1 · EMS 911 calls by dispatch agency, 2025

3,910
EMS calls to the two 911 centers

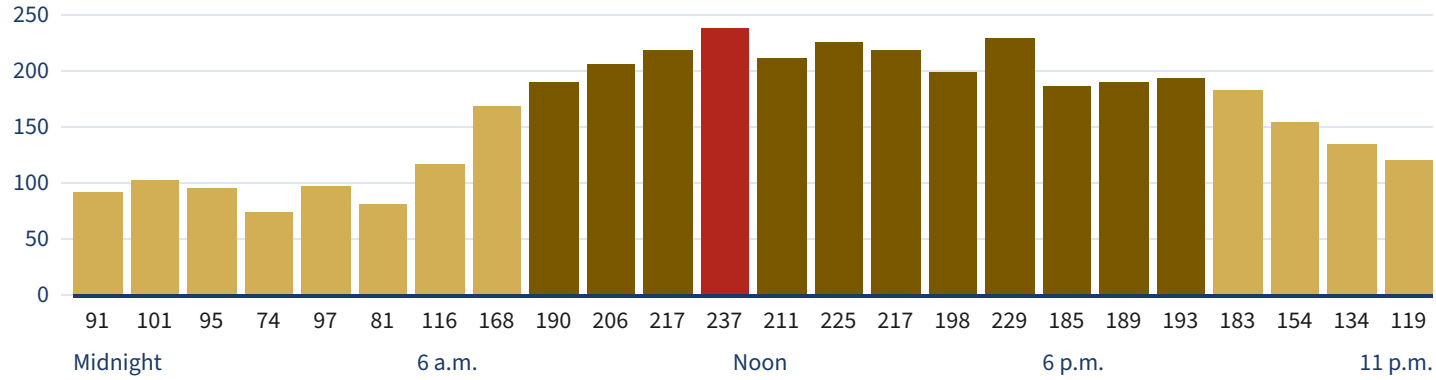
3,367
dispatched by Ottumwa Police (86%)

543
dispatched by the Sheriff's Office (14%)

Source S1: CAD, Ottumwa Police Department Communications Division (count of calls by dispatch agency).

What the calls were: medical 3,410 · lift assist or welfare check 248 · crash 217 · behavioral health 32 · shooting or stabbing 3. Fire-only and police-only calls are not counted.

Fig. 1.2 · EMS 911 calls by hour of the day, 2025. Busiest hour: 11 a.m. (237 calls)



Nearly two of every three EMS calls (2,497 of 3,910) came between 8 a.m. and 8 p.m. Source S1 (count of calls by hour).

No EMD GAP

Neither 911 center uses Emergency Medical Dispatch (EMD) yet. Dispatcher staffing, not willingness, is the barrier.

What is EMD? A medically approved script to ask set questions, send the right help and coach callers through steps like CPR.

1 Spoke 1: Dispatch BUILDING

Phase 1 recommendation: a Medical Director–approved Recommended Unit Protocol at both 911 centers now, and countywide EMD once 911 center staffing is funded.

The protocol sets which calls need fire, the ambulance or both, so crews are not sent where they are not needed.

What to watch in 2026: the Recommended Unit Protocol in use at both centers, and fewer calls that send both fire and the ambulance.

Neighbors can act before help arrives

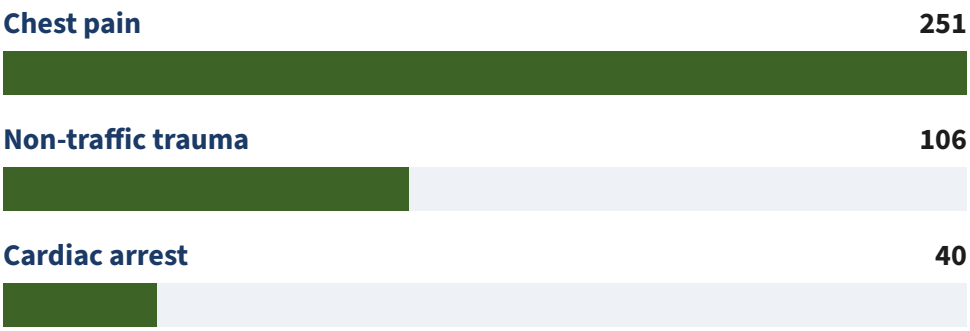
What happens here. In the first minutes of a cardiac arrest or serious bleeding, the people nearby matter most. A trained neighbor can start CPR, use an AED or control bleeding while first responders and the ambulance are on the way.

