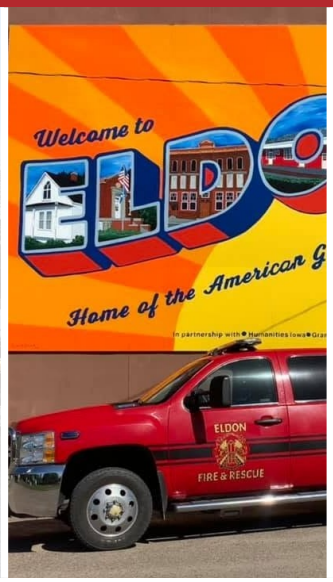
WAPELLO COUNTY EMS ADVISORY COUNCIL

Building the System Together

PHASE 1 RECOMMENDATION

An interim one-year recommendation for the hub (ambulance service) and permanent recommendations for the spokes



IT TAKES A SYSTEM: THE SERVICES BEHIND EMS IN WAPELLO COUNTY

Agency Fire & Rescue · Blakesburg Fire & Rescue · Eldon Fire & Rescue · Eddyville Fire Department · Ottumwa Fire Department · Wapello County Rural Fire Department · ORMICS / Ottumwa Regional Health Center · Ottumwa Police Department & 911 Communications Center · Wapello County Sheriff's Office & 911 Communications Center · Indian Hills Community College · Wapello County EMS Association · Wapello County Emergency Management

A system recommendation for Wapello County · 2026

OUR MISSION

To develop an enduring EMS system that reduces suffering, disability, and death caused by injury and illness, while ensuring access, quality, and affordable out-of-hospital EMS for all residents of Wapello County.

One Council, One System

EMSAC advises the Wapello County Board of Supervisors on emergency medical services. The Board created the council on July 1, 2025 (Resolution No. 21-2025). It grew out of the Wapello County EMS Association, whose 2022 standards review set the goal of a Board-appointed advisory council.

Council Members

ELECTED OFFICIALS

Bryan Ziegler, Wapello County Board of Supervisors
Ben Foote, Mayor, City of Ottumwa

MEDICAL DIRECTION

Dr. Douglas Lyssy, Ottumwa Regional Health Center
Dr. Peter Reiter, Retired Local Physician

EMS PROVIDERS

Amanda Hull, Wapello County EMS Association

EMERGENCY MANAGEMENT

Tim Richmond, EMSAC Chair, Wapello County EMA

EMS SERVICE DIRECTORS

Cindy Hewitt, Agency Fire & Rescue
Gary Collett, Blakesburg Fire & Rescue*
Athena Sears, Eldon Fire & Rescue
Loren McIntosh, Wapello County Rural Fire*
David Cronin, Ottumwa Fire Department
Robert Vaughn, ORMICS

DISPATCH

TJ Millikin, Ottumwa Police Dispatch

EMS TRAINING

Preston Potts, IHCC EMS Program

COMMUNITY AT-LARGE

Quincy Keck
Jean Dell

WITH THANKS TO PAST MEMBERS

Bill Hoffman Jr., Ottumwa City Council · Lori Reeves, IHCC EMS Program (retired) · Mark Frymoyer, ORMICS · Mike DeWild, Blakesburg Fire & Rescue · Tom Maher, Community At-Large

Membership as of October 2026. * Appointed to represent the agency in place of its service director.

From a Warning to a Plan

June 2021	Iowa law lets counties declare EMS an essential service and ask voters for EMS funding.
Nov. 15, 2022	ORHC leaders tell the county they are committed to Paramedic service but struggling to staff ambulances; the service level may have to change.
Dec. 22, 2022	Hospital outlines retention bonuses and pay adjustments; leaders agree to form an EMS Task Force and plan a public letter on the service change.
Jan. 2023	EMS Task Force reviews response data and raises ideas that later become spokes.
Jan. 25, 2023	ORHC announces ORMICS moves from full-time ALS to Conditional ALS, citing a staffing crisis.
May 2023	Four-county paid EMT internship funded to build the pipeline.
July 2023	Board sets a first reading for an essential-service resolution; it does not advance.
Oct. 2024	ORHC presents the county four options for the future of the service.
Jan. 2025	New Board reviews the law and votes (Jan. 28) to move forward.
Apr. 29, 2025	Public meeting for all elected officials in the county.
May 6, 2025	Board unanimously adopts Res. 17-2025 on third reading, declaring EMS an essential service.
July 2025	Board creates EMSAC (July 1); first meeting July 8.
Aug.-Oct. 2025	Bylaws, SWOT, and gap analysis; 13 research projects go to committees; first annual report.
Jan. 2026	New ORHC CEO says the hospital is dedicated to sustaining the ambulance service and open to another model if one proves more sustainable and reliable for the community.
May 2026	Committee work organized into the hub-and-spoke plan; Ottumwa Fire submits a report on the hub.
June 1, 2026	New EMS radio frequency; ambulances begin reporting to dispatch. The first reliable data.
Sept. 16, 2026	Data shows a staffing gap. EMSAC approves the interim hub recommendation and adopts the Iowa standards.
Sept. 30, 2026	EMSAC approves the final spoke recommendations: six spokes and the EMS Academy rim.
Oct. 26, 2026	Joint meeting with the Board of Supervisors and Ottumwa City Council on the Phase 1 recommendation.

WHAT THE HOSPITAL TOLD US

In late 2022, ORHC told county leaders it was committed to Paramedic service but could not keep ambulances fully staffed. In January 2023 it moved ORMICS to Conditional ALS to protect 24/7 coverage. In October 2024, it asked the county to choose among four options: a full county takeover, an operating subsidy, county-owned equipment, or county staff and equipment. In January 2026, a new CEO said the hospital is dedicated to sustaining the ambulance service and open to another model if one proves more sustainable and reliable for the community.

HOW WE RESPONDED

Rather than pick an option without data, the county declared EMS essential and created EMSAC to study the whole system. Committees researched each piece, and the council weighed a proposal from Ottumwa Fire alongside the hospital's options.

