JASPER COUNTY EMS SERVICE ASSESSMENT

Purpose:

The Jasper County Board of Supervisors is establishing an EMS Advisory Council to evaluate the current and future emergency medical service needs of Jasper County.

This survey will provide the Advisory Council with current information about EMS governance, staffing, finances, equipment, facilities, training, and future needs. Information collected will be used to help the Advisory Council develop recommendations concerning countywide service levels, sustainable funding, distribution of funds, and accountability.

Operational information, including call volume, response times, mutual aid, concurrent incidents, transport activity, and geographic demand, will be collected centrally through ImageTrend and Jasper County Communications. Individual services are not required to reproduce that information in this survey.

Please submit one coordinated response for each EMS service or department. The service chief or director should work with the appropriate city clerk, township representative, financial officer, or governing body when completing the financial sections.

Financial information may be reported using the three most recently completed fiscal years.

Do not include patient names, addresses, medical record numbers, or other protected health information.

SECTION 1: RESPONDENT INFORMATION

1. Name of EMS service or department

2. Name of person completing the survey

3. Title or position

4. Email address

Email address

5. Telephone number

6. Did other individuals assist with this response?

- ◯ Yes
- ◯ No

7. If yes, list their names and positions.

8. Has this information been reviewed by the service chief, director, governing body, or financial officer?

- ◯ Yes
- ◯ No
- ◯ Partially
- ◯ Not applicable

SECTION 2: ORGANIZATION AND GOVERNANCE

9. Which best describes your organization?

- ◯ Municipal department
- ◯ Township-based service
- ◯ Municipal service operating through township contracts
- ◯ Chapter 28E organization
- ◯ Nonprofit organization
- ◯ Private service
- ◯ Other

10. Identify the legal entity that owns or operates the EMS service.

11. Identify the governing body responsible for the service.

12. What type of EMS service do you provide?

- ◯ Transport ambulance service
- ◯ Nontransport EMS service
- ◯ Both transport and nontransport response
- ◯ Other

13. What is the service's current Iowa EMS authorization level?

- ◯ Emergency Medical Technician
- ◯ Advanced Emergency Medical Technician
- ◯ Paramedic
- ◯ Other

14. What communities, townships, or geographic areas are included in your primary response area? List them all.

15. What is the estimated population of your primary response area?

16. Approximately how many square miles are included in your primary response area?

17. Do you have current written contracts, service agreements, or Chapter 28E agreements covering any portion of your service area?

- ◯ Yes
- ◯ No
- ◯ Unsure

18. If yes, identify the cities, townships, departments, or other entities covered by those agreements.

19. When were those agreements last reviewed or updated?

SECTION 3: SERVICE AVAILABILITY AND STAFFING MODEL

20. How is your service staffed?

- ☐ Full-time paid personnel
- ☐ Part-time paid personnel
- ☐ Paid-on-call personnel
- ☐ Volunteer personnel
- ☐ City employees permitted to respond during regular working hours
- ☐ Contracted personnel
- ☐ Combination of the above
- ☐ Other

21. Is EMS coverage formally scheduled?

- ◯ Yes, 24 hours a day
- ◯ Yes, but only during certain hours
- ◯ Partially scheduled with open-call coverage during other hours
- ◯ No, personnel respond through an open-call system
- ◯ Other

22. If coverage is scheduled only during certain hours, describe the scheduled hours.

23. What is the minimum staffing expected for an EMS response?

24. How often is your service able to meet its intended minimum staffing?

- ◯ 100 percent of the time
- ◯ 95 to 99 percent
- ◯ 90 to 94 percent
- ◯ 80 to 89 percent
- ◯ Less than 80 percent
- ◯ Not currently measured
- ◯ Unsure

25. During which periods is staffing most difficult?

- [ ] Weekday daytime
- [ ] Weekday evening
- [ ] Overnight
- [ ] Weekend daytime
- [ ] Weekend evening
- [ ] Holidays
- [ ] Staffing difficulty is generally consistent throughout the week
- [ ] We do not currently experience significant staffing difficulties
- [ ] Other

26. Does your service use software to schedule personnel or identify who is responding?

- ◯ Yes
- ◯ No
- ◯ Partially

27. If yes, identify the program or system used.

28. If your service does not have sufficient personnel available, what normally occurs?

- [ ] Automatic mutual aid is dispatched
- [ ] Dispatch attempts to contact additional local personnel
- [ ] Another service is dispatched after a set period
- [ ] The service requests assistance after acknowledging the call
- [ ] The service requests assistance after arriving on scene
- [ ] Procedures vary depending on the incident
- [ ] No formal procedure exists
- [ ] Other

29. How long does dispatch generally wait before another service is sent when your service does not acknowledge or staff a response?