> **How this helps the hub:** care in the first minutes gives the ambulance crew a better chance to save a life.

Fig. 2.1 · Ambulance runs where bystanders could act first, 2025

397

runs, or 9% of all 4,560 ambulance runs



Chest pain is counted because it can lead to cardiac arrest (Mayo Clinic, n.d.). Non-traffic trauma means injuries not caused by a crash: traumatic injury (94) and stab or gunshot wounds (12).

Source S4: ORMICS ImageTrend, 2025 Runs by Dispatch Reason (eDispatch.01).

NOT IN PLACE YET · PLANNED

What is Iowa United First Aid?

A state program that trains and equips volunteers (first aid, CPR, AED, bleeding control) and alerts them by app to nearby 911 calls like chest pain, choking and falls.

EMSAC recommends a pilot team so trained neighbors can help close by while the patient waits for first responders and the ambulance.

Calls a community team could help with

Some ambulance runs are for help that does not need a Paramedic: lifting someone who has fallen and is not hurt, or checking on a neighbor.

Fig. 2.2 · Lift assist and welfare runs, 2025

169

lift assist and welfare runs: invalid or lifting assist (127) and well-person checks (42)

Source S4: ORMICS ImageTrend, 2025 Runs by Dispatch Reason (eDispatch.01). These counts use the reason given at dispatch. 911 records count lift assists a different way.

3 Spoke 3: Community Response and Assist Teams

PLANNED

Phase 1 recommendation: pilot a United First Aid volunteer response team.

Trained volunteers could help in the first minutes of heart, bleeding and choking calls. They could also help lift people who have fallen, so the ambulance stays free.

6 Spoke 6: Public Education and Access Guidance

IN PLACE

Phase 1 recommendation: public education led by Wapello County EMA and shared with the Wapello County EMS Association.

Teaches when to call 911 and what other help is out there. It uses the Wapello Life app, social media and print materials.

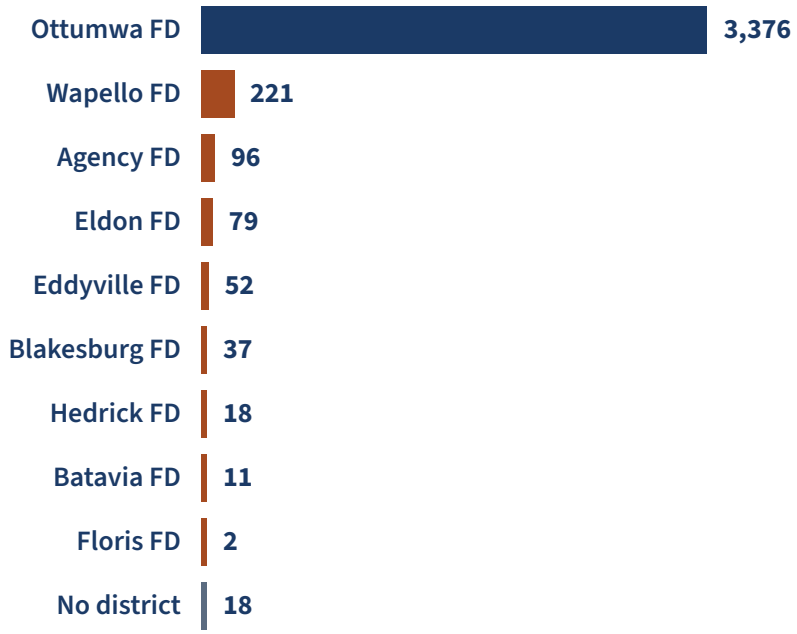
What to watch in 2026: launch of a United First Aid pilot team and where it is placed; lift-assist and welfare runs in ImageTrend and Fall/Lift Assist calls in 911 records, tracked side by side.

Calls where a first response team likely assisted

What happens here. Fire departments, volunteer EMS and law enforcement are paged with the ambulance because they are often closer. They give Basic Life Support (BLS) until the ambulance arrives: CPR, AED use, bleeding control, oxygen and splinting.

How this helps the hub: first responders start care sooner, before the ambulance crew arrives.

Fig. 3.1 · EMS 911 calls by fire district, 2025



Total 3,910 EMS calls. Calls dispatched by Ottumwa Police are counted under Ottumwa FD; Sheriff-dispatched calls use the fire district CAD assigns to the address. "No district" = 18 calls with none recorded. Source S1: CAD, All_CFS_2025_w_data.xls.

