



Iowa Department of Public Health  
Bureau of Emergency and Trauma Services

## EMS Affiliation Guidance

**PURPOSE** – *“Why should services consider affiliating?”*

To provide collaboration through administrative and resource sharing, in order to build a healthy and sustainable EMS system to consistently provide timely, quality, emergency medical care for all citizens.

By working with another service, no matter the size, we strengthen the core of our individual services’ abilities to be able to provide quality care to those in their time of need. Through sharing resources, we reduce duplication of administrative burdens, increase individual service capability awareness, and streamline daily operations.

**AFFILIATING** – *“Are we required to affiliate with another service?”*

IAC 641-132.2(2)h states *“Effective January 1, 2022, a service program which has submitted to the department fewer than 100 data reports per year for each of the previous two consecutive calendar years shall only be eligible for renewal of current authorization as an affiliate. The department will provide technical assistance in developing affiliations.”* Those services that submit more than 100 data reports per year do not have to affiliate, but are encouraged to talk with your neighboring services and see what you could potentially do to assist them if needed.

**IDENTITY OF PARTIES** – *“If services affiliate do we have to change our department name?”*

“Service program affiliate” or “affiliate” means an independently owned service program affiliated with one or more service programs or a separate management entity. “Service program affiliate agreement” or “affiliate agreement” means a written agreement executed between one or more service programs or one or more management entities and filed with the department that clearly defines the responsibilities of each service program to ensure compliance with 641-132(147A). Each individual service maintains its individual identity and service identification number as assigned by the department. Services that affiliate will be noted as such in the AMANDA system.

**MEDICAL DIRECTION** – *“Are affiliated services required to have the same Medical Director?”*

The affiliated service programs and their individual Physician Medical Director(s) shall be responsible for providing appropriate medical direction and overall supervision of the medical aspects of the individual EMS services. Services that affiliate are encouraged to utilize the same physician medical director, but are not required to. If affiliated services do not have a single physician medical director, consider having all medical directors collaborate to provide single set protocols that all affiliated services utilize. Other considerations may include the development of a Medical Director Board for all affiliated services where each physician has a defined position that assist CQI program formation, to include patient care report audit guidelines, training/skills maintenance guidelines, protocol development and continuing education requirements for all affiliated services.

**SERVICE AREA** – *“Do response areas or boundaries change if we affiliate with another service?”*

Each individual service shall define their response areas utilizing their local governing bodies and maintain appropriate documentation to include, but not limited to, transport agreements, contingency plans, and 28E agreements. Services who affiliate and who wish to combine service response areas can do so pursuant to local governing requirements.

**LEADERSHIP** – *“Overall, who is in charge of the affiliated services?”*

Leadership shall be determined by the affiliated agencies. Each authorized service program shall identify and document the appropriate person and/or entity that will oversee the specific areas of the affiliation agreement. For example, if services desire to enter into an agreement where they share training, it may be beneficial to have one or two people oversee the training program for the affiliated services and maintain the administrative requirements surrounding such a program.



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### **COMPLIANCE** – *“Who is responsible for ensuring compliance with Iowa Code?”*

Affiliated services are individually responsible to comply with all state and system requirements as defined by IAC 641-132(147A).

### **SERVICE CONSIDERATIONS (OTHER)** – *“What about billing, insurance, our building and vehicles?”*

Each affiliated service will retain all financial matters independently, including but not limited to patient accounts, patient billing, invoices, insurance, payroll, and purchasing, along with insurance requirements as required by federal and state law as may be appropriate to cover staff, equipment, vehicles, property, workers compensation and such, unless otherwise agreed upon and identified within the affiliation agreement. What is yours is yours unless it is something that you define and agree to with the other parties.

### **LIABILITY** – *“Which service is responsible if there is an accident or equipment needs repaired or replaced?”*

Each party to the affiliation agreement shall bear the liability and cost of damage to its personnel, vehicles, and equipment individually unless otherwise agreed upon and stated in the affiliation agreement.

### **STAFF** – *“Do affiliated services have to create one overall staff roster?”*

Each party to the affiliation agreement shall maintain service staff rosters and personnel files as defined by IAC 641-132. Services that are affiliated can “cross roster” and will need to list approved staff on each individual AMANDA service roster.

### **DURATION OF AGREEMENT** – *“How long should an affiliation agreement be?”*

The duration of an affiliation agreement shall be determined by the services that are entering into the agreement.

### **TERMINATION OF AGREEMENT** – *“Things have changed and we don’t want to affiliate anymore.”*

Any party of an affiliation agreement may terminate the agreement pursuant to the agreements guidelines and shall provide the Iowa Department of Public Health, Bureau of Emergency and Trauma Services written notification within seven days of such termination, pursuant to IAC 641-132.3(4)a(7).

### **FAQ**

Q – My service and our neighboring service have scheduled training with each other every month. We build a yearly calendar and have done this for the past 5 years. Could this be considered an affiliation?

A – *Yes. As long as it is defined in a written agreement the responsibilities of each department and each department continues to maintain training/credentialing records for department staff. Be sure to reference your services CQI policy and maintain records as appropriate. Suggestion...have all services under the affiliation agreement combine and share the same CQI policy.*

Q – A neighboring service approached me about affiliating. Do we have to affiliate with another service?

A – *Unless required by IAC 641-132.2(2)h, you do not have to affiliate with another service...but why would you not want to build a positive working relationship with a neighboring service that could benefit all involved, including the patients you care for?*

Q – All of the services in my county have the same physician medical director. Could this be considered an affiliation?

A – *Yes. Services that have the same physician medical director and share protocols and other policies could be considered to have an affiliation, as long as there is a written agreement between all services defining who is responsible for what in order to remain in compliance with 641-132(147A).*



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Q – Our service has an inspection coming up and one of the services that we are affiliated with completes patient care audits for our CQI program. Who is held responsible if the audits are not completed?

*A – Each individual service is responsible for ensuring that their service remains in compliance with IAC 641-132(147A). If you have another service completing audits for you as part of your affiliation agreement, and that service has not completed them as defined in your CQI policy, your service will be issued a deficiency, as it is your responsibility to follow up with the other service and ensure that they are being completed.*

Q – My service and another service wish to build an affiliation, but each service has only entered 50 data submissions each year for the last two years. Can we affiliate with each other or do we need to affiliate with a service that has entered more than 100 data submissions each year for the last two years?

*A – Yes, you can affiliate with each other.*

Q – We would like to affiliate with another service to assist with our patient care audits, but that service is in another county about 80 miles away. Can we affiliate with them even if they are not “local”?

*A – Yes, you can affiliate with them even if they are not “local”.*