- ◯ Another service is dispatched simultaneously
- ◯ Less than 3 minutes
- ◯ 3 to 5 minutes
- ◯ 6 to 10 minutes
- ◯ More than 10 minutes
- ◯ No established time
- ◯ Unsure

30. Describe any recurring periods when your service cannot reliably provide its intended level of coverage.

SECTION 4: PERSONNEL

31. Report the number of active personnel currently affiliated with your service in each category. Count each person only once at the highest EMS certification level held.

Drivers with no EMS certification	
Emergency Medical Responders	
Emergency Medical Technicians	
Advanced Emergency Medical Technicians	
Paramedics	
Registered nurses or other authorized clinicians	
Total active EMS personnel	

32. Of the personnel reported above, how many are in each employment category?

Full-time paid	
Part-time paid	
Paid on call	
Volunteer	
Other	

33. How many active personnel are typically available for a weekday daytime response?

34. How many active personnel are typically available overnight?

35. How many active personnel are typically available on weekends?

36. How many new EMS members joined your service each year?

2023	
2024	
2025	
2026 year to date	

37. How many EMS members left your service during each year?

2023	
2024	
2025	
2026 year to date	

38. What are the primary reasons personnel have left or reduced their participation?

- [ ] Employment or schedule conflicts
- [ ] Family obligations
- [ ] Retirement or age
- [ ] Relocation
- [ ] Training or certification requirements
- [ ] Excessive on-call demands
- [ ] Compensation
- [ ] Low call volume
- [ ] High call volume or burnout
- [ ] Organizational conflict
- [ ] Critical incident stress
- [ ] Lack of community or governmental support
- [ ] Unknown
- [ ] Other

39. How serious is recruitment and retention as a threat to your service over the next five years?

1 - Not a current concern	2 - Minor concern	3 - Moderate concern	4 - Serious concern	5 - Critical threat to continued service
◯	◯	◯	◯	◯

40. How many additional personnel would be needed to provide reliable coverage under your current service model?

41. What recruitment or retention measures does your service currently provide?

- [ ] Hourly pay
- [ ] Per-call pay
- [ ] On-call stipend
- [ ] Certification or training reimbursement
- [ ] Retirement benefit
- [ ] Health or wellness benefit
- [ ] Tax, utility, or other local incentive
- [ ] Uniforms or equipment
- [ ] Recognition program
- [ ] Length-of-service incentive
- [ ] No formal incentive
- [ ] Other

42. What additional recruitment or retention assistance would be most beneficial?

43. Is your current service leadership expected to remain in place during the next five years?

- ◯ Yes
- ◯ Probably
- ◯ No
- ◯ Unsure

44. Does your service have a succession plan for the chief, EMS director, or other key leadership positions?

- ◯ Yes
- ◯ Partially
- ◯ No
- ◯ Unsure

45. Describe any personnel or leadership issue that could affect the service's ability to continue operating.

SECTION 5: ALS, DISPATCH, AND MUTUAL-AID CAPABILITIES

46. At what level can your service reliably provide care most of the time?

- ◯ Emergency Medical Responder
- ◯ Emergency Medical Technician
- ◯ Advanced Emergency Medical Technician
- ◯ Paramedic
- ◯ Level varies significantly
- ◯ Other

47. Is ALS automatically dispatched to high-priority calls in your service area?

- ◯ Yes, based on established dispatch criteria
- ◯ Yes, for some incident types
- ◯ No, ALS is normally requested after additional information is received
- ◯ No, ALS is normally requested after patient contact
- ◯ Not applicable
- ◯ Unsure

48. Which ALS resource or resources normally respond in your service area?

49. What changes, if any, are needed in the countywide ALS response program?

50. Are current mutual-aid and tiered-response procedures adequate?

- ◯ Yes
- ◯ Mostly
- ◯ No
- ◯ Unsure

51. Identify any mutual-aid, dispatch, ALS intercept, tiered-response, or coverage problems that should be addressed.

52. Are there any geographic areas where response coverage is particularly difficult?

- ◯ Yes
- ◯ No
- ◯ Unsure

53. If yes, identify the areas and explain the coverage problem.

JASPER COUNTY EMS SERVICE ASSESSMENT

SECTION 6: VEHICLES, EQUIPMENT, AND FACILITIES

54. List each EMS response vehicle operated by your service.

For each vehicle, provide:

* Vehicle type
* Model year
* Current mileage
* Transport or nontransport
* Ownership
* Estimated replacement year
* Estimated replacement cost

55. Does your service have a formally adopted vehicle replacement schedule?

- ◯ Yes, and it is funded
- ◯ Yes, but it is not fully funded
- ◯ Yes, but no funding has been designated
- ◯ No
- ◯ Currently being developed

56. Identify any EMS vehicle that will need to be replaced within the next five years.

57. Estimate the total cost of EMS vehicle replacements needed during the next five years.

58. Identify major EMS equipment that will need to be replaced or purchased within the next five years.

Examples include cardiac monitors, power cots, cot-loading systems, ventilators, radios, mechanical CPR devices, medical bags, computers, and communications equipment.

59. Estimate the total cost of major EMS equipment needs during the next five years.

60. Does your service maintain a written equipment replacement schedule?

- ◯ Yes, and it is funded
- ◯ Yes, but it is not fully funded
- ◯ Yes, but no funding has been designated
- ◯ No
- ◯ Currently being developed

61. Does the service's current facility adequately support EMS operations?

- ◯ Yes
- ◯ Yes, with minor improvements
- ◯ No, significant improvements are needed
- ◯ A replacement or expanded facility is needed
- ◯ Unsure

62. Describe facility deficiencies or improvements needed.

63. Estimate the cost of known facility improvements directly related to EMS.

64. Are there any other major capital expenses anticipated during the next five years?

SECTION 7: TRAINING, QUALITY IMPROVEMENT, AND ADMINISTRATION

65. Does your service have adequate access to continuing education?

- ◯ Yes
- ◯ Mostly
- ◯ No

66. What training is most difficult for your personnel to obtain?

- ☐ Initial Emergency Medical Responder
- ☐ Initial Emergency Medical Technician
- ☐ Advanced Emergency Medical Technician
- ☐ Paramedic
- ☐ Continuing education
- ☐ Skills verification
- ☐ Driver or emergency vehicle operations
- ☐ Leadership or service-director training
- ☐ Documentation training
- ☐ Critical incident stress or provider wellness
- ☐ Other

67. How much did your organization spend on EMS education, certification, and continuing education during the most recently completed fiscal year?

68. What countywide education or training support should be considered?

69. Which administrative or regulatory responsibilities are most difficult for your service to maintain?

- [ ] State service authorization
- [ ] Personnel credential tracking
- [ ] Continuing education records
- [ ] Quality improvement
- [ ] Patient-care report review
- [ ] Controlled-substance requirements
- [ ] Pharmacy or medication requirements
- [ ] Vehicle and equipment inspections
- [ ] Policy development
- [ ] Infection-control requirements
- [ ] Billing compliance
- [ ] Medicare or Medicaid enrollment
- [ ] Financial reporting
- [ ] Data reporting
- [ ] Contract management
- [ ] No significant difficulty
- [ ] Other

70. Would centralized countywide administrative assistance benefit your service?

- ◯ Yes
- ◯ Possibly
- ◯ No
- ◯ Unsure

71. If yes or possibly, identify the administrative assistance that would be most beneficial.

SECTION 8: FINANCIAL INFORMATION

The purpose of this section is to determine the actual cost of providing EMS and identify the difference between existing revenues and the resources needed to sustain reliable service.

Estimates may be used when exact figures are not available, but estimated amounts must be identified. If EMS is combined with the fire department or another municipal operation, provide the best available EMS-specific amount and explain how it was calculated.

72. Identify the three fiscal years used for the financial information in this section.

73. Enter total EMS-related operating expenditures for each fiscal year.

Fiscal year 1	
Fiscal year 2	
Fiscal year 3	

74. For the most recently completed fiscal year, report EMS-related expenditures in the following categories.

Wages and salaries	
Employer payroll costs and benefits	
Volunteer, per-call, or on-call compensation	
Medical supplies	
Medications	
Vehicle fuel	
Vehicle maintenance and repairs	
Insurance	
Billing and collection expenses	
Medical direction	
Training and certification	
Communications, software, and technology	
Facility expenses	
Equipment purchases	
Debt payments	
Other EMS expenses	

75. If costs are shared with a fire department or another municipal operation, explain how EMS expenses were calculated or estimated.