Fig. 3.2 · Who answered EMS calls, 2025

3,844
calls with the ambulance sent (98%)

3,405
calls with a fire or volunteer EMS unit on scene (87%)

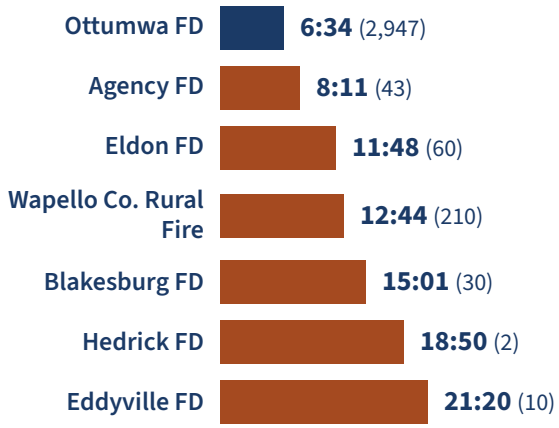
692
calls with law enforcement sent, including 214 of 217 crashes

66
calls first responders handled with no ambulance sent

Of 3,910 EMS calls. "Sent" = listed on the call in CAD. Sources S1, S3.

Fig. 3.3 · Median time to first responder on scene, 2025

Call created to the first fire or volunteer EMS unit on scene, minutes:seconds. **Urban (Ottumwa Police-dispatched): 6:34. Rural (Sheriff-dispatched): 12:24.**



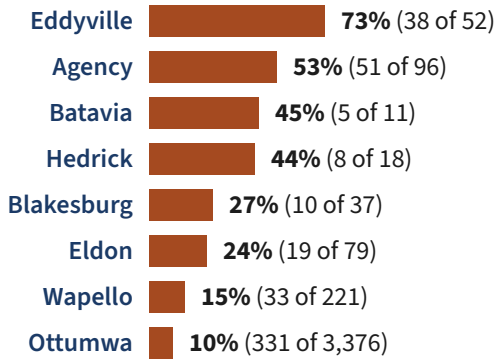
By department of the first unit to arrive, with number of calls. Medians are used so a few very long calls do not pull the number up. Hedrick and Eddyville had few calls. Batavia had no arrival times. Page codes do not count as arrivals. Source S3.

Fig. 3.4 · EMS calls with no fire or volunteer EMS unit on scene, 2025

32%

of rural EMS calls (176 of 543, Sheriff-dispatched) had no fire or volunteer EMS unit on scene

By fire district



In Ottumwa, Ottumwa Fire was paged on 316 of the 331 calls (a fire unit was assigned on 226); most were cancelled on the way or not marked. CAD unit times do not include law enforcement. Source: EMSAC analysis of S1 + S3.

Where help is closest, it is not always available

EMSAC sees volunteer availability as the main reason: most rural first responders are volunteers, and many work outside their home area. CAD shows that no fire or volunteer EMS unit arrived, not why. Some of these calls may not have needed one.

2 Spoke 2: First Response

IN PLACE

Phase 1 recommendation: make the first-response roles that already exist official. The county would help with equipment, training and other allowed needs. Each agency would get a base share, plus a set amount for special requests.

What to watch in 2026: the rural no-responder rate by district, now that ORMICS reports its own unit status (since June 1, 2026), and whether a United First Aid pilot (Spoke 3) fills gaps where volunteers are scarce.

IT TAKES A SYSTEM

Hub and Spoke Concept

One 911 call. Many teams. Every one matters.

When other parts can't respond, the ambulance must, and may not be free for the next emergency.

In 2025, Wapello County's two 911 centers dispatched **3,910 EMS calls**, and the ambulance service logged **4,560 calls** including

How to read this: the road is a call's path · the ALS ambulance is the hub · the numbered spokes on its wheels match the car

911 DISPATCH

3,910

EMS 911 calls · Sheriff 543 · OPD 3,367

No EMD GAP

Neither 911 center uses Emergency Medical Dispatch yet

WHAT IS EMD?

Dispatchers follow a medically approved script to ask set questions, send the right level of help, and coach callers through steps like CPR.

BUILDING

1 Dispatch

A Recommended Unit Protocol now; Emergency Medical Dispatch later.

COMMUNITY & BYSTANDERS

397 GAP

cardiac arrest (40), chest pain (251) & non-traffic trauma (106) calls where bystanders could act first

NOT IN PLACE YET · PLANNED

WHAT IS IOWA UNITED FIRST AID?

A state program that trains and equips volunteers (first aid, CPR, AED, bleeding control) and alerts them by app to nearby 911 calls like chest pain, choking, and falls.

Not available here yet. EMSAC wants to add it so trained neighbors can give basic help close by while the patient waits for first responders and the ambulance.

