



Final Recommendation for the Spokes

APPROVED EMSAC · September 30, 2026 · Each item approved by vote and recorded in the minutes

Purpose. This page states what EMSAC approved for the spokes surrounding the ALS transport hub, completing the system begun in the Interim Recommendation for the Hub (September 2026). The recommendations describe capabilities, not operators — delivery models stay open so any qualified entity can scope an option, with EMSAC supplying the data. They do not price the levy, set a ballot date, or describe a publicly operated service. High-Volume Location Interventions was not adopted; the six spokes below, bound by the EMS Academy rim, are the system EMSAC recommends.

THE RECOMMENDATION · SIX SPOKES + THE RIM

1	DISPATCH Emergency Medical Dispatch — a Recommended Unit Protocol now, EMD later. EMSAC recommends a phased dispatch approach: adopt a Medical Director–approved Recommended Unit Protocol at both PSAPs now, and move to countywide Emergency Medical Dispatch on a single protocol platform once PSAP staffing is funded.
2	FIRST RESPONSE Volunteer EMS, Fire Dept., LE assists — formalize agency roles that already exist. EMSAC recommends formalizing the first-response agency roles that fire and law enforcement already perform countywide, with county support for equipment, training, or other needs allowed by code.
3	COMMUNITY TEAMS Community response and assist teams — pilot a United First Aid volunteer team. EMSAC recommends piloting a United First Aid volunteer response team.
4	ALTERNATIVE TRANSPORT Alternative and non-emergency transport. EMSAC recommends the county act as coordinator and data provider for non-emergency transport and pursue an on-call ride concept.
5	COMMUNITY PARAMEDICINE Community paramedicine and mobile integrated health — pursue the program. EMSAC recommends pursuing a community paramedicine / MIH program.
6	PUBLIC EDUCATION Public education and access guidance — EMA leads, the EMS Assn shares the work. EMSAC recommends that Wapello County Emergency Management lead public education in partnership with the Wapello County EMS Association and its member agencies, using Wapello Life, social media, print materials, and other channels.
RIM	TRAINING & EDUCATION EMS Academy — the rim that holds the spokes together. EMSAC recommends endorsing an EMS Academy, a training consortium, and forming a workgroup to draft the Academy's charter.

END STATE

A protected two-crew ALS hub, six working spokes that keep avoidable demand off it, and an Academy rim that trains and replenishes every one of them.

Two-Crew Hub ALS transport protected around the clock	Six Spokes Demand managed before it reaches the hub	Academy Rim Training that holds the spokes together
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What is a spoke? A capability that keeps avoidable demand off the ALS transport hub. Each one names an outcome, not an operator — delivery models stay open.



How it works together: the hub carries every 911 transport; each spoke keeps avoidable demand off it; the Academy rim trains and replenishes all six.

Supporting points

Why a Recommended Unit Protocol before EMD

- Neither PSAP uses Emergency Medical Dispatch, and neither department can fund the staffing EMD requires. The 911 Board supports software cost but not staff.
- The protocol works the demand side now: it defines which calls do not need fire and which fire can handle without an ambulance, reducing the all-or-nothing response that burns out staffing and volunteer teams.
- The approach matches the July 2026 Iowa EMS System Standards, which recommend medically directed, CAD-integrated EMD (10.08–10.09) and evaluation of dispatch delay and accuracy (14.10), and leave response-time targets to the local system (14.08).
- What the protocol covers: lift assists, long-term care, welfare checks, and low-acuity calls, setting the response assignment for each call type.
- Recorded with the vote: EMSAC takes no position on dispatch consolidation.

Why formalize rather than create volunteer first response

- Fire and volunteer agencies already carry the work: 2024 CAD counts show requests across all eight fire districts, with first-response support recorded on the large majority of Ottumwa calls.
- Equipment and training are categories Iowa Code § 422D.6 already lists as eligible trust-fund costs; the funding mechanism adopted gives every entity a predictable base and a route to ask for special needs.
- Provider survey results support the gap: 53.5% disagree that staffing is adequate and 55.8% disagree that joint training occurs.
- Recorded with the vote: support is funded by a formula share providing a base for each entity, plus a set amount available for applications for special needs.
- Refusal authority is clarified in the Version 2 countywide protocols.