76. Report EMS-related revenue received during the most recently completed fiscal year.

Ambulance billing collections	
Municipal general-fund support	
Township payments	
County funding	
Hospital or healthcare-system support	
Grants	
Donations	
Fundraising	
Contracts	
Transfers from another department or fund	
Other revenue	

77. If township funding is received, list each township and the amount or rate paid during the most recently completed fiscal year.

78. If municipal funding is received, identify the amount contributed by each city during the most recently completed fiscal year.

79. For transport services, provide the following billing information for the most recently completed fiscal year.

Total gross charges	
Total payments received	
Contractual adjustments	
Bad debt or uncollectible accounts	
Number of transports billed	
Average amount collected per transport	
Billing company or billing method	

Include a “Not applicable” option for nontransport services.

80. Are ambulance billing revenues sufficient to cover the cost of maintaining response readiness?

- ◯ Yes
- ◯ Mostly
- ◯ No
- ◯ Not applicable
- ◯ Unsure

81. Did the service finish its most recently completed fiscal year with an EMS operating surplus or deficit?

- ◯ Surplus
- ◯ Deficit
- ◯ Approximately balanced
- ◯ EMS is not accounted for separately
- ◯ Unsure

82. Enter the amount of the EMS surplus or deficit, if known.

83. Does the service maintain a designated reserve for EMS vehicles, equipment, or operations?

- ◯ Yes
- ◯ No
- ◯ EMS reserves are combined with another department or municipal fund
- ◯ Unsure

84. If yes, provide the approximate current EMS reserve balance.

85. Are current revenues adequate to fund scheduled vehicle and equipment replacements?

- ◯ Yes
- ◯ Partially
- ◯ No
- ◯ No replacement schedule exists
- ◯ Unsure

86. What additional annual funding is needed to maintain the service at its current level?

87. What additional annual funding would be needed to provide reliable and sustainable coverage for the next five years?

88. Explain how the amount identified above was determined and what the additional funding would support.

89. Are there existing municipal, township, or other EMS funding sources that could be reduced, redirected, or replaced if countywide EMS funding becomes available?

- ◯ Yes
- ◯ No
- ◯ Possibly
- ◯ Unsure

90. If yes or possibly, identify the funding source and explain how it could be affected.

91. What financial obligations or existing funding commitments must the Advisory Council consider when developing a countywide funding model?

92. Upload the service's current EMS budget, most recently completed financial statement, or another supporting financial worksheet.

SECTION 9: FUTURE SERVICE NEEDS

93. How sustainable is your current EMS service model for the next five years?

1 - Fully sustainable	2 - Sustainable with minor changes	3 - Significant changes will be needed	4 - Service reduction is likely without assistance	5 - Current model is at risk of failure
◯	◯	◯	◯	◯

94. Which issues present the greatest threat to your service?

- [ ] Insufficient staffing
- [ ] Weekday availability
- [ ] Overnight availability
- [ ] Recruitment
- [ ] Retention
- [ ] Training costs
- [ ] Personnel compensation
- [ ] Increasing call volume
- [ ] Concurrent calls
- [ ] Ambulance billing shortfalls
- [ ] Medicare or Medicaid reimbursement
- [ ] Uninsured or unpaid accounts
- [ ] Vehicle replacement
- [ ] Equipment replacement
- [ ] Facility limitations
- [ ] Regulatory requirements
- [ ] Leadership succession
- [ ] Municipal budget limitations
- [ ] Township funding limitations
- [ ] Lack of dependable county funding
- [ ] Other

95. What are the three highest-priority needs of your EMS service?

96. Which countywide investments should the Advisory Council consider?

- [ ] Full-time or scheduled EMS staffing
- [ ] Paid-on-call or volunteer stipends
- [ ] Recruitment and retention incentives
- [ ] Countywide ALS response vehicles
- [ ] Additional ALS coverage
- [ ] Ambulance or response-vehicle replacement
- [ ] Major medical equipment
- [ ] Initial EMS education
- [ ] Continuing education
- [ ] Quality improvement
- [ ] Data collection and reporting
- [ ] Billing assistance
- [ ] Administrative or regulatory assistance
- [ ] County EMS coordinator or system director
- [ ] Shared purchasing
- [ ] Communications and dispatch improvements
- [ ] Station or facility improvements
- [ ] Other