PLANNED

3 Community Teams

Community response and assist teams: pilot a United First Aid volunteer team.

IN PLACE

6 Public Education

Public education and access guidance: EMA leads, the EMS Association shares the work.

PUBLIC SAFETY FIRST RESPONDERS

(fire departments, law enforcement, BLS EMS)

3,870

first responder requests · median fir responder on scene: urban 6:34, rura 12:24 (8:11–21:20 by department)

32% GAP

of rural EMS calls had no fire or volunteer EMS unit on scene

WHAT IS BLS?

Basic Life Support: care from EMRs a EMTs, such as CPR, AED use, bleedin control, oxygen, and splinting.

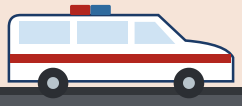
IN PLAC

2 First Response

Volunteer EMS, fire, and law enforcement assists: formalize the roles that already exist.

FIRE

LAW



EMS SQU

911 CALL FOR HELP

WHO HELPS
Dispatchers

WHO HELPS
Neighbors & trained volunteers

WHO HELPS
Firefighters, officers & EMTs

# of EMS

2025

transfers.

ds above · the EMS Academy is the rim that holds them together.

n first
, rural
t)

MRs and
eding

LACE

the

QUAD

AMBULANCE: THE HUB

70%
on scene in under 10 min

117 GAP
hours with 3+ EMS calls; tests a two-crew system

WHAT IS ALS?

Advanced Life Support: Paramedics add heart monitoring, IV medications, and advanced airway care. An ALS ambulance is a mobile emergency room.

BUILDING

EMS Academy: the rim

Training & education: the rim that holds the spokes together, training and replenishing every one.

IN PLACE BUILDING

Supplemental ambulances

In place: Blakesburg's supplemental ambulance. Building: an Ottumwa Fire supplemental ambulance.

HOSPITAL & BEYOND

3,375
patients transported (74%)

252
hospital-to-hospital transfers

Outside agencies

GAP

are hired for some hospital-to-hospital transfers. It frees hospital beds for new patients, but that revenue leaves our hub ambulance service.

STUDYING

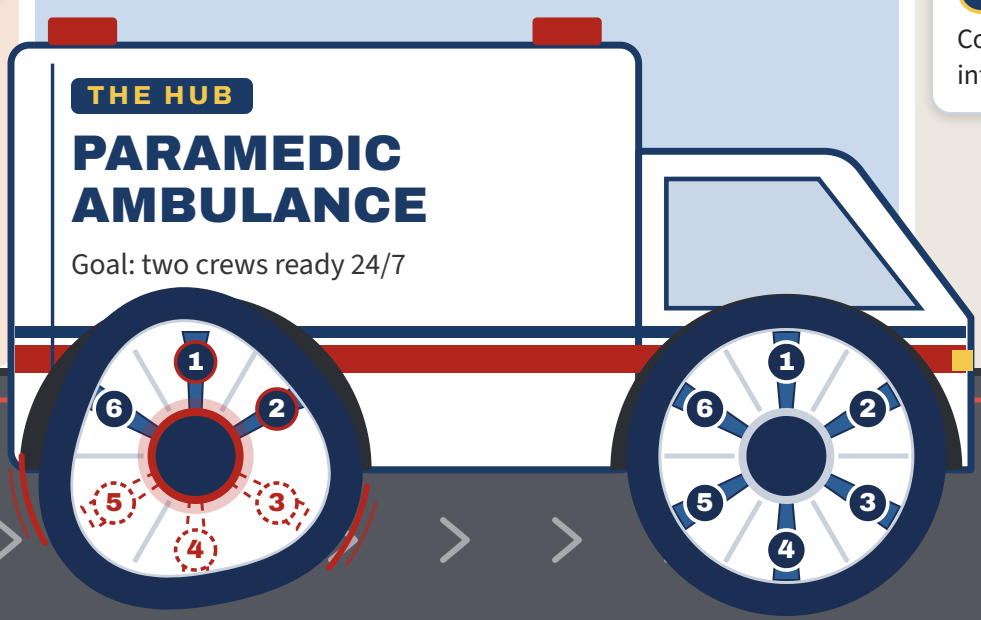
4 Alternative Transport

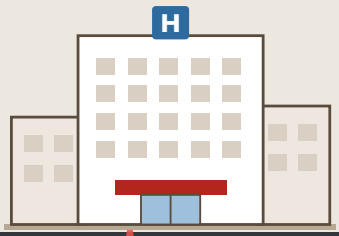
Alternative and non-emergency transport: pursue an on-call ride concept.

