



Interim Recommendation for the Hub

APPROVED EMSAC · September 16, 2026 · Supported by 92 days of measured county data, June 1 – August 31, 2026

Purpose. This page states what EMSAC approved on September 16, 2026, and what follows from it. The evidence cover behind this page tests each element against the data; the analysis documents behind that are the data itself. This recommendation covers the next twelve months. It does not price the levy and it does not describe a publicly operated service — that remains the next drafting task once the Council agrees on spokes.

THE RECOMMENDATION · SIX ACTIONS

1

HUB OPERATOR

Continue with the existing hub operator (ORMICS).

EMSAC recommends continued support for ORMICS as the county's ALS transport hub.

2

SERVICE FLOOR

Adopt two staffed ALS crews, 24 hours a day, as the service floor — measured in crew-hours, verified monthly.

Not as a unit count. A shift rostered at three personnel is one ambulance plus a half-crew that cannot move without an outside driver, and it must not count as two.

3

STAFFING PRIORITIES

Focus staffing efforts where data shows greatest need.

The staffing study shows shortfalls on every shift, heaviest at certain times of day and days of the week. Monthly CAD reports will show where resources are needed first.

4

BACK-UP AMBULANCE

Pursue an Ottumwa Fire-operated back-up third-out ambulance.

Justified on relief of the hub and on the interdependence the two services already have.

5

INTERFACILITY TRANSFERS

Pursue a dedicated out-of-county transfer crew.

This doesn't have to be ORMICS. It can be agreements with other services to protect the availability of the 911 crews.

6

DISPATCH & RESPONSE

Develop a Recommended Unit Protocol short-term and Pursue EMD long-term.

Emergency Medical Dispatch would be the ultimate goal, but this is an interim step until staffing allows an EMD model.

END STATE

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

2 ALS Crews

Staffed and available for 911 response

24 / 7

Around the clock, day and night shifts

Surge Capacity

Ottumwa Fire · Blakesburg · other transporting services

What is an ALS crew? Two EMS personnel staffing one ambulance, at least one of whom is a Paramedic.

Two ALS crews = four personnel, with a Paramedic on each crew.

Supporting points

ITEM 1 Why continued support for the existing hub

- The county fielded an average of **2.8 EMS personnel by day and 2.4 by night** against the four a two-crew minimum requires — **3,036 personnel-hours short** across the quarter. That is a staffing problem, and it follows the service rather than the operator.
- **Clinical capability held throughout.** Every call in the period was answered at ALS level, including those run by a half-crew with a fire driver and those run by management. **Nothing in the data suggests a capability failure that changing operators would fix.**
- The shortfall is already being absorbed off the EMS ledger — roughly **6.9 hours of fire department driver time** (modelled) and **74.3 measured hours of ORMICS management time** pulled out of administration on 110 occasions, a median of 39 minutes each. Any support figure built from ORHC's financials alone understates what the current arrangement really costs.

ITEMS 2 & 3 Why two crews before three — and where the need is greatest

- Two full ALS crews existed on **25.0% of day shifts and 12.0% of night shifts**. Across 92 days, both shifts met the minimum on 5 days; 63 days met it on neither.
- Of the **123 calls that arrived with no free crew, 97 (78.9%)** would have been covered by the second crew alone. Only 26 required a genuine third — about one every 3.5 days.
- Saturation tracks staffing sharply: on single-crew shifts **21.4%** of calls arrived with the only staffed crew already committed, against 1.9% on half-crew shifts and 4.1% on two-crew shifts.
- The penalty lands on the tail, where it matters most. With an ambulance free, the slowest tenth of calls was reached in 15.6 minutes; with one already committed, **34.1 minutes**.
- Nights averaged **1.22 crews** against 1.40 by day, and **Monday nights averaged exactly 1.00 across all thirteen Mondays** in the period.

ITEM 4 Why the Ottumwa Fire third-out unit, on relief grounds

- Ottumwa Fire absorbed **56.3 apparatus-hours** in three months holding scenes awaiting transport — roughly 225 hours a year at the summer rate, and several times that in personnel-hours, since the export records apparatus rather than riding strength.
- Ottumwa Fire drove **42 of the 61** half-crew ambulance returns, and fire units were on scene for **652 of 973** ambulance calls.
- The window is confirmed independently: **64.1%** of the hours with two ambulances simultaneously committed fall inside 09:00–18:59, against the **Medical Call Hourly Capacity Study's** 67.2%, with the 09:00–16:59 phase-in window matching to within a tenth of a point.
- **State the hold-time finding accurately before it is raised in the meeting.** The median In-Town hold is 3:36 — a normal tiered-response interval — as a description of the typical call. It does support the tail: **15.0%** of holds run past ten minutes, 55 ran past fifteen.

ITEM 5 Why a dedicated out-of-county transfer crew

- **Interfacility transfers do not appear in the CFS export** — it holds 911 calls only (confirmed in follow-up review). Every crew out on a transfer therefore counts as available in the packet's concurrency model, so the 123 saturated calls, the 56.0 concurrent hours and the 26 third-crew calls are all understated by an unknown margin.
- The objective is protecting 911 crew availability. The crew does not have to be ORMICS; agreements with other services meet the same objective.

ITEM 6 Why a response protocol now

- The protocol is an interim measure aimed at the demand side while the staffing floor is being built. A full Emergency Medical Dispatch model remains the objective, but EMD carries its own staffing and training requirement that the county cannot meet today. No figure in this packet measures how much of the current call volume a response protocol would divert; this item rests on operational judgment rather than on the data behind the other five.

INTERIM RECOMMENDATION CONFIRMED BY EMSAC ☒

Date: September 16, 2026 Confirmed by: Tim Richmond, Chair

Signature: 

Amendments or dissent recorded: None recorded

What this rests on. All figures cited above are drawn from the analysis packet behind this recommendation and are sourced there in full.