Why start with a pilot

- Lift-assist volume is still unreconciled — 106 calls in the ImageTrend record against roughly 436 in dispatch data for 2024 — so the size of a standing team cannot yet be set.
- Van Buren County's United First Aid teams show what vetted volunteers with issued kits can do, and Standard 10.06 names mobile alerting such as PulsePoint for CPR-trained responders.
- A pilot produces the local numbers a levy request would have to rest on.
- The pilot structure: vetted volunteers with CPR and First Aid certification and issued kits, extended to employer and facility teams through the employer survey.
- Teams refer frequent fallers to the community paramedicine program.

Why the county's role in transport is information, not operation

- 10-15 Transit's published hours end before the evening, and the only nighttime option, a local taxi service, cannot always carry patients. The gap is real but not yet quantified.
- Who runs an alternative transport service is left open. Initial conversations have been held with 10-15 Transit as a public entity, but a private operator, a health system, or a partnership could fill the gap just as well. What any of them needs first is the same: demand data by hour and day. Producing that data is the county's contribution.
- No Iowa standard addresses non-emergency transport directly, and whether the levy may subsidize transport is a County Counsel question.
- The county's near-term tasks: produce the nighttime demand data an operator needs, and list transport options in Wapello Life and in provider referral guidance.
- Interfacility transfer staffing stays with the hospital and appears here only as an impact on 911 unit availability.

Why pursue community paramedicine now

- Standard 1.01 — establishing a mobile integrated healthcare or community paramedicine program — is the first standard in the July 2026 document.
- EMSAC has talked with several operating mobile integrated health programs. The common rural pattern is a non-transport vehicle, limited days per week, referral and QR-code intake, and partnerships carrying the funding.
- Who hosts the program is left open — a hospital, an ambulance service, a clinic, a fire department, or a partnership could operate it. EMSAC's role is to supply the call and frequent-caller data any of them would need to scope and fund a program.
- Recorded with the vote: the levy holds a reserve if grant funding ends and may carry a share of startup or staffing.

What the public education spoke carries

- Content runs in three streams: when to call 911 and what alternatives exist; how the system works and is funded today; and training career tiers.
- Ballot advocacy is run by the Wapello County EMS Association, not by EMA or EMSAC, because EMSAC is a public body.
- Standard 8.01 recommends public education on career versus volunteer EMS, levels of care, and appropriate 911 use, delivered through announcements, newsletters, social media, and presentations to civic groups.

Why Spoke 6 was eliminated

- The study of high-call locations found multi-unit housing. The volume is statistical — a function of how many people live at one address — not a single cause, condition, or person that an intervention could target.
- What can be acted on is already covered: long-term care and lift-assist responses sit with the Recommended Unit Protocol (Spoke 1), resident education with public education (Spoke 7), and frequent callers with community paramedicine (Spoke 5).
- Keeping a spoke that cannot state a measurable intervention would weaken the rest of the recommendation.

Why the Academy is the rim rather than a spoke

- Training, recruitment, and retention appear in EMSAC's bylaws and in every committee's work, but had no home among the original spokes.
- Every spoke carries a training component: protocol and telecommunicator training for dispatch; refusal authority, lift technique, and joint training for fire and volunteer agencies; CPR and First Aid certification for community and employer teams; referral and eligibility training for alternative transport; the community paramedic curriculum; and bystander CPR, Stop the Bleed, and when-to-call-911 instruction for the public.
- The spoke is a structural concept rather than any single agency's program: partner entities each take a piece of the educational puzzle — initial courses, continuing education, clinical sites, instructors, recruitment — and Indian Hills Community College is the accredited anchor the pieces run through.
- The anchor has to be the accredited body. Any entity that wants credit for initial training or continuing education runs it through IHCC, and a fire department academy already operates that way. Standard 7.03 describes the structure, including oversight of courses sponsored by the program but taught by non-employees.
- Standard 8.03 recommends promoting EMS careers through job fairs, shadowing, junior academies, and career camps — the recruitment half of the Academy.
- No funding request accompanies the endorsement; the charter returns to EMSAC with costs and any proposed levy share.