LONG-TERM

5 Community Paramedicine

Community paramedicine and mobile integrated health: pursue the program.





CARE AT THE HOSPITAL

TODAY

WHO HELPS
Paramedics & EMTs

THE GOAL

WHO HELPS
ER teams & transfer crews

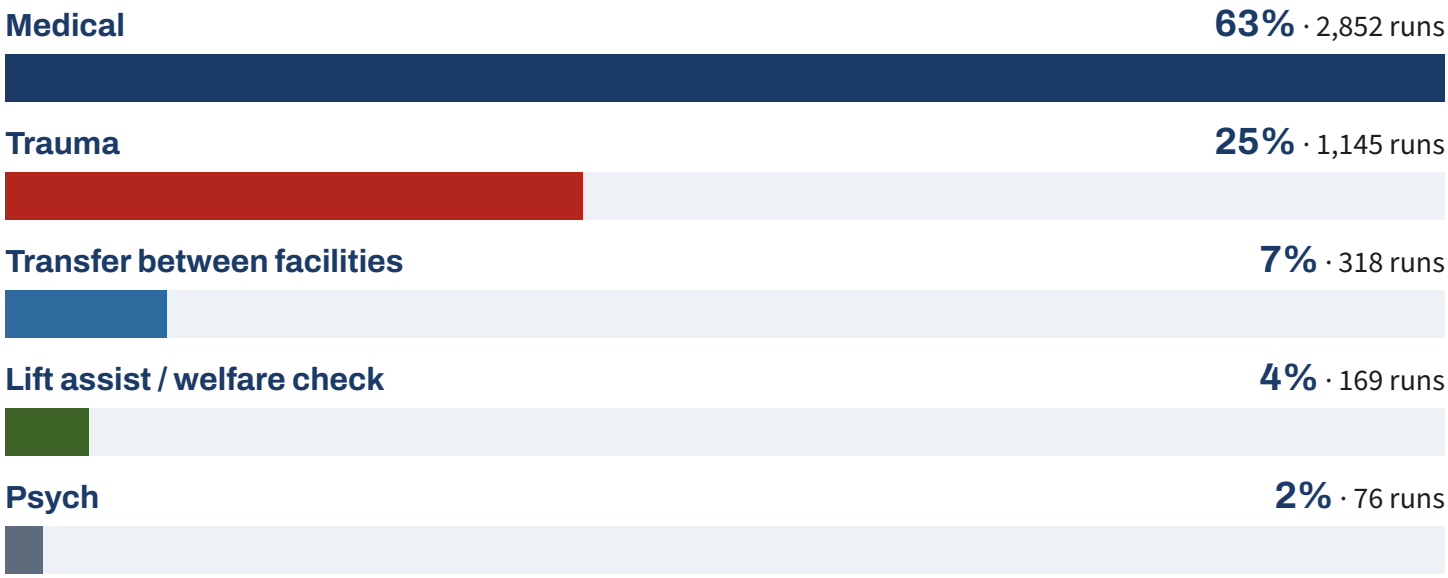
Ts

The hub: the ambulance at the center

What happens here. ORMICS, the ambulance service of Ottumwa Regional Health Center, answers 911 calls countywide and moves patients between facilities. It has operated as a Conditional ALS service since 2023. EMSAC's goal is two staffed ALS crews ready around the clock, so the hub is free for the next emergency.

> **How the spokes help the hub:** they start care before the crew arrives and handle needs that do not call for an ambulance.

Fig. 4.1 · Ambulance runs by type of help, 2025 (4,560 runs)



Nearly 2 of every 3 runs were for a medical problem. Each run is sorted by the problem reported at dispatch; page 15 lists which reasons fall in each group.

Source S4: ORMICS ImageTrend, 2025 Runs by Dispatch Reason (eDispatch.01).

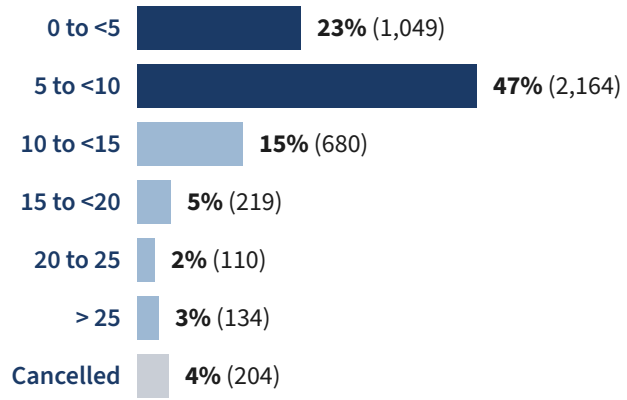
INTERIM HUB RECOMMENDATION

Approved by EMSAC 9.16.26 for one year: continue with ORMICS; two staffed ALS crews 24/7 as the service floor, verified monthly; pursue an Ottumwa Fire supplemental third-out ambulance and a dedicated out-of-county transfer crew.

