



Center *for* Rural Health

EMS Sustainability in North Dakota: 2019

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Introduction

Methods

Survey Development

Survey Dissemination

A survey was distributed to each ambulance service in North Dakota. The goal of the survey is to assess the status of EMS services within the state. Eighty-five agencies participated in the survey. The survey took an average of 53 minutes to complete.

EMS Agency Demographics

Location and Service Area

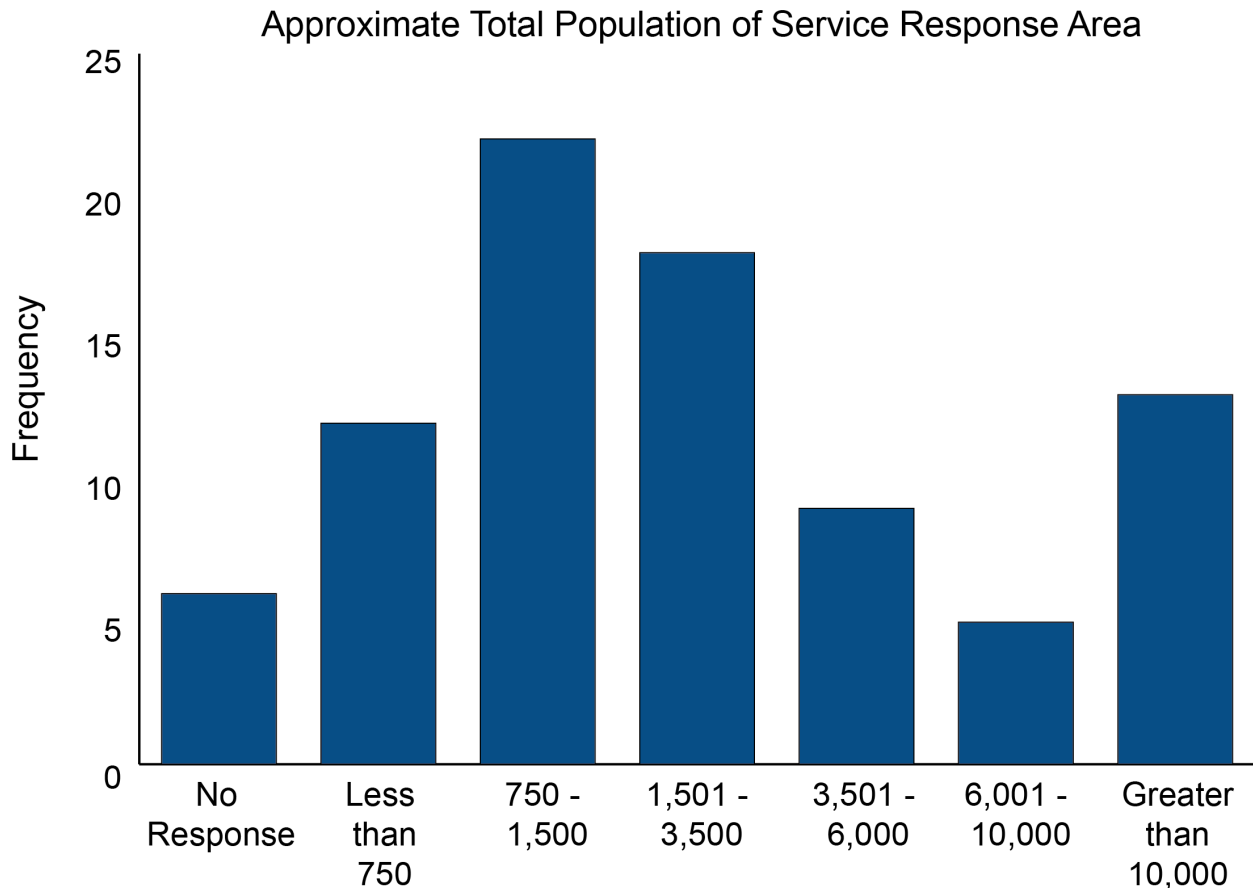
- 29.4% (n = 25) of responding EMS agencies provide service to the southeast part of the state,
- 27.1% (n = 23) provide service to the northwest part of the state,
- 18.9% (n = 16) provide service to the northeast part of the state,
- 15.3% (n = 13) provide service to the southwest part of the state, and
- 9.4% (n = 8) did not provide information as to which part of the state they service.

