Vision

Prepared and capable leaders

Currently

There is no overall EMS system leadership and individual services act as separate entities.

Currently there is little leadership training and preparation for individuals assuming the role of leadership in ambulance services.

In 2020

Leadership is seen, at all levels of EMS, as a key to solving current and future problems.

Ambulance services understand the importance of consistent, prepared and active leaders.

These crucial roles are ensured through salary and wage funding.

Leadership has become a priority throughout the industry and is promoted through leader/manager training and certification.

Professional development opportunities will be easily accessible and frequently available, offering specialized coaching and mentoring services.

Network gatherings are frequently held to share best practices and support fellow leaders in this ongoing priority.

Measurably efficient and effective

Currently

EMS suffers from a lack of data and recognized and accepted performance measures.

In 2020

There is an EMS system that is easily adaptable to changing demand and uses nationally established evidence-based best practices to ensure that the right resources are delivered to the right patient at the right time.

The system utilizes appropriate tiered response and there is an obvious increase of networking among services, organizations, government and other partners.

There is clear, valid data demonstrating system quality and operational efficiency; for example reliably measured and consistently met response times.

The system operations are measured by both clinical and financial indicators and there is routine performance improvement.

Access to quality medical direction is easily accessible.

Clear ownership and responsibility

Currently

There is no clear understanding of who or whom is responsible for the provision and funding of EMS in North Dakota.

There is no leading agency that owns the EMS efforts in the state.

In 2020

There is a clear understanding of who is responsible for EMS in North Dakota, with legal requirements defined to ensure EMS is provided.

Providers, political leaders and the public understand and respect the historic local roots and local ownership of EMS.

In 2020 North Dakota will have a patient-centric EMS system where

- The system and its parts will be led by prepared and capable leaders
- The system will be measurably efficient and effective
- The system will be sufficiently funded
- The system will be integrated into both healthcare and public safety
- The system will have enough prepared and capable personnel
- Ownership and responsibility for the provision of EMS are clear

Join us in achieving this vision!

ND Department of Health, Division of EMS and Trauma
701.328.2388

ND EMS Association
701.221.0567

UND Center for Rural Health
701.777.3848

Integrated into healthcare and public safety

Currently

The integration of EMS into healthcare and public safety is incomplete.

In 2020

EMS is recognized as a vital part of public safety and healthcare.

Relationships have been developed with key organizations and groups in healthcare and public safety.

EMS is included at the table for planning and executing significant healthcare and public safety issues.

EMS provider roles have been expanded into home health, hospice, preventive medicine, community paramedics, and community public safety activities.

Service leaders collaborate with the industry to promote a home for EMS in public safety and healthcare.

Sufficient funding

Currently

The true cost of EMS is not understood.

It is not clear who has the responsibility for funding EMS.

Many ambulance services and quick response units do not have reliable and sustainable funding sources.

In 2020

There is broad understanding of the true cost of EMS and recognition of the value of the volunteer subsidy.

Providers, political leaders and the public acknowledge the changing EMS operational and financial model.

Local jurisdictions realize that EMS is a vital public service and provide adequate funding.

Efficiencies have increased through collaboration and wide spread financial management best practices.

Service leaders have identified and understand diverse funding options and ensure adequate billing practices.

Prepared and capable personnel

Currently

Ambulance services and quick response units do not have enough active and trained people to fill schedules.

In 2020

EMS is seen as a career path, with more personnel paid at an economically competitive level.

Each entity has adequate staffing or the ability to obtain staffing.

An ongoing workforce planning process continually evaluates the supply and demand of the labor force and plans appropriately to create a sustainable workforce and alleviate immediate staffing shortfalls.

There is a variety of staffing solutions, such as an EMS staffing corps, cross trained personnel and flexible approaches to meet local needs such as community paramedics.

An adequate amount of funding, training opportunities, and shared staffing arrangements facilitates appropriate preparation and experience for all personnel.

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Strategic Visioning Committee

A Strategic Visioning Committee was formed in 2010 as a part of the North Dakota Rural Emergency Medical Services Improvement Project (NDREMSIP). The committee was charged with the responsibility of looking to year 2020 to determine the vision for the Emergency Medical Services (EMS) System of the future. A collaboration of key EMS stakeholders within the state identified the following vision for a true EMS system in North Dakota.

Mr. Doug Anderson – Crosby, ND Ambulance Service
Ms. Liz Beck – Pembina County Public Safety Answering Point (PSAP)
Mr. Tim Blasl – North Dakota Hospital Association
Mr. Jim DeMell – Cavalier, ND Ambulance Service
Ms. Amy Eberle – North Dakota Division of Emergency Medical Services and Trauma (NDDEMST)
Mr. Neil Frame – Metro Area Ambulance – Bismarck, ND
Mr. Ed Gregoire – NDDEMST
Mr. Curt Halmrast – North Dakota Emergency Medical Services Association
Mr. Lynn Hartman – Dickinson, ND Ambulance Service
Ms. June Herman – American Heart Association
Dr. Kent Hoerauf – West River Medical Center – Hettinger, ND
Mr. Rob Knuth – North Dakota Firefighters Association
Mr. Ken Krupich – Fargo/Moorhead Ambulance Service
Mr. Joe Lies – North Dakota Department of Emergency Services
Mr. Tim Meyer – Fargo/Moorhead Ambulance Service
Ms. Marlene Miller – Center for Rural Health – UND
Mr. Rick Moser – North Dakota Association of Counties
Mr. Tom Nehring – NDDEMST
Dr. Jeff Sather – Trinity Medical Center – Minot, ND
Mr. Mark Nelson – North Dakota Department of Transportation
Ms. Mona Thompson – Steele, ND Ambulance Service
Mr. Tim Wiedrich – North Dakota Department of Health, Emergency Preparedness and Response
Ms. Diane Witteman – Mohall, ND Ambulance Service

A Vision for the Future of

EMS in North Dakota

A flexible approach that honors and respects:

- *The uniqueness of EMS*
- *The history of EMS*
- *That change can be difficult and slow*
- *Collaboration*
- *That rules change in accordance with the needs of the EMS system*
- *Putting consumers first*
- *The need to maintain balanced integration with heathcare and public safety*
- *This as an ongoing process, much like a journey*

July 2011

NORTH DAKOTA DEPARTMENT of HEALTH

Center for Rural Health
The University of North Dakota School of Medicine & Health Sciences