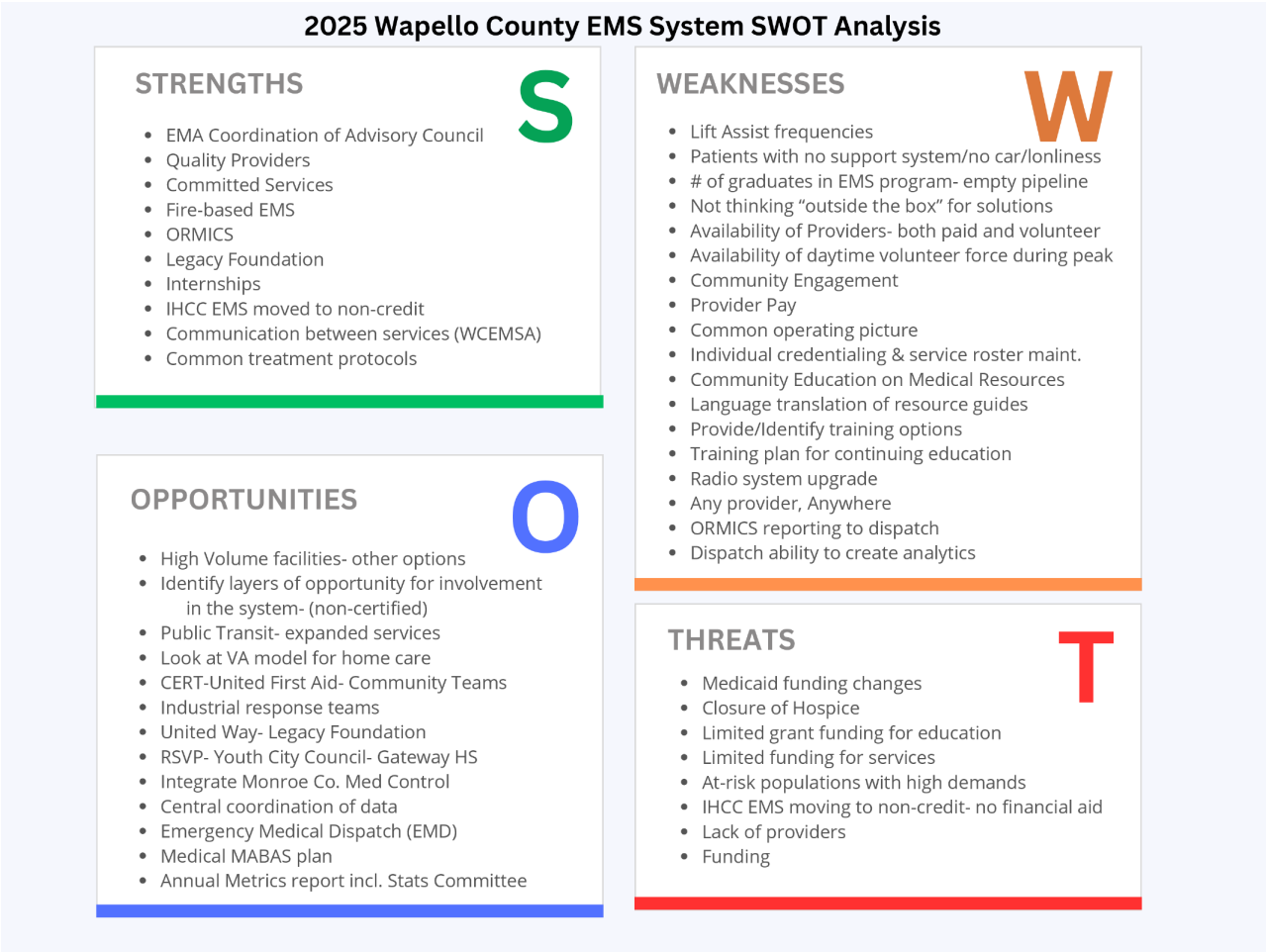
WHAT HAS CHANGED

Since June 1, 2026, ambulances report their status to the 911 centers, so EMSAC can now measure the system with real data. That data showed the main problem with local EMS is staffing, not the ambulance operation itself: two full ambulance crews were on duty for only 26% of day shifts and 11.5% of night shifts from June through September.

With the hospital willing to continue with county support (its form still to be defined), the interim plan supports the existing ambulance service, sets a minimum of two ambulance crews checked monthly, and adds a supplemental ambulance, while Phase 2 builds a public operator model to compare against it.

An Honest Look at Our System

In August 2025, EMSAC mapped the strengths, weaknesses, opportunities, and threats of the county's EMS system as a whole, not any one agency. Below is the SWOT as adopted, and what happened next.



SWOT item	What happened
ORMICS reporting to dispatch	Done: June 1, 2026
Radio system upgrade	Done: new EMS frequency, June 1, 2026
Dispatch ability to create analytics	Partly done: monthly reports since June 2026
Annual metrics report	Done: first report (2024 data), Oct. 2025; 2025 report in progress
Emergency Medical Dispatch	Spoke 1
Lift assists; high-volume facilities	Spoke 1 (unit protocol); high-volume study not adopted
CERT / United First Aid / community teams	Spoke 3
Public transit, expanded services	Spoke 4
VA model for home care	Discussed; Spoke 5 focuses on Community Paramedicine
Community education on medical resources	Spoke 6
Empty pipeline; training options	EMS Academy (the rim)
Availability of providers	Hub (two-crew floor) and EMS Academy

Two Problems from the Start

When this work began, the county faced two problems: **staffing** and **equipment**.

Staffing

Staffing was the primary problem then, and it still is. The June-September 2026 data shows two full ambulance crews on duty for only about a quarter of day shifts and one in nine night shifts.

Equipment

ORHC has replaced ambulances for now, but replacement never stops. Until 2010, ORHC was a community nonprofit. Residents raised money for new ambulances, and good used units were passed along to basic-level services such as Blakesburg and Eldon.

EMS in the middle

Today EMS sits between two public concerns. Some residents are wary of relying on a corporate-owned service, and many are wary of new taxes. The rest of this booklet shows what EMSAC found and where that leaves the county.

ORMICS ambulances in the bay at ORHC.

From a List to a Plan

In October 2025, EMSAC compared each SWOT item with the Iowa EMS System Standards and turned the gaps into 13 research projects for its committees. By May 2026 that research had become a single plan, which EMSAC approved in September 2026:

- **The hub:** keep Paramedic ambulance service (ORMICS) available around the clock.
- **Spoke 1, Dispatch:** a unit protocol now, Emergency Medical Dispatch later.
- **Spoke 2, First Response:** formalize the roles fire, volunteer EMS, and law enforcement already fill.
- **Spoke 3, Community Teams:** pilot a United First Aid volunteer response team.
- **Spoke 4, Alternative Transport:** the county coordinates rides that don't need an ambulance.
- **Spoke 5, Community Paramedicine:** visits that prevent repeat 911 calls.
- **Spoke 6, Public Education:** when to call 911, how the system works, and EMS careers.
- **The rim, EMS Academy:** the training that holds every spoke together.

KEY TERMS USED IN THIS BOOKLET

ALS (Advanced Life Support): care from a Paramedic, who can give medications and manage airways and heart rhythms. In Wapello County, ALS ambulance service is provided by ORMICS, operated by Ottumwa Regional Health Center. This is the **hub**.

BLS (Basic Life Support): care from EMTs and Emergency Medical Responders, such as CPR, bleeding control, and oxygen. Fire departments, volunteer services, and law enforcement provide BLS first response. These are part of the **spokes**, which keep the Paramedic ambulance free for the next emergency.

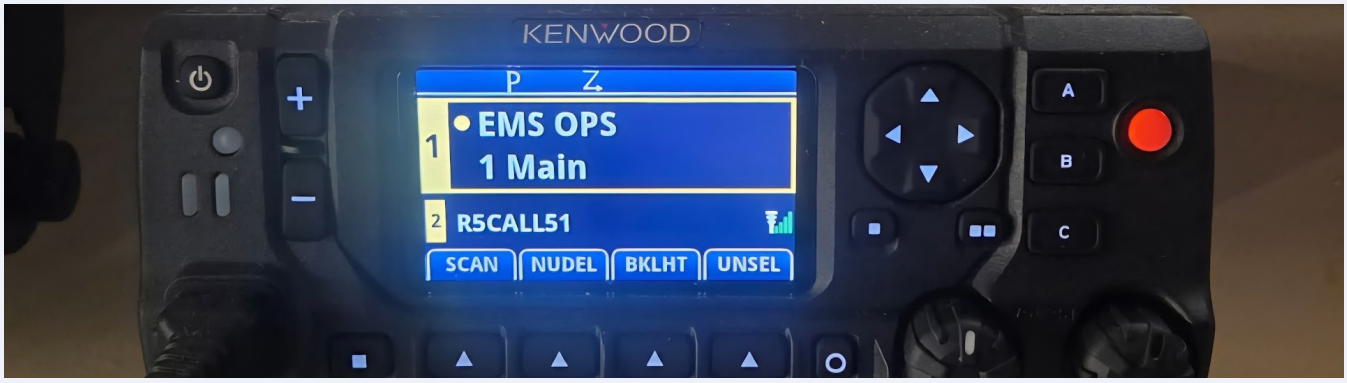
FEATURE PROJECT

A Clearer Line for Every Ambulance

Before: County ambulances ran on 155.205 MHz, an aging analog frequency known as "ORMICS," used for dispatch and every service's link to Medical Control. It picked up static from school bus radio traffic, and coverage wasn't ideal.