Phase 2 (2026–2027) will build and price a public operator model, including how it would be paid for, to compare with this plan.

Fig. 4.2 · Ambulance arrival time, 2025

Ambulance notified by dispatch to arrived on scene, all 4,560 runs



Minutes. Includes transfers. "Cancelled" = runs with no arrival time. Source S6: ORMICS ImageTrend, Dispatch to Unit On Scene in Minutes.

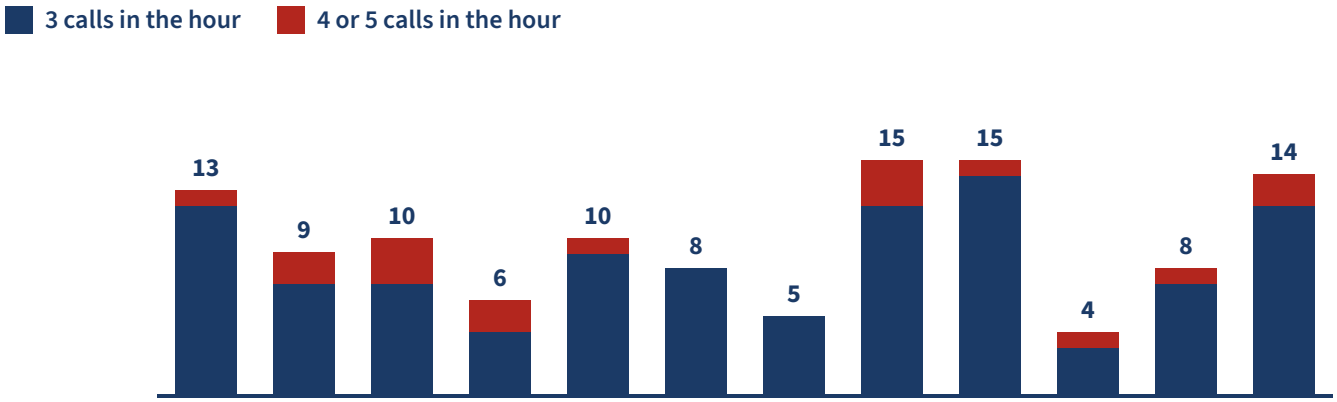
70%

of runs had an ambulance on scene in under 10 minutes

About 1 in 10 runs (10%) took 15 minutes or longer.

Sometimes the hub gets really busy

Fig. 4.3 · Hours with 3 or more EMS calls, by month, 2025: 117 hours



Calls	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Two	49	46	48	39	55	56	51	39	54	53	47	52	**589**
Three	12	7	7	4	9	8	5	12	14	3	7	12	**100**
Four	1	2	2	2	1	–	–	2	1	–	1	2	**14**
Five	–	–	1	–	–	–	–	1	–	1	–	–	**3**

Clock hours by number of EMS calls (all 3,910 EMS calls). Calls in the same hour do not always overlap. Source: EMSAC analysis of S1.

Why two crews matter. EMSAC's 2024–2025 Capacity Study found that 9 a.m.–7 p.m. is the strongest 10-hour window for supplemental coverage: it holds 66% of the hours with 3 or more medical calls across both years. Source S10.

What level of care did transported patients need?

Fig. 4.4 · Medical care transports by level of care, 2025 (3,482 transports)

ALS 53% · 1,860	BLS 47% · 1,622

Advanced Life Support (ALS)

1,860

Who: a Paramedic.

What they add: heart monitoring, IV lines and medications, and advanced airway care. An ALS ambulance is a mobile emergency room.

When: the patient needs more than basic care, such as for chest pain, stroke symptoms or serious breathing problems.

Includes ALS 1 (1,722), ALS 2 (132) and specialty care transport (6).

Basic Life Support (BLS)

1,622

Who: EMTs.

What they give: oxygen, CPR and AED use, bleeding control, splinting, and checking vital signs on the way.

When: the patient is stable and needs care and watching during the trip.

Emergency (1,275) and non-emergency (347). A non-emergency transport is a scheduled or non-urgent trip, such as to or from a care facility.

Source S9: Ottumwa Regional Health Center.