A table of North Dakota EMS services who participated in the survey is provided in appendix A. EMS agencies in North Dakota answered an average of 827.47 calls in 2017, with some agencies answering as little as zero calls while others answering over 12,500 calls. The median number of calls answered was 135. Fifteen respondents did not provide information regarding their total number of calls in 2017.

What region of North Dakota does your EMS service provide service in?	N	Percent
Southeast	25	29.4%
Northwest	23	27.1%
Northeast	16	18.8%
Southwest	13	15.3%
No Response	8	9.4%

- 14.1% (n = 12) EMS agencies had a service area with a population less than 750,
- 25.9% (n = 22) had a service area with a population between 750-1,500,
- 21.9% (n = 9) had a service area population between 1,501-3,500,
- 10.6% (n = 9) had a service area with a population between 3,501-6,000,

- 5.9% (n = 5) had a total population between 6,001-10,000,
- 15.3% (n = 13) had a service population area with a population greater than 10,000, and
- 7.1% (n = 6) did not provide information on the approximate total population of their service area.



Ownership and Licensure

Ownership of EMS agencies varied throughout the state.

- 41.2% (n = 35) EMS agencies described their service ownership as non-profit,
- 17.6% (n = 15) described their service ownership as municipal (city or county),
- 12.9% (n = 11) described their service ownership as hospital based,
- 10.6% (n = 9) described their service ownership as private for-profit,
- 3.53% (n = 3) described their service ownership as fire based,
- 5.9% (n = 5) did not provide a response in regards to their service ownership, and
- 8.24% (n = 7) agencies had another type of ownership including federal government, hospital owned, non-profit, their own entity (formerly fire-based), private (industrial), private/no profit, ambulance district, and joint powers. A table of other ownership types is provided in appendix A.
- 71.8% (n = 61) were licensed as Basic Life Support (BLS),

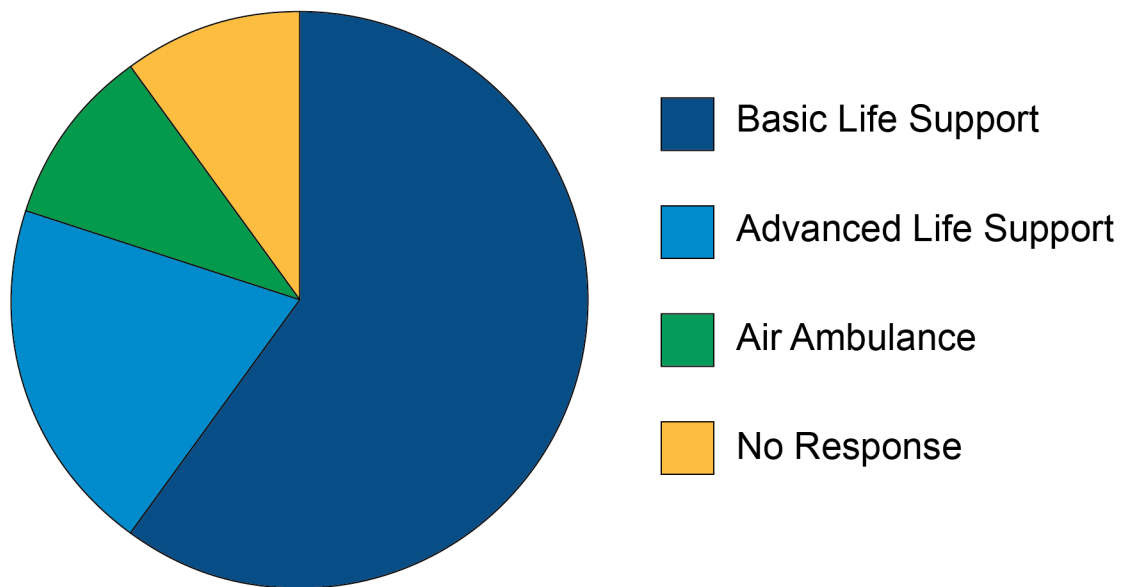
- 18.8% (n = 16) were licensed as Advanced Life Support (ALS),
- 2.4% (n = 2) were licensed as Air Ambulance, and
- 7% (n = 6) did not respond to the question.