The fix: In July 2025 the Wapello County 911 Board appropriated up to $40,000 for a mixed-mode repeater (paging on analog, voice on digital) so every department can hear ambulance traffic. The frequency moved from the hospital roof to the 911 tower, giving it more range and better performance. Iowa Healthcare Preparedness Service Area 5 funded a new hospital base radio ready for the future 700/800 MHz platform.

Go-live: June 1, 2026. The new system also gave ambulances the ability to report their status to the 911 center, and they began doing so that day. That is why county response data starts on June 1, 2026. The project is complete.



A new base radio on the EMS frequency.

A Capacity Problem

Four Months of Data · June 1 - September 30, 2026 · Countywide

Hub ambulances serve the whole county, so this page covers city and rural calls together unless labeled. More than 8 in 10 ambulance dispatches were in Ottumwa; rural first response is on the next page.

198/244
shifts below the two-crew minimum

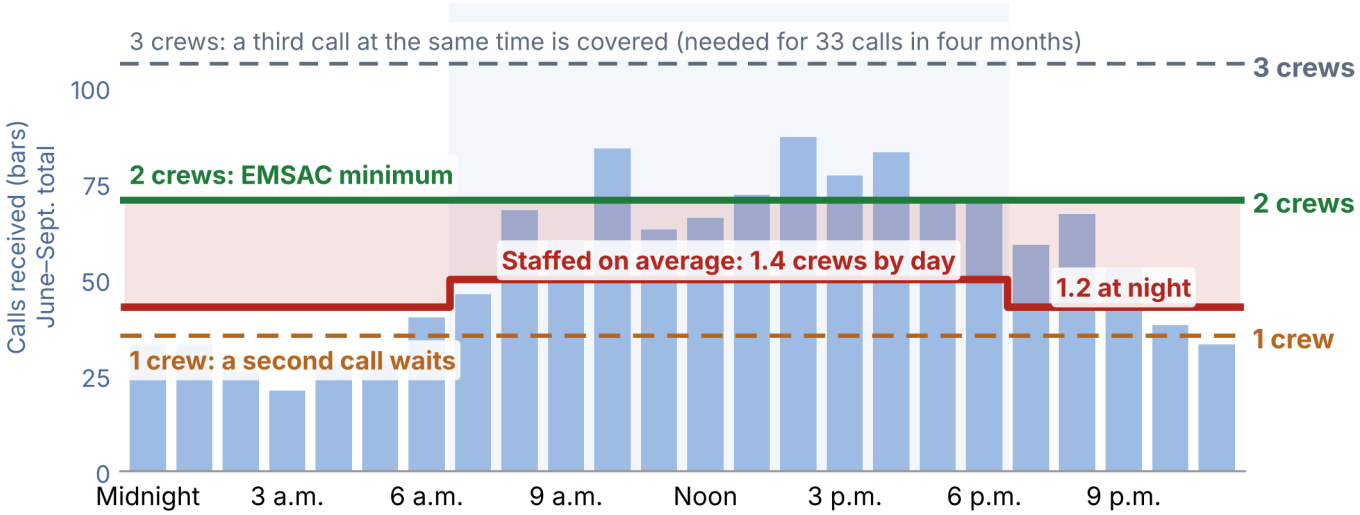
65.6%
of required crew-hours actually staffed

159
calls arrived with no free ambulance

14.1
median minutes to an ambulance when one was busy (9.0 if free)

WHAT TO WATCH: counting every ambulance unit, the monthly median response time held steady (9:31 to 9:52), but the slowest 1 in 10 calls rose from 19:56 in June to 24:37 in August and 23:14 in September. Four months is not yet a trend.

The Two-Crew Minimum, Hour by Hour



Countywide, city and rural. Calls by hour (bars, left scale) against average ALS crews staffed (red line, right scale) and the one-, two-, and three-crew levels. Shaded: day shift. Source: EMSAC, *ALS Crew Staffing Against Call Volume*, June-September 2026.

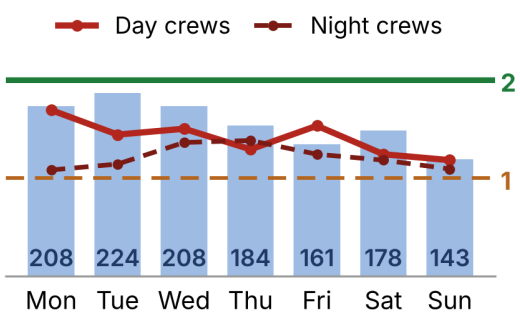
WHAT ONE, TWO, AND THREE CREWS MEAN

On one-crew shifts, 1 in 5 calls (140 of 689) arrived with no ambulance free. On two-crew shifts it was 10 of 266 (3.8%). A third crew mattered for 33 calls in four months. Staffing held at 63% to 68% of required crew-hours every month. **The gap is staffing, not demand.**

THE NEW REALITY

Staffing two ALS crews at ORMICS around the clock is increasingly difficult. Meeting the two-crew minimum will rely on supplemental ambulances from other services, such as Ottumwa Fire (page 10) and Blakesburg Fire & Rescue.

By day of week



Calls (bars) and average crews by day of week. Staffing does not follow demand.

In Rural Areas, the First Minutes Look Different

On a rural 911 medical call, two kinds of help are sent at once. The **ambulance** is dispatched on every call and takes the patient to the hospital. **First responders** (local fire, volunteer EMS, or law enforcement) are paged at the same time because they are often closer and can start care, such as CPR or bleeding control, before the ambulance arrives. Countywide in August and September, a fire unit was on scene on 88% of ambulance calls and got there first on about 3 in 4 of them.

Across 125 rural calls in the summer study (June-Aug 2026), an ambulance reached every one:

30.4%
of rural calls: first responders were paged, but none were available (1.0% in town)

17:02
median wait for the first help to arrive when no first responder was available

10:42
median wait for the first help when a first responder was available

> **SEPTEMBER 2026 CHECK:** no first responder was available on 19 of 48 rural calls (40%). The median wait for first help was 17:05 without one and 12:52 with one. In town it was 5 of 272 (1.8%).
>
> **2025 FULL YEAR:** from the 911 call to the first fire or volunteer EMS unit on scene, the median was 12:24 on rural calls (9 in 10 within 20:54) and 6:34 in town (9 in 10 within 9:56). On 32% of rural calls, no fire or volunteer EMS unit arrived. Law enforcement arrivals are not yet in the dispatch arrival data.

