



Ambulance Agreement

Agency Name _____

Agency Facebook page or website _____

Squad Leader _____

Phone number _____

Email address _____

Medical Director _____

Phone number _____

Email address _____

Lead for this project _____

Phone number _____

Email address _____

Back up for this project _____

Phone number _____

Email address _____

1. Do you agree to share the Rural EMS Count Measure reports with your subject matter expert? YES NO

2. Do you commit to go through the quality improvement process with one measure? YES NO

3. Do you agree to meet with your SME every other month to talk about how it is going? YES NO

4. Do you agree to discuss your thoughts on the project with the Center for Rural Health to help with program evaluation as defined below?

YES NO

Program Evaluation:

For the purposes of the implementation of this grant to address EMS quality measures, the NDEMSEA is working with the UND Center for Rural Health. This includes program evaluation. The purpose of the evaluation is to assist rural EMS in making better decisions, guiding the process, and ultimately helping this program to work better for all North Dakota ambulance systems in meeting their needs. As part of this, you will be asked for information which may be gained through interviews, short surveys and statistics. We need to understand what is working, what is not, why, and how to improve the process. Evaluation is a form of program quality measurement and improvement. It is expected that you will work with the evaluation team providing them with the assistance they need. This is not intrusive but is meant to assist in the overall implementation and management of the program. Thank you in advance for all your help. As always feel free to contact your regional adviser.

SME Assigned _____

Date _____