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## **MEMORANDUM**

**DATE:** July 31, 2017  
**TO:** ND EMS Agencies and Personnel  
**FROM:** Kelli Sears, Division Director  
**RE:** Update on Staffing and ePCR/Data system

2017 has proven to be a year full of changes within the Division of Emergency Medical Systems (DEMS). I wanted to take some time to update all of you on the significant changes within our office and what we are planning for the near future in regards to data systems.

Probably the most apparent change within our division is personnel. Tom Nehring retired from the Director position on June 30<sup>th</sup>, 2017. Tom was the Director of DEMS for seven years. He has dedicated most of his life to improving Emergency Medical Services within the state of North Dakota, and I believe he will continue to do so in his retirement. On July 10<sup>th</sup>, I officially accepted the Director position, leaving the EMS System Coordinator position vacant. The Division is currently in the process of filling this position. Lindsey Narloch chose to participate in the voluntary separation incentive program offered by the State of North Dakota earlier this spring; her last day with the Division was June 30<sup>th</sup>. Her knowledge, wisdom, and passion for EMS far surpassed the role of Data Manager. Lindsey dedicated ten years to DEMS. Elizabeth Pihlaja, who filled the EMS for Children position in our office, notified DEMS in early May that she had accepted a position in the private sector. We are pleased Elizabeth is still working with child safety and health issues and look forward to crossing paths on related projects. We wish Elizabeth all the best and recognize improvements to the pediatric emergency medical services system in North Dakota she was part of implementing.

The other “hot topic” issue deals with the status of the electronic patient care reporting (ePCR) system the state and many ambulance services have used since the State obtained the database in 2004. Last summer, DEMS was informed by the current vendor, Intermedix, that although previously communicated by their staff, the transition to the new NEMSIS 3 compliant product was not going to happen at the current price. Intermedix communicated the intent to turn off the current product as of December 31, 2016. With both North Dakota and South Dakota EMS facing the same issue, Intermedix agreed to keep the current product functioning until December 31, 2017. Several steps involved in obtaining and implementing a new system will likely take us beyond December 31, 2017.

Since then, I have been in contact with Intermedix and they understand the situation. They have no current plans of turning off the current system on December 31, 2017. They agreed to allow EMStat and WebCUR to function as they currently do. They will not be upgraded, and they will not be on NEMSIS version 3, but the system will be maintained as it is now and they will still offer technical support as needed. This extension will allow EMS agencies to continue to document EMS calls and submit data to the State. It will also allow additional time for the transition to a new system.

As an EMS agency, you may choose to purchase a new ePCR product. However, it is the intent of DEMS to ensure an ePCR mechanism for ambulance services is an included feature of the product selected. All agencies will be updated when DEMS has more information about what product is selected and a timeframe for implementation.

I look forward to the future and the opportunity to continue to work with the dedicated EMS professionals in North Dakota.