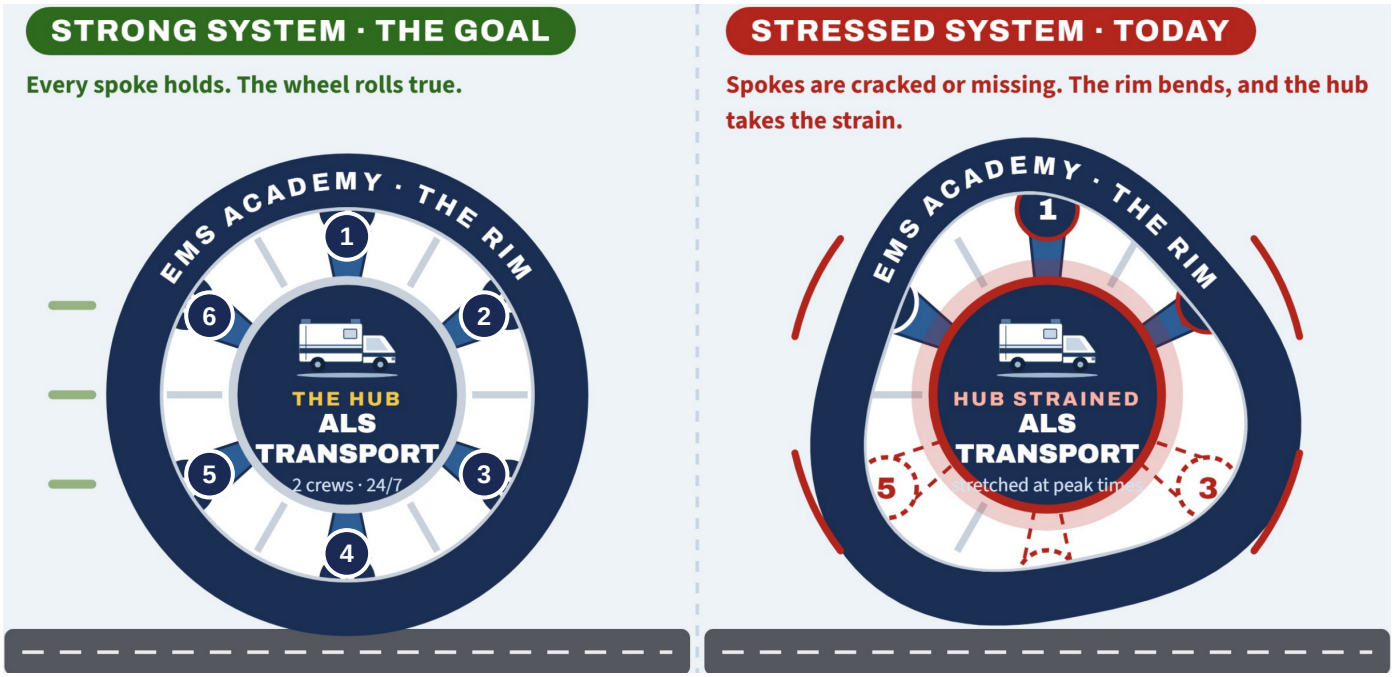
Why first responders aren't always available: most rural first responders are volunteers, and many work outside their home area, so they often cannot answer a page. EMSAC sees this as the main reason for the 30% in the summer study. It isn't a failure of any department. A first responder cuts the median wait time by more than six minutes, which is why Spokes 2 and 3 exist. These are small samples.

Sources: EMSAC, *BLS First-Response Hold Time*, June-August 2026; EMSAC, *Ambulance Response Time Reports*, August and September 2026; September and 2025 figures computed by EMSAC from CAD exports. Eddyville Fire does not appear in county CAD, so its responses may be undercounted.

Blakesburg supplemental ambulance 90-76.

One Hub, Many Spokes

Think of the EMS system as a wheel. The **hub** is the Paramedic (ALS) ambulance, available 24/7. The **spokes** are everything that keeps the hub free for the next emergency. The **rim** is the EMS Academy: the training that holds every spoke together. Iowa's 2026 EMS System Standards name this hub-and-spoke approach directly (Standard 4.05).



THE SIX SPOKES AND THE RIM (FINAL RECOMMENDATION, SEPT. 30, 2026)

1. **Dispatch** BUILDING
   A Recommended Unit Protocol now; Emergency Medical Dispatch later.
2. **First Response** IN PLACE
   Volunteer EMS, fire, and law enforcement assists: formalize the roles that already exist.
3. **Community Teams** PLANNED
   Community response and assist teams: pilot a United First Aid volunteer team.
4. **Alternative Transport** STUDYING
   Alternative and non-emergency transport: pursue an on-call ride concept.
5. **Community Paramedicine** LONG-TERM
   Community paramedicine and mobile integrated health: pursue the program.
6. **Public Education** IN PLACE
   Public education and access guidance: EMA leads, the EMS Association shares the work.

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

> ***"Every system is perfectly designed to get the results it gets."***
> — Paul Batalden, MD. Better results mean changing the system; that is what the spokes are for.

APPROVED SEPTEMBER 16, 2026

Six Actions for the Next Twelve Months

1

Continue with ORMICS
Continued support for the existing hub operator.

2

Two ALS crews, 24/7
Two staffed ALS crews (two people, at least one Paramedic) as the countywide 911 floor, measured in crew-hours and verified monthly.

3

Staff where the need is
Focus staffing where data shows the greatest need.

4

Ottumwa Fire supplemental ambulance
Pursue an Ottumwa Fire-operated supplemental third-out ambulance.

5

Crew for Out-of-County Transfers
Pursue a dedicated transfer crew, not necessarily ORMICS, to protect 911 crews.

6

Unit protocol now, EMD later
Develop a Recommended Unit Protocol short-term; pursue Emergency Medical Dispatch long-term.

THE GOAL

Two ALS crews for 911 response around the clock, with surge capacity from Ottumwa Fire, Blakesburg, and other transporting services.

An ALS crew is two EMS personnel staffing one ambulance, at least one of them a Paramedic. Two crews means four people on duty, day and night.

Critical Care Paramedic. Photo: ORHC EMS

ORHC's newest ambulance, ORMICS unit 90-74.

WHY THESE SIX

A Staffing Gap, Not a Care Gap

Every call from June through September 2026 was answered at the Paramedic level, but only because people outside the regular crews filled the gaps (page 13). The shortfall is in staffing, not in the care patients receive. ORMICS still operates under the Conditional ALS authorization announced in 2023.

198/244
shifts below the two-crew minimum

159
calls arrived with no free ambulance

126
of those covered by a second crew alone

33
needed a third ambulance, about 1 every 3.7 days

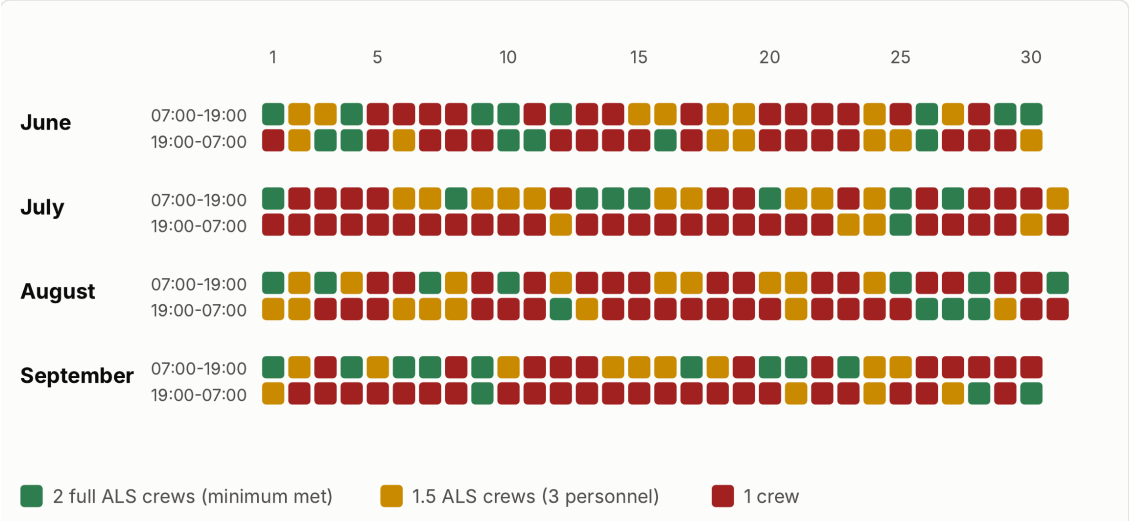
WHY SHIFTS RUN SHORT, AND WHAT WE DON'T KNOW YET