97. If county EMS funding becomes available, what expenses should receive the highest priority?

- ◯ Personnel and reliable staffing
- ◯ ALS coverage
- ◯ Vehicles
- ◯ Medical equipment
- ◯ Training and recruitment
- ◯ Quality improvement
- ◯ Administration and compliance
- ◯ Facilities
- ◯ Other

98. Should agencies receiving county EMS funding be required to meet countywide performance and reporting requirements?

- ◯ Yes
- ◯ No
- ◯ Possibly, depending on the requirements
- ◯ Unsure

99. Which requirements would be reasonable for agencies receiving county EMS funding?

- [ ] Submission of annual budgets and actual expenditures
- [ ] Call-volume reporting
- [ ] Response-time reporting
- [ ] Staffing and availability reporting
- [ ] Mutual-aid participation
- [ ] Participation in quality improvement
- [ ] Participation in countywide training
- [ ] Vehicle and equipment replacement planning
- [ ] Compliance with state authorization requirements
- [ ] Annual report to the EMS Advisory Council
- [ ] Other

100. What concerns should the Advisory Council consider when developing a countywide funding-distribution formula?

101. What factors should be considered when distributing county EMS funding?

- [ ] Population served
- [ ] Geographic area served
- [ ] Call volume
- [ ] Number of transports
- [ ] Required staffing
- [ ] Level of care
- [ ] Hours of scheduled coverage
- [ ] Readiness costs
- [ ] Mutual-aid responses
- [ ] Existing municipal support
- [ ] Existing township support
- [ ] Ambulance billing revenue
- [ ] Demonstrated financial need
- [ ] Performance standards
- [ ] Vehicle and equipment needs
- [ ] Equal base amount for each participating service
- [ ] Other

102. Describe the minimum level of EMS service Jasper County residents should reasonably expect, regardless of where they live.

103. What changes would most improve countywide EMS response and patient care?

104. Is there any service consolidation, shared staffing, contractual arrangement, or other regional approach that should be evaluated?

- ◯ Yes
- ◯ No
- ◯ Possibly
- ◯ Unsure

105. If yes or possibly, describe the option that should be evaluated.

106. If no additional funding becomes available, what changes do you anticipate your service may need to make during the next five years?

- [ ] No anticipated changes
- [ ] Reduce the authorized level of care
- [ ] Reduce scheduled coverage
- [ ] Rely more heavily on open-call volunteers
- [ ] Delay vehicle replacement
- [ ] Delay equipment replacement
- [ ] Increase municipal funding
- [ ] Increase township charges
- [ ] Increase ambulance billing rates
- [ ] Request additional mutual aid
- [ ] Contract with another service
- [ ] Consolidate with another service
- [ ] Discontinue transport service
- [ ] Discontinue EMS operations
- [ ] Unsure
- [ ] Other

107. Explain any anticipated reduction or significant change identified above.

SECTION 10: 2014 EMS STUDY FOLLOW-UP

108. Were you or your service familiar with the 2014 Jasper County EMS Assessment?

- ◯ Yes
- ◯ No
- ◯ Somewhat

109. Which of the following recommendations from the 2014 study have been implemented or substantially advanced within your service?

- ☐ Improved ALS response
- ☐ Mutual-aid or contingency response procedures
- ☐ Quality improvement
- ☐ Skills maintenance
- ☐ Common policies and procedures
- ☐ Recruitment and retention efforts
- ☐ Locally available EMS education
- ☐ Sustainable service funding
- ☐ Response benchmarks
- ☐ None
- ☐ Unsure
- ☐ Other

110. Which recommendations or problems identified in 2014 remain unresolved?

111. What has changed within your service or response area since the 2014 study that the Advisory Council needs to understand?

SECTION 11: CERTIFICATION AND FINAL COMMENTS

112. Are the responses provided in this survey accurate to the best of your knowledge?

- ◯ Yes
- ◯ Yes, but some information is estimated
- ◯ No, additional verification is needed

113. Identify any information in the survey that is estimated, incomplete, or requires additional verification.

114. May the EMS Advisory Council contact you for clarification or supporting information?

- ◯ Yes
- ◯ No

115. Please provide any additional information or recommendations that should be considered by the EMS Advisory Council.

Thank you for providing this information. Your participation will help the Jasper County EMS Advisory Council develop an accurate assessment of current service needs and make informed recommendations to the Jasper County Board of Supervisors.