THE RIM

BUILDING

EMS Academy

EMS Training Consortium · building our most important asset: our people

The entry point into EMS. Led by Indian Hills Community College, it would recruit, train and keep the people every part of this system depends on.

- **EMR** — first response and volunteer EMS
- **EMT** — BLS ambulance and non-transport crews
- **Advanced EMT** — adds IV lines and some medications
- **Paramedic** — full ALS care; staffs the hub

Phase 1 recommendation: endorse the EMS Academy consortium and form a workgroup to write its charter.

Supplemental ambulances — In place: Blakesburg's. Building: an Ottumwa Fire supplemental ambulance. IN PLACE BUILDING

What to watch in 2026: monthly verification of two staffed ALS crews; hours with 3+ calls inside the 9 a.m.–7 p.m. window; progress on the Ottumwa Fire supplemental ambulance and the EMS Academy charter.

Where did patients go?

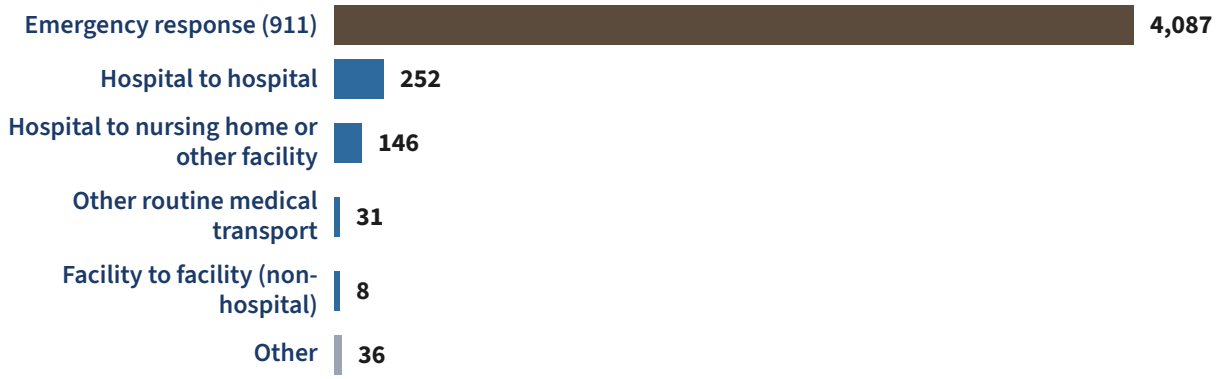
What happens here. Most runs end with a ride to the hospital. Others end with a refusal, a cancellation, a transfer to another facility, or a ride that did not need an ambulance at all.

How this helps the hub: non-emergency rides by other means keep ambulances ready for 911.

Fig. 5.1 · Transport disposition, all 4,560 runs, 2025

Source S5: ORMICS ImageTrend, EMS Transportation Disposition.

Fig. 5.2 · Ambulance runs by type of service, 2025



"Other" = standby, public assistance, support, mutual aid, intercept, community paramedicine (36). Source S7: ORMICS ImageTrend, 911 v Transfers.

4 Spoke 4: Alternative and Non-Emergency Transport

STUDYING

Phase 1 recommendation: the county organizes the effort and shares data, working toward an on-call ride service.

The 347 BLS non-emergency transports (p. 12) show where an on-call ride option could start.

5 Spoke 5: Community Paramedicine / Mobile Integrated Health

LONG-TERM

Phase 1 recommendation: pursue a community paramedicine program.

Home visits can head off repeat 911 calls and emergencies before they happen.

What to watch in 2026: non-emergency transports by month and time of day, to size an on-call ride option; transfers sent to outside agencies.

Strong or stressed? Where each spoke stood in 2025

On the centerfold's stressed wheel, Spokes 1 and 2 are cracked and Spokes 3, 4 and 5 are still missing. The strong wheel is the goal: every spoke holds, so the ambulance stays free for life-threatening emergencies.