Shifts run short for two reasons: not enough staff, and crews tied up on hospital-to-hospital transfers. The exact impact of transfers on 911 crew availability is not clear yet, because transfers are not recorded in the 911 data. That means the shortage figures on these pages are minimums. The data covers June through September 2026 only.

Why the Two-Crew Floor Comes First

From Four Months of Data · June 1 - September 30, 2026 · Countywide

Each square below is one 12-hour shift from June through September 2026. Green is the only color that meets the two-crew minimum. Two full crews were on duty for 26% of day shifts and 11.5% of night shifts, and the longest stretch below the minimum ran 288 hours. EMSAC approved the hub plan on June-August data; September followed the same pattern.



Reported ALS crew staffing by shift, June 1 - September 30, 2026. Source: ORHC EMS Department crew-level reports.

What a second crew would do

159 calls arrived when every staffed ambulance was already busy. A second crew alone would have covered 126 of them. Only 33, about one every 3.7 days, needed a third ambulance. Filling the floor first covers nearly four times as many of those calls as adding a third crew.

Closed by staffing the two-crew minimum	Would still need a 3rd crew · 20.8%
126 calls · 79.2%	33

All 159 calls that arrived with every staffed crew already committed. Counts are minimums: dispatch data ends when a unit leaves the scene, so transport and hospital time are not included. Source: EMSAC, *ALS Crew Staffing Against Call Volume*, June-September 2026.

MONTH BY MONTH: THE SHORTFALL HOLDS STEADY

Month	Avg. day crews	Avg. night crews	Shifts at 2 crews	Crew-hours staffed
June	1.40	1.32	14 of 60	67.9%
July	1.44	1.10	9 of 62	63.3%
August	1.37	1.26	11 of 62	65.7%
September	1.45	1.17	12 of 60	65.4%
All four months	**1.41**	**1.21**	**46 of 244**	**65.6%**

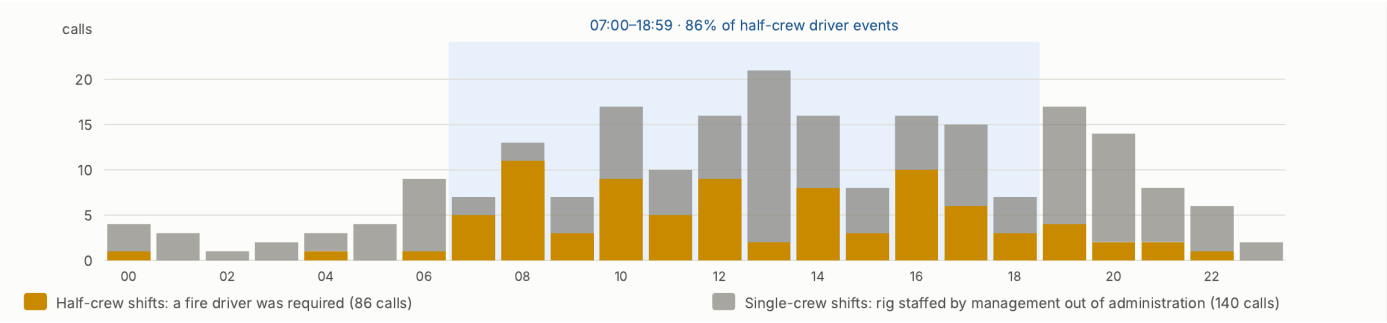
Only 6 of 122 days met the minimum on both shifts; on 82 days, neither shift did. Staffing at 63% to 68% every month is the normal state, not a summer dip. Source: EMSAC, *ALS Crew Staffing Against Call Volume*, June-Sept. 2026.

WHO COVERS THE GAP TODAY

The Shortfall Doesn't Disappear

From Four Months of Data · June 1 - September 30, 2026 · Countywide

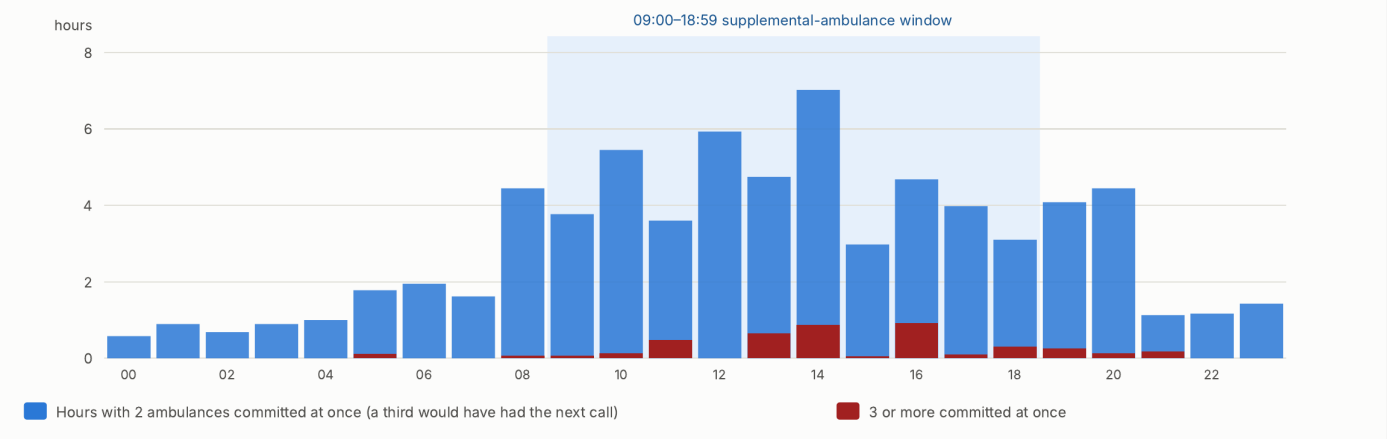
When a shift is short, someone else fills in. From June through September, fire department members drove half-crew ambulances back to the hospital 86 times. Managers left administrative work to staff a second ambulance 140 times, 90 hours in all. Every call was still answered at the Paramedic level.



Calls run by a crew other than a fully staffed ORMICS crew, by hour. Gold: a fire department driver was required. Gray: management staffed the rig.

Where a third unit helps

Two ambulances were busy at once for about 71 hours over these four months, mostly between 9 a.m. and 7 p.m. That is the window for the recommended Ottumwa Fire supplemental ambulance, which would also relieve fire crews who held scenes 56.3 hours waiting for transport in June through August.



