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

**Vision**

**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 in 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 position and promote EMS in public safety and healthcare.

**Prepared and capable personnel**

**Currently**

- Ambulance services and quick response units do not have enough active and trained people to be staffed.
- In 2020
  - EMS is seen as a career path, with more personnel paid at an economically competitive level.

**Sufficient funding**

**Currently**

- The true cost of EMS is not understood.
- It is clear who has the responsibility for funding EMS.
- Many ambulance services and quick response units do not plan 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 widespread financial management best practices.
  - Service leaders have identified and understand diverse funding options and ensure adequate billing practices.

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**Measurably efficient and effective**

**Currently**

- EMS aligns 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 use nationally established evidence-based best practices to ensure that the right measures are delivered to the right patient at the right time.
  - The system utilizes appropriate incident response and there is an obvious increase of networked patient services, organizations, government and EMR partners.
  - There is clear, valid data demonstrating system quality and operational efficiency, for example historically 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 is responsible for the provision and funding of EMS in North Dakota.
- There is no 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
  - 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.
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.

Ms. Doug Anderson – Crosby, ND Ambulance Service  
Ms. Liz Beck – Pembina County Public Safety Answering Point (PSAP)  
Ms. Tim Blad – North Dakota Hospital Association  
Ms. Jim DeMall – Cavalier, ND Ambulance Service  
Ms. Amy Eberle – North Dakota Division of Emergency Medical Services and Trauma (NDDEMST)  
Ms. Neil Frame – Metro Area Ambulance – Bismarck, ND  
Ms. Ed Gorgias – NDDEMST  
Ms. Curt Halmrast – North Dakota Emergency Medical Services Association  
Ms. Lynn Hartman – Dickinson, ND Ambulance Service  
Ms. Jane Hermann – American Heart Association  
Dr. Kent Horra – West River Medical Center – Hettinger, ND  
Ms. Rob Knuth – North Dakota Firefighters Association  
Ms. Ken Kroupl – Fargo/Moorhead Ambulance Service  
Ms. Joe Lies – North Dakota Department of Emergency Services  
Ms. Tim Meyer – Fargo/Moorhead Ambulance Service  
Ms. Marlene Miller – Center for Rural Health – UND  
Mr. Rick Moos – North Dakota Association of Counties  
Mr. Tom Nather – NDDEMST  
Dr. Jeff Sather – Trinity Medical Center – Minot, ND  
Ms. Mark Nelson – North Dakota Department of Transportation  
Ms. Mona Thompson – Steele, ND Ambulance Service  
Ms. Tim Wiedrich – North Dakota Department of Health, Emergency Preparedness and Response  
Ms. Diane Wittman – 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 healthcare and public safety  
- This as an ongoing process, much like a journey

July 2011