Part of the system	2025 measure	Status	Phase 1 recommendation
H **The hub: ALS ambulance**	70% on scene in under 10 minutes; 117 hours with 3+ EMS calls (p. 11)	INTERIM	Continue with ORMICS for one year; two staffed ALS crews 24/7 as the floor; Ottumwa Fire supplemental ambulance; out-of-county transfer crew.
1 **Dispatch**	3,910 EMS calls; no Emergency Medical Dispatch (p. 3)	BUILDING	Recommended Unit Protocol at both 911 centers now; countywide EMD once 911 center staffing is funded.
2 **First Response**	32% of rural EMS calls had no fire or volunteer EMS unit on scene (p. 7)	IN PLACE	Make existing first-response roles official, with county help for equipment and training.
3 **Community Teams**	397 runs where bystanders could act first; 169 lift assist and welfare runs (pp. 4–5)	PLANNED	Pilot a United First Aid volunteer response team.
4 **Alternative Transport**	347 BLS non-emergency transports (p. 12)	STUDYING	The county organizes and shares data, working toward an on-call ride service.
5 **Community Paramedicine**	No 2025 measure yet	LONG-TERM	Pursue a community paramedicine / mobile integrated health program.
6 **Public Education**	No 2025 measure yet	IN PLACE	EMA-led public education shared with the Wapello County EMS Association.
R **EMS Academy: the rim**	No 2025 measure yet	BUILDING	Endorse the EMS Academy consortium (Indian Hills Community College lead) and charter a workgroup.

Phase 1 is interim. It is a one-year plan for the hub and permanent recommendations for the spokes. In Phase 2 (2026–2027), EMSAC will build and price a public operator model, including how it would be paid for, and compare it with the interim plan before recommending a long-term choice.

Where these numbers come from

Dispatch records (CAD) log every 911 call. **Patient care records (ImageTrend)** log every ambulance run, including transfers and cancelled runs, so they count more runs (4,560) than 911 calls (3,910). **Ottumwa Regional Health Center** records show the level of care on each transport. All figures cover January 1 – December 31, 2025.

Figure	How the number was counted	Source
1.1	**EMS 911 calls (3,910).** One record per EMS call to either 911 center (see box below).	S1
1.2	**Calls by hour.** The same calls, grouped by the hour each call was created.	S1
2.1	**Bystander runs (397).** Dispatch reason: cardiac arrest, chest pain, traumatic injury or stab/gunshot wound.	S4
2.2	**Lift assist and welfare.** Lifting assist or well-person check (169).	S4
3.1	**Calls by fire district.** Ottumwa Police-dispatched calls count as Ottumwa; others use the fire district CAD assigns to the address (18 had none).	S1
3.2	**Who answered.** Ambulance or law sent = listed on the call; fire or volunteer EMS on scene = a unit with an arrival time. Centerfold "first responder requests" (3,870) = calls listing a fire, volunteer EMS or law agency.	S1+S3
3.3	**First responder on scene (median).** Call created to the first fire or volunteer EMS unit arriving on each EMS call; median by urban/rural and by department.	S3
3.4	**Rural no-responder rate (32%).** Sheriff-dispatched EMS calls with no fire or volunteer EMS unit recorded arriving (176 of 543).	S1+S3
4.1	**Runs by type of help (4,560).** Every ORMICS run, sorted by the dispatch reason into five groups.	S4
4.2	**Arrival time (70% under 10 min).** Ambulance notified to arrived on scene, in 5-minute ranges; includes transfers.	S6
4.3	**Busy hours (117).** Clock hours with 3 or more of the 3,910 EMS calls.	S1
4.4	**Level of care (3,482 transports).** Transports grouped as ALS or BLS care.	S9
5.1	**Transport (74%).** The crew's recorded outcome: transported, refused, or cancelled/no transport.	S5
5.2	**Type of service.** Runs by type of service requested, such as 911 response or hospital-to-hospital transfer.	S7

What counts as an EMS call: any 911 call with a medical, crash, lift assist, welfare check, behavioral health or shooting/stabbing code, whether or not the ambulance went. Fire-only calls (such as structure fires) and police-only calls are not counted.

S1 CAD: EMS calls for service (OPD Communications)
S3 CAD: EMS unit times
S4 ImageTrend: Runs by Dispatch Reason (ORMICS)
S5 ImageTrend: EMS Transportation Disposition
S6 ImageTrend: Dispatch to Unit On Scene in Minutes
S7 ImageTrend: 911 v Transfers (type of service)
S9 Ottumwa Regional Health Center: level of care
S10 EMSAC 2024–2025 Capacity Study (wapelloready.org/ems)

Spoke status: EMSAC Hub Interim (9.16.26) and Final Spoke (9.30.26) Recommendations. Chest pain and cardiac arrest: Mayo Clinic (n.d.).

One 911 call. Many teams. Every one matters.

The Wapello County Emergency Medical Services Advisory Council publishes this report each year so residents can see how their EMS system is doing.

FOLLOW THE WORK

www.wapelloready.org/ems

Agendas, minutes, reports and the interim Phase 1 recommendation are posted there. Phase 2, the long-term operator decision, follows in 2026–2027.

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