Hours with two or more ambulances committed at once, by hour. Shaded: the 9 a.m.-7 p.m. supplemental-ambulance window. Source: EMSAC, *ALS Crew Staffing Against Call Volume*, June-September 2026.

WHAT THE GAP COSTS

A two-crew minimum takes four EMS personnel on duty. From June through September the county averaged 2.8 by day and 2.4 by night, 4,032 personnel-hours short. Managers covered 90 of those hours by staffing ambulances themselves. Neither shows up in an EMS budget line or a response-time report.

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 t

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 cards

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 (8:08–20:31 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 SQUA

911 CALL FOR HELP

WHO HELPS
Dispatchers

WHO HELPS
Neighbors & trained volunteers

WHO HELPS
Firefighters, officers & EMTs

pt of EMS

2025

.

ng transfers.

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

T

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

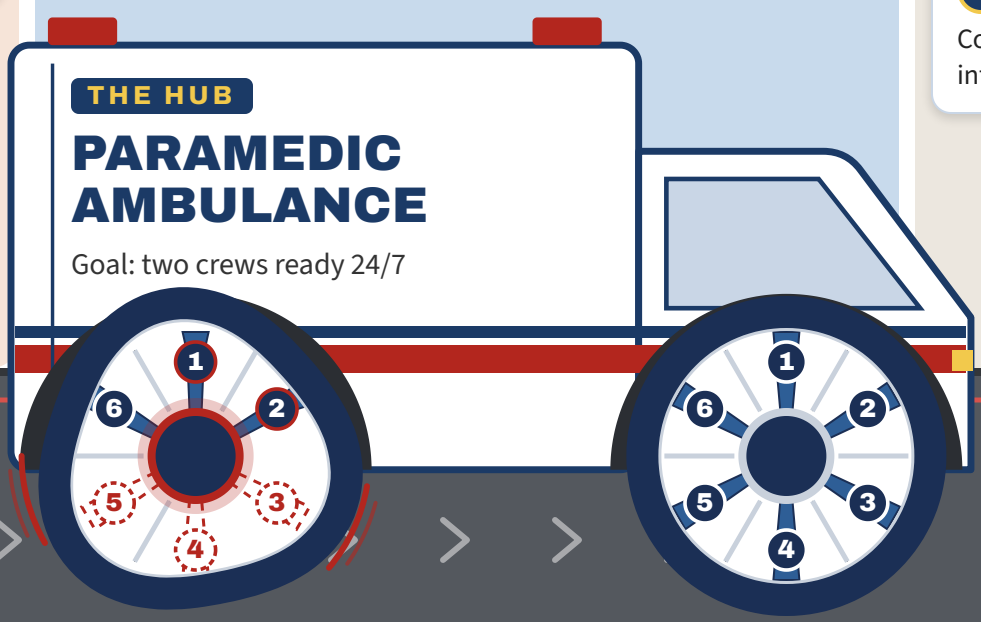
4 Alternative Transport

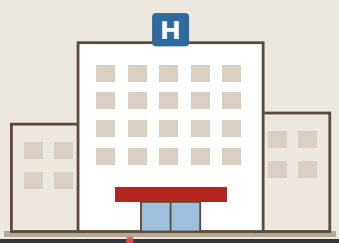
Alternative and non-emergency transport: pursue an on-call ride concept.

LONG-TERM

5 Community Paramedicine

Community Paramedicine and mobile integrated health: pursue the program.





CARE AT THE HOSPITAL

Ts

TODAY

WHO HELPS
Paramedics & EMTs

THE GOAL

WHO HELPS
ER teams & transfer crews

Six Spokes and the Rim

Approved by EMSAC on September 30, 2026. Each spoke names a capability that keeps avoidable demand off the ambulance hub, not an operator. Delivery stays open so any qualified entity can scope an option, with EMSAC supplying the data. The EMS Academy is the rim that trains and replenishes every spoke.

#	Spoke	What EMSAC recommends	Status
1	Dispatch	A Recommended Unit Protocol now; Emergency Medical Dispatch later	Building
2	First Response	Formalize the first-response roles fire, volunteer EMS, and law enforcement already fill, with county support	In place
3	Community Teams	Pilot a United First Aid volunteer response team	Planned
4	Alternative Transport	County as coordinator and data provider; pursue an on-call ride concept	Studying
5	Community Paramedicine	Pursue a Community Paramedicine / mobile integrated health program	Long-term
6	Public Education	EMA leads, with the EMS Association sharing the work	In place
Rim	EMS Academy	Endorse a training consortium anchored by IHCC; form a workgroup to draft its charter	Building

Studied but not adopted: High-Volume Location Interventions. The high-call addresses turned out to be multi-unit housing, where volume reflects how many people live there, not a cause a program could target. What can be acted on is covered by Spokes 1, 5, and 6.

ORMICS 9071 and first responders on a rural winter call.

SPOKE 1

Dispatch

Approved by EMSAC, September 30, 2026

THE GOAL

Send the right help to every call: a Recommended Unit Protocol now, Emergency Medical Dispatch later.

Why it matters

Neither 911 center uses Emergency Medical Dispatch, so most medical calls get an all-or-nothing response. Neither department can fund the staffing EMD requires; the 911 Board supports software costs but not staff.

What EMSAC recommends

- **Now:** a Medical Director-approved Recommended Unit Protocol at both 911 centers, setting which units respond to each call type.
- **Later:** countywide Emergency Medical Dispatch on a single protocol platform, once 911 center staffing is funded.

Iowa EMS System Standards

10.08-10.09 Medically Directed EMD; 14.10 Dispatch Delay and Accuracy; 14.08 Local Response-Time Targets.

AT A GLANCE	
Who leads	Both 911 centers, with the Medical Director.
First step	Medical Director review and approval of the protocol.
How we'll measure	Protocol in use at both centers; responses matched to call type; quality reviews.
Cost now	Low for the protocol. EMD platform and staffing costs to be confirmed.
Connects to	Spokes 2 and 3 (sending the right unit); Spoke 6 (when to call 911).
Status	Building

WHAT THE PROTOCOL COVERS

Lift assists, long-term care, welfare checks, and low-acuity calls. For each call type it sets which calls do not need fire and which fire can handle without an ambulance.

RECORDED WITH THE VOTE

EMSAC takes no position on dispatch consolidation.

SPOKE 2

First Response

Approved by EMSAC, September 30, 2026

THE GOAL

Formalize the first-response roles that fire, volunteer EMS, and law enforcement already fill, with county support.

Why it matters

Fire, volunteer EMS, and law enforcement already provide first response countywide. On about 30% of rural calls this summer (40% in September), first responders were paged and none were available, mostly because volunteers work outside their home area. In the 2025 provider survey, 55.8% disagreed that joint training occurs.

What EMSAC recommends

- County support for equipment, training, or other needs allowed by Iowa Code § 422D.6.
- **Funding, recorded with the vote:** a formula share giving each entity a base amount, plus a set amount available for special-needs applications.
- Who may obtain a patient refusal, and at what level, will be set in the Version 2 countywide protocols.

Iowa EMS System Standards

14.07 BLS Resources for BLS Calls; 11.01 Interoperable Radios; 4.04 Count the Value of Volunteer Labor.

AT A GLANCE	
Who leads	The county's fire, volunteer EMS, and law enforcement agencies, with county support.
First step	Set the base-share formula and the special-needs application process. The formula has not been set yet.
How we'll measure	Share of rural calls with a first responder on scene; agencies participating; joint training held.
Cost now	Base share per entity plus a special-needs pool.
Connects to	Spoke 1 protocol; EMS Academy joint training; supplemental ambulance under the hub.
Status	In place

Blakesburg Fire & Rescue volunteers with supplemental ambulances 90-77 and 90-76.

