Where we are:
- EMS is fragmented in many areas
- Unlike Fire & Law enforcement, EMS is not currently considered an essential service
- The current system may not be sustainable

Where we need to be:
The public expects:
- Quick response
- Trained healthcare providers that are equipped to do the job

System Participants expect:
- To meet the needs of customers, who may be their neighbors, friends or family members
- Respect & to be a valued part of the their healthcare system

The goal: is to build, enhance & sustain Emergency Medical Services in Iowa

How do we get there?
Bringing key players to the table is the first step but often the biggest challenge
- Discuss the issues. All of them, even the hard ones
- Recognize that there are challenges and it takes time
- Assure information is factual and accurate
- Discuss solutions
- Develop policies & goals

Iowa EMS System Standards ARE NOT: Mandatory or intended to tell you how to do business

Iowa EMS System Standards ARE:
- Change of Mindset
- Cooperation vs. competition
- What is best for customers vs. politics
- Realistic utilization of the resources that are available now
- Looking at the big picture beyond me, my service or even my county
- Integration of EMS into the healthcare system

For more information visit: www.idph.state.ia.us/ems_system_standards.asp
OR contact Evelyn Wolfe @ 319.331.1354 email: Evelyn.Wolfe@idph.iowa.gov
Des Moines County:
Pilot Program: April 2008 –April, 2010
4 Ambulance Services, 3 non-transport services, 1 Aeromedical. Each had their own medical director, separate protocols, policy & procedures. Successes following the pilot project include the development of a countywide Continuous Quality Improvement policy that provides feedback for EMS services and providers related to prehospital care, coordinated training, skills verification and data submission, a reduction in administrative time for EMS service directors through the utilization of a system coordinator. Medical oversight is provided by one physician medical director. Minimum pediatric equipment identified and provided to all EMS services within the system. Coordination with the local hospital pharmacy to develop policies and medication exchange procedures.
Additionally one small town first responder service was saved from closing. (Yarmouth First Responders was down to only two active members, considering closing. They are able to stay active and provide service due to coordination with the system and Mediapolis Ambulance.)  
For more information contact: Des Moines County EMS Association members: Jim Mehafy @ 319.572.1333 email: jmpmehafy@gmail.com or Dan Frank @ 319.759.0681 email: dan.frank@kngfeed.com

Southern Louisa County:
Some of the services in Louisa County were facing challenges related to the administration and compliance of their individual services. Following the changes made within the Des Moines County EMS system a group of individuals in Louisa County recognized the benefits of their work. They met with leaders from Des Moines County proposed becoming an extension of their system. They decided to adopt the protocols, CQI program and pharmacy procedures that had been established. Wapello Community Ambulance Service offered to assist with facilitation of day to day operation and documentation of compliance for three of the other services within their county. An affiliation agreement was developed between Wapello Community Ambulance Service, Morning Sun Ambulance Service, Wapello Fire Department and Oakville First Responders. Each of the services maintains their individual identity while continuing to comply with the Iowa Administrative Code and their System Medical Director. This has helped to reduce the administrative burden for each of the individual departments and strengthen their System Medical Director.  
For more information contact: Cindy Small @ 319.527.5453 email: wapelloambulance@yahoo.com

Calhoun County
Since the early years the communities of Farnhamville, Lake City, Lohrville, Pomeroy, Manson and Rockwell City have provided emergency medical services in Calhoun County. In 2001 Calhoun County hired an EMS System Coordinator. A formal Advisory Council was developed, and started working on ways to assist the local volunteer services with the paperwork and other requirements that had become burdens for those services. In 2006 two of the 6 local services were having trouble providing coverage for their service area due to retirements, relocation of EMT’s, etc. Over the next year, a committee comprised of citizens, city council members, city ambulance members and the EMS Coordinator were held to determine the best course of action. The communities affected were unable to find local volunteers to train and replace those that they had lost.  As an interim measure, the County EMS Coordinator provided staffing at these services when they could not cover themselves. The option of having the next closest community provide EMS service was not approved by that city council due to increased expenses and staffing. So, the option of the County taking over three of the services was brought up. The Calhoun County Board of Health was approached with this option and they agreed to be the governing body for EMS with the county Board of Supervisors being the financial body and ultimate voice. It was many long difficult meetings on working out how this would come about. In the end, the County started a full-time ALS service in the center of the county utilizing an existing city service, non-transport agreements were signed by 2 services. The county agreed to own all equipment, vehicles (these were signed over with no cost), providing insurance on volunteers, paying for all expenses including lease of the services buildings for 3 years. Formal agreements were signed by all governing bodies. The Advisory Council has worked together to develop county-wide protocols with one medical director. The County provides training for services at no charge, provides billing options for 2 of the smaller services, and provides an avenue to purchase smaller quantities of supplies for the smaller services. Calhoun County also provides ALS simultaneous dispatch to another community in the far SW corner. The County also still provides funds to 3 of the services that did not join Calhoun County EMS.  Through a yearly MOU agreement and with county oversight these funds are distributed on a quarterly basis. Through this agreement the county maintains oversight of local requirements for all 6 services. Since its inception, we have generally been able to decrease the tax asking dollar amounts to within $1,000 of what the county originally paid in 2006 when expenses are offset by revenues.
For more information contact: Kerrie Hull, Emergency Service Coordinator @ email: khull@calhouncountyiowa.com phone: 712.297.8619