Respondents were also asked if they were licensed as Basic Life Support to what extent do they provide Advanced Life Support. Of respondents,

- 30.6% (n = 26) strictly provide BLS,
- 30.6% (n = 26) provide ALS all or nearly all of the time,
- 14.1% (n = 12) provide ALS some of the time,
- 8.2% (n = 7) rarely have ALS capabilities, and
- 16.5% (n = 14) did not answer the question.

A table of barriers to licensing at the ALS level is provided in appendix A.

What Level Is Your Service Licensed To With the State of North Dakota



EMS Staffing and Leadership – Workforce Sustainability

Staffing

The average number of primary EMS providers on a roster was 13.4, with the largest service having 58 providers and the smallest with only one provider. The median number of primary EMS providers on a roster was 10. The average number of non-primary EMS providers on a roster was 21.1, with the largest service having 1,012 non-primary providers and the smallest service having no non-primary service providers. The median number of non-primary EMS

providers on a roster was six. Fourteen EMS agencies did not answer questions related to their number of primary or non-primary providers.

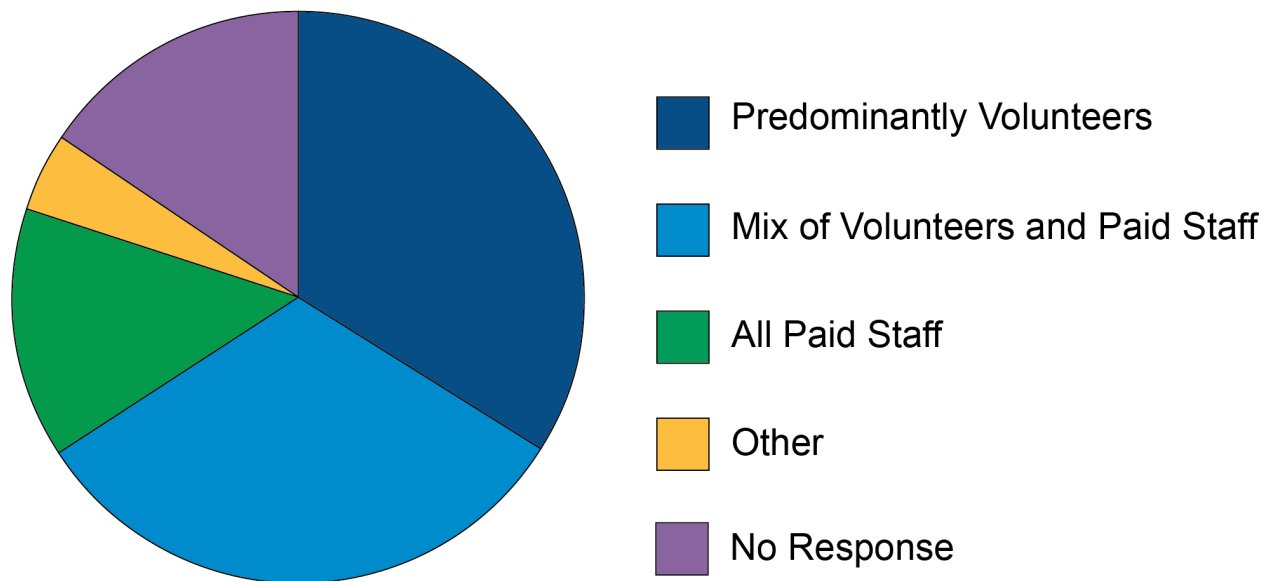
Sixty-nine agencies answered the question, “of all members on your roster, how many regularly attend meetings and are actively taking scheduled shifts (more than two 12 hour shifts per month)?” The mean response was 13.7 with a maximum of 58 and a minimum of two. The median number was 12.