SPOKE 3

Community Teams

Approved by EMSAC, September 30, 2026

THE GOAL

Pilot a United First Aid volunteer team that can handle lift assists and help before an ambulance is needed.

Why it matters

Lift assists and falls without injury tie up crews. How many there are is still being reconciled, so the size of a standing team cannot be set yet. A pilot produces the local numbers. Van Buren County's United First Aid teams show what this can look like.

What EMSAC recommends

- Volunteers are vetted, CPR and First Aid certified, and issued kits; employer and facility teams use the same structure.
- Teams refer frequent fallers to Community Paramedicine (Spoke 5).

Iowa EMS System Standards

8.02 Public CPR and First-Aid Training; 10.06 Mobile Alerting Apps Such as PulsePoint.

AT A GLANCE	
Who leads	Likely Wapello County EMA.
First step	Reconcile lift-assist and fall call data; choose a pilot site.
How we'll measure	Volunteers trained; pilot-site call patterns; referrals to Spoke 5.
Cost now	Not yet estimated.
Connects to	Spoke 5 referrals; EMS Academy CPR and First Aid training.
Status	Planned

Van Buren County's United First Aid team with its response kits.

SPOKE 4

Alternative Transport

Approved by EMSAC, September 30, 2026

THE GOAL

Get patients who need a ride, not an ambulance, to care, with the county as coordinator and data provider.

Why it matters

Some patients need a ride, not an ambulance. Public transit's published hours end before evening, and the only nighttime option cannot always carry patients. The gap is real but not yet measured.

What EMSAC recommends

- The county acts as coordinator and data provider, not a transport operator.
- Pursue an on-call ride concept. Who runs it is left open: a public agency, a private operator, a health system, or a partnership.
- Produce nighttime demand data and list transport options in Wapello Life and provider referral guidance.

Iowa EMS System Standards

No Iowa standard addresses non-emergency transport directly; whether the levy may subsidize it is a County Counsel question.

AT A GLANCE	
Who leads	Wapello County EMA as coordinator and data provider.
First step	Nighttime demand data package for prospective operators.
How we'll measure	Data delivered; operator responses; options listed; rides provided once launched.
Cost now	No transport contract.
Connects to	Spoke 6 (listed in Wapello Life); Spoke 1 protocol.
Status	Studying

An accessible shuttle bus of the kind used for non-emergency rides.

SPOKE 5

Community Paramedicine

Approved by EMSAC, September 30, 2026

THE GOAL

Pursue a Community Paramedicine program that reaches frequent callers before the emergency.

Why it matters

A small number of residents call 911 again and again, often for falls, chronic illness, or trouble after a hospital stay. A visit before the emergency can prevent many of those calls.

What EMSAC recommends

- Who hosts it is left open: a hospital, an ambulance service, a clinic, a fire department, or a partnership. EMSAC supplies the call and frequent-caller data any host would need.
- **Recorded with the vote:** the levy holds a reserve if grant funding ends and may carry a share of startup or staffing.

Iowa EMS System Standards

1.01 Community Paramedicine (the first standard in the Iowa document); 9.01 Prevention.

AT A GLANCE	
Who leads	Host to be determined; EMSAC supplies the data.
First step	Gather expressions of interest from potential hosts.
How we'll measure	Host identified; patients enrolled; repeat 911 calls from enrolled patients.
Cost now	Grant first, with a levy reserve and possible startup share.
Connects to	Referrals from Spokes 2 and 3; EMS Academy curriculum.
Status	Long-term

Graphic: Iowa Emergency Medical Services Association (IEMSA).

SPOKE 6

Public Education

Approved by EMSAC, September 30, 2026

THE GOAL

Help residents know when to call 911, how the system works and is funded, and how to join EMS.

Why it matters

Many residents believe they already pay for ambulance service. No local tax dollars currently fund it.

What EMSAC recommends

- Wapello County EMA leads, with the Wapello County EMS Association and its member agencies.
- Three streams: when to call 911 and what alternatives exist; how the system works and is funded today; and EMS training and career paths.
- Channels: Wapello Life, social media, print, and presentations. Ballot advocacy belongs to the EMS Association, not EMA or EMSAC, because EMSAC is a public body.

Iowa EMS System Standards

8.01 Public Education on EMS and Appropriate 911 Use; 8.04 Costs and Billing; 14.16 Public Feedback.

AT A GLANCE	
Who leads	Wapello County EMA with the Wapello County EMS Association.
First step	"When to call 911" guidance and the training reference.
How we'll measure	Materials distributed; Wapello Life updates; public feedback collected.
Cost now	Existing budgets.
Connects to	Every spoke; EMS Academy for career information.
Status	In place

The Wapello Life app home screen, September 2026.

THE RIM

EMS Academy

Approved by EMSAC, September 30, 2026

THE GOAL

Build a training consortium that trains and replenishes the people behind every spoke.

Why it matters

Every spoke depends on trained people, and the county needs a steady pipeline of them. In the 2025 provider survey, 53.5% of providers disagreed that staffing is adequate.

What EMSAC recommends

- Endorse an EMS Academy: a training consortium, with a workgroup to draft its charter.
- Partners each take a piece (initial courses, continuing education, clinical sites, instructors, recruitment), with Indian Hills Community College (IHCC), the accredited program, as the anchor that credit runs through.
- Every spoke has a training piece, from dispatcher protocol training to bystander CPR.
- No funding request now; the charter returns with costs and any proposed levy share.

Iowa EMS System Standards

7.03 Program Structure and Oversight; 7.04 Pass Rates; 8.03 Career Promotion; 12.09 Continuing Education.

AT A GLANCE	
Who leads	Consortium partners, with IHCC as the accredited anchor.
First step	Confirm partner roles and appoint the charter workgroup.
How we'll measure	Enrollment, completion, National Registry pass rates, and placement at every level.
Cost now	None; charter returns with costs.
Connects to	Trains and replenishes the hub and all six spokes.
Status	Building

Ottumwa Fire EMS Academy recruits in training.

THE STORY SO FAR

Building the Pipeline

1. **2023 · The idea**
   The IHCC EMS Program Advisory Committee proposes an EMS Academy: pay young people to train as EMTs while they learn the job.

2. **SUMMER 2023 · The first internship**
   The Academy idea becomes a paid summer EMT internship, funded by a Future Ready Iowa grant. The interns are Wapello County EMA employees; 17 enroll and 16 complete IHCC's EMT course.

3. **SUMMER 2024 · A second summer**
   IHCC applies for a Telligen grant and administers the internship for a second summer.

4. **2025 · Ottumwa Fire's academy**
   Ottumwa Fire starts an internal EMS Academy for its new hires, with its training running through IHCC.

5. **2026 · The IHCC EMT Academy**
   IHCC's EMS Program Director, Preston Potts, carries the idea forward with new formats, including an evening EMT Academy that began September 16, 2026.

The IHCC EMT Academy is one part of the countywide **EMS Academy** EMSAC recommends: a consortium that links training to local jobs and tracks who stays in EMS.