What this recommendation does not decide

These recommendations do not price the levy, set a ballot date, or decide which costs the levy may lawfully carry — County Counsel review of eligible trust-fund uses under Iowa Code § 422D.6 is still outstanding for dispatcher staffing, volunteer support, transport subsidies, public education, and training costs. They do not select or commit an operator for any spoke: who delivers community paramedicine, alternative transport, or the EMS Academy stays open, and any arrangement would need its own written agreement. And they do not change the hub recommendation, which stands as approved in September 2026.

Spoke numbering

With Spoke 6 eliminated, six spokes remain, and the EMS Academy is carried as the rim that binds them rather than as a seventh spoke: every spoke has a training component and all of it runs through the accredited anchor. The graphic becomes six spokes inside an Academy ring. The crosswalk below keeps the earlier numbering traceable in the minutes, the Spoke Decision Brief, and the planning package.

Former number	New number	Spoke
Spoke 1	Spoke 1	Emergency Medical Dispatch
Spoke 2	Spoke 2	Volunteer EMS and Fire Department Assists
Spoke 3	Spoke 3	Community Response and Assist Teams
Spoke 4	Spoke 4	Alternative and Non-Emergency Transport
Spoke 5	Spoke 5	Community Paramedicine / Mobile Integrated Health
Spoke 6	— eliminated	High-Volume Location Interventions (not adopted)
Spoke 7	Spoke 6	Public Education and Access Guidance
Spoke 8	The rim	EMS Academy

Follow-up items

Each item below is answerable from a source the county or a partner agency already holds, or is a decision a named body must make. Assignments and dates to be confirmed in the meeting.

#	Item	Why it matters	Source / assigned
S1	Medical Director review and approval of the Recommended Unit Protocol, and the questions already sent on call-type benchmarks.	The protocol is the whole of Phase 1; nothing moves without medical direction.	Medical Director; EMSAC Chair
S2	Confirm the start-up and annual cost figures on the record for a dispatch protocol and EMD platform, and their source.	These are the only dispatch costs on the record and will be quoted back in the levy conversation.	EMSAC Chair; OPD Communications
S3	Distribution formula for the volunteer support base share, and the application process for special needs.	The funding mechanism is adopted in principle; the formula is what agencies will ask about first.	EMSAC; Board of Supervisors
S4	Reconciled CAD query: lift assists, falls, welfare checks, and Lifeline calls with disposition, hour, and township.	Sizes the United First Aid pilot and settles the 106-versus-436 discrepancy.	OPD Communications Division
S5	Nighttime demand data package for prospective transport operators, and their written responses.	Any operator needs the demand picture before committing staffing — a public agency such as 10-15 Transit, with whom initial conversations have been held, or a private provider.	Wapello County EMA; prospective operators
S6	Expressions of interest from potential community paramedicine hosts, and the data each would need to scope a program.	The recommendation names no host; interest and data needs come before any agreement.	EMSAC; interested health and EMS partners
S7	Confirm which entities will carry which piece of the educational structure, with the accredited anchor in place, and appoint the charter workgroup with a due date.	The Academy is a structure, not a program: partners take pieces of the educational puzzle and credit flows through the accredited anchor.	EMSAC Chair; consortium partners
S8	County Counsel opinion on eligible trust-fund uses by spoke, the \$1.50 levy maximum, and whether a levy can be phased up under Iowa Code § 444.25.	Determines what each spoke can be funded with, and shapes the levy ask.	County Counsel
S9	Update the hub-and-spoke graphic and the Hub & Spoke Scope Decisions Worksheet to six spokes inside an EMS Academy rim.	The graphic and worksheet are the Council's public and working records.	Wapello County EMA
S10	Version 2 countywide protocols, including who may obtain a patient refusal and at what level.	Spoke 2 depends on refusal authority being stated.	Medical Director; hub operator

FINAL SPOKE RECOMMENDATIONS CONFIRMED BY EMSAC ☒

Date: 9/30/26

Confirmed by: 

Amendments or dissent recorded: None recorded

What this rests on. The recommendations above are taken from the Council's marked decision records for Spokes 1 through 8. Supporting figures are drawn from the Spoke Decision Brief (Version 4, updated September 17, 2026) and are sourced there in full, including the data-integrity notes that qualify several of them. Standard references are to the Iowa EMS System Standards (Iowa HHS, July 2026), which are recommendations and best practices rather than requirements.