For the EMS agencies that responded to the survey,

- 34.1% (n = 29) were staffed predominantly by volunteers,
- 37.8% (n = 27) were staffed via a mixture of volunteers and paid staff,
- 14.1% (n = 12) reported having an all-paid staff,
- 15.29% (n = 13) did not provide staff information, and
- 4.7% (n = 4) stated that they were staff via another means, including paid on call (1), mostly paid staff (1), and all volunteer staff (2).

A table of the text answers to this question is provided in appendix A.

How Is Your Agency Primarily Staffed



For EMS agencies with paid staff,

- 54.7% (n = 41) paid their staff a hourly wage or salary,
- 22.7% (n = 17) paid their staff per shift or run, and
- 22.67% (n = 17) did not answer this question.

For agencies with volunteer staff,

- 36% (n = 27) paid their staff a combination of shift and run pay,
- 21.3% (n = 16) reported that their staff was not paid,
- 17.3% (n = 13) responded that their staff received run pay hourly or per run taken,
- 10.7% (n = 8) reported that their staff received shift pay hourly or per shift taken, and
- 14.7% (n = 11) did not answer the question.

Scheduling

- 57.7% (n = 49) EMS agencies write and distribute schedules that cover 24 hours a day and 7 days a week for two weeks or more with any empty spaces being filled prior to a shift beginning,
- 11.8% (n = 10) responded that they do not have a written call schedule; instead, when a pager goes off, anyone available responds,
- 5% (n = 4) have a written and distributed schedule for at least one week, but empty spaces are not filled before a shift begins; instead, empty spaces are filled by waiting for personnel to show up,
- 3.5% (n = 3) a schedule is written and distributed for the agencies that exists for a least part of a week for one week at a time,
- 3.5% (n = 3) reported that they write and distribute schedules that exist for a least part of the week for two weeks or more,
- 18.8% (n = 16) agencies did not provide information regarding their scheduling practices.