CLASSES START SEPTEMBER 16, 2026

1ST SEMESTER - 16 WEEKS			
EMS 261	EMT I Lab	4 credits	Wednesdays* 5:30-8:00 PM* (Zoom) Arranged with local ER/ambulance service
2ND SEMESTER - 16 WEEKS			
EMS 361	EMT II Lab	3.5 credits	Wednesdays* 5:30-7:30 PM* (Zoom) Arranged with local ER/ambulance service
EMS 362	EMT II Clinical	1.5 credits	As arranged – 56 hours minimum

*Times are approximate as schedule is still being built.

In order to participate in the EMT Academy, students must:

- Speak, read, write in English
- Have or be working toward a high school diploma
- Be 17 years old by September 15, 2026
- Maintain a 78% in courses
- Pass a required background check

For all questions about EMS courses, please contact Preston Potts, BA, PM, EMS Program Director, at preston.potts@indianhills.edu or 641-683-5122.

From IHCC's fall 2026 EMT Academy flyer.

WHAT'S NEXT

This Is the End of Phase 1

This booklet is EMSAC's **Phase 1 recommendation**: an interim, one-year plan for the hub (ambulance service) and permanent recommendations for the spokes. The hub plan keeps the system stable while the council answers how it should be run for the long term.

PHASE 1 · 2025-2026

Study the system, gather reliable data, and recommend an interim hub plan and permanent spokes. **Complete with this report.**

PHASE 2 · 2026-2027

Build a public operator model, with its funding, to compare against the interim plan, which is measured monthly. Draft response-time zones by distance and fire district, so residents can see a realistic wait where they live.

DECISION GATE · AUG.-SEPT. 2027

Compare results side by side and recommend the best path forward for Wapello County.

THE BOTTOM LINE

Under any model, EMS in Wapello County needs public support.

The question is not whether, but what kind, how much, and how it is paid for. That is Phase 2's work.

OPTION A

Private operation with public support

HOW IT WORKS

ORHC continues to own and run ORMICS. The county and city contribute support.

WHAT IT NEEDS

An agreement on the form and amount of support: dollars, equipment, staffing help, or a mix. ORHC is willing; nothing has been defined yet.

WHAT PHASE 2 MUST ANSWER

What support keeps two crews staffed around the clock? How would it be paid for? What reporting and service standards come with it?

OPTION B

Public operation

HOW IT WORKS

A county or city agency owns the ambulances and employs the crews.

WHAT IT NEEDS

Voter approval of an EMS levy by at least 60%, plus start-up costs for ambulances, equipment, and staff. New state limits on property taxes leave little room in existing budgets.

WHAT PHASE 2 MUST ANSWER

What would it cost to run? What levy rate would it take? How would it compare with Option A on staffing and reliability?

Phase 2 will price both options with real numbers (cost, staffing, reliability, and what taxpayers would pay) before EMSAC recommends any major change. Phase 2 decides the operator model and any tax request. Meanwhile, the council checks the system every month. A joint meeting with the Board of Supervisors and Ottumwa City Council is set for October 26, 2026.

MEASURING OURSELVES

The Iowa EMS System Standards

Published by Iowa HHS in July 2026, the standards are 93 recommended best practices in 14 areas. They go beyond the minimum requirements in Iowa rules. On September 16, 2026, EMSAC adopted them as the yardstick for evaluating Wapello County's system.

1 Integration of Health Services (8 standards)

Connecting EMS to the wider health care system: Community Paramedicine and systems of care for heart attack, stroke, and trauma.

Key standards: 1.01 Community Paramedicine; 1.03-1.06 recognizing time-critical conditions and choosing the right hospital.

EMSAC link: Spoke 5.

2 EMS Research (3 standards)

Complete, accurate patient data that meets the national standard (NEMSIS), and using analysis to fix problems.

Key standards: 2.01 documentation training; 2.03 data drives change.

EMSAC link: Monthly CAD reports since June 2026.

3 Legislation & Regulation (6 standards)

A stakeholder group that meets in public, assesses the system every year, reviews funding, and educates the public.

Key standards: 3.01 stakeholder group; 3.02 quarterly public meetings; 3.03-3.04 annual reviews.

EMSAC link: EMSAC is this group and meets every other week.

4 System Finance (5 standards)

Using limited EMS dollars wisely: billing, grants, counting the value of volunteer labor, and a tiered model.

Key standards: 4.04 value of volunteer labor; 4.05 hub-and-spoke model.

EMSAC link: The hub-and-spoke plan in this booklet.

5 Human Resources (4 standards)

Current rosters, codes of conduct, background checks, and limits on long hours for responder wellness.

Key standards: 5.01 current rosters; 5.04 limits on consecutive hours.

EMSAC link: Two-crew floor checked monthly; EMS Academy.

6 Medical Direction (3 standards)

Consistent countywide protocols from a qualified medical director, a quality-review program, and credentialing.

Key standards: 6.01 one set of protocols; 6.02 continuous quality improvement.

EMSAC link: Common treatment protocols; response matrix approval.

7 Education Systems (5 standards)

Access to accredited initial and continuing education, and tracking exam pass rates and program results.

Key standards: 7.02 accreditation; 7.04 pass rates; 7.05 program effectiveness.

EMSAC link: EMS Academy, the rim.

8 Public Education (4 standards)

Teaching the public about EMS and 911, bystander CPR and first aid, EMS careers, and costs and billing.

Key standards: 8.01 appropriate 911 use; 8.02 CPR and Stop the Bleed; 8.03 careers.

EMSAC link: Spokes 3 and 6; careers through the Academy.

9 Prevention (1 standards)

Working with health partners to track and prevent injury and illness.

Key standards: 9.01 surveillance and prevention education.

EMSAC link: Spoke 5, Community Paramedicine.

10 Public Access (9 standards)

How the public reaches help: dispatch systems, real-time unit tracking, CPR alert apps, public alerts, and medical dispatch.

Key standards: 10.04 CAD; 10.05 unit tracking; 10.06 PulsePoint; 10.08 EMD.

EMSAC link: Spoke 1; ambulances report to dispatch; Wapello Life.

11 Communications (7 standards)

Reliable, interoperable, and backed-up radios; safety checks; field-to-hospital information; cybersecurity.

Key standards: 11.01 interoperability; 11.02 redundancy.

EMSAC link: New EMS frequency, June 2026.

12 Clinical Care (9 standards)

Evidence-based protocols, special populations, specialized services such as air medical and transfers, and continuing education.

Key standards: 12.01 protocols; 12.05 specialized services; 12.09 continuing education.

EMSAC link: Crew for Out-of-County Transfers; EMS Academy.

13 Information Systems (4 standards)

Complete electronic patient care reports, real-time data, policies for artificial intelligence, and cybersecurity.

Key standards: 13.01 NEMSIS-compliant reports; 13.02 real-time data.

EMSAC link: CAD and ORMICS records.

14 Evaluation (25 standards)

Measuring performance: quality metrics, response-time and reliability standards, dispatch times, total cost, disaster readiness, an annual report, and public feedback.

Key standards: 14.07 right level of care; 14.08-14.09 response times and reliability; 14.11 total cost; 14.15 annual report; 14.16 feedback.

EMSAC link: Monthly evaluation; this booklet; feedback QR code.

Follow the Work

Every EMSAC meeting notice, agenda, set of minutes, report, and analysis is posted at

www.wapelloready.org/ems

Contact
Wapello County Emergency Management
ema@wapellocounty.org · 641-814-8333

Tell us what you think: scan to share feedback (Iowa Standard 14.16).

Sources for every figure in this booklet are listed on the website above.