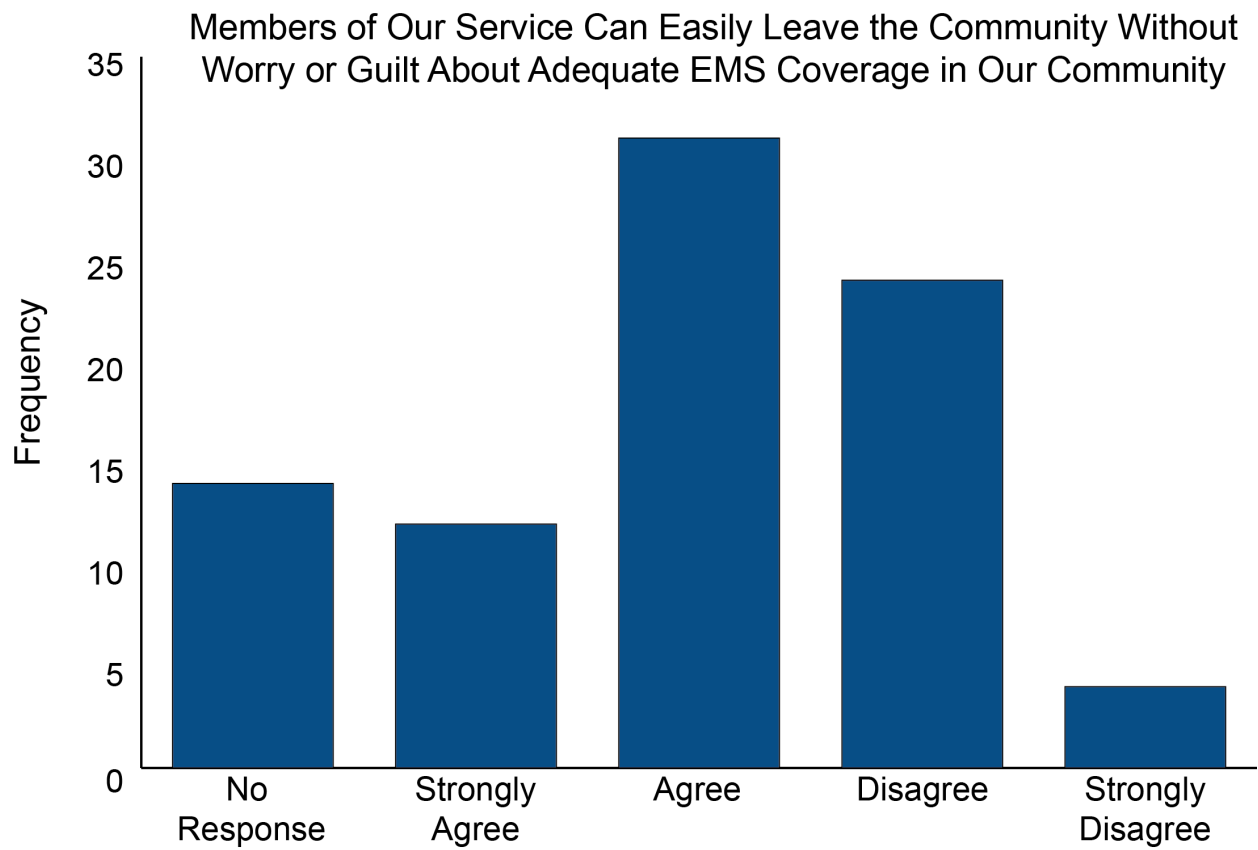
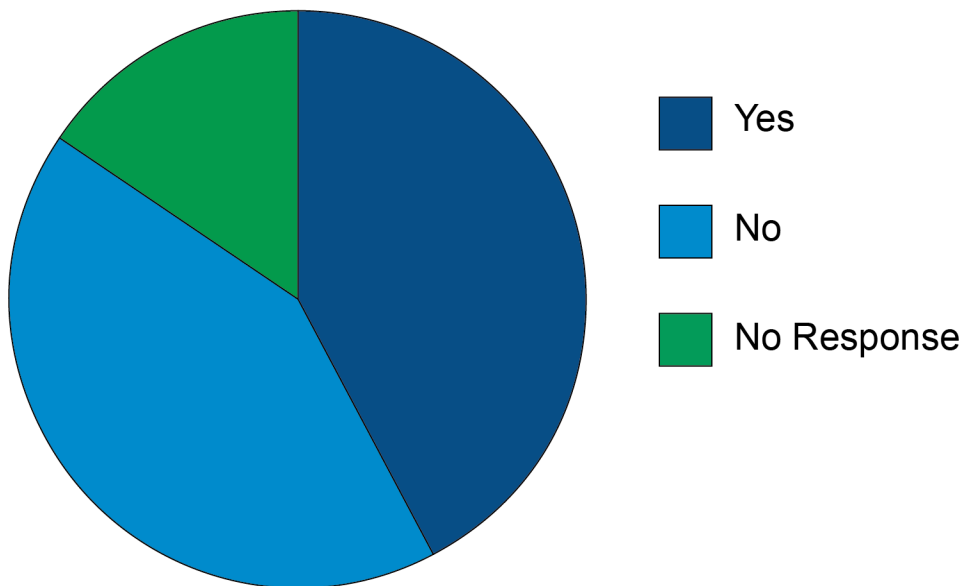
When asked if EMS agencies had enough people to cover the call schedule without undue burden or excessive time commitments,

- 42.4% (n = 36) said yes,
- 42.4% (n = 36) said no, and
- 15.3% (n = 13) did not respond.

When asked if members of their services could easily the community without worry or guilt about adequate EMS coverage,

- 14.1% (n = 12) strongly agreed,
- 36.5% (n = 31) agreed,
- 28.2% (n = 24) disagreed,
- 4.7% (n = 4) strongly disagreed, and
- 16.5% (n = 14) did not respond.

Are There Enough People To Cover Your Call Schedule Without Undue Burden or Excessive Time Commitments



Of the EMS agencies who responded to the survey,

- 38.8% (n = 33) of the agencies had 100% of their shifts fully covered at least 24 hours in advance,
- 29.4% (n = 25) had between 75-99% of their shifts fully covered at least 24 hours in advance,
- 5.9% (n = 5) had between 50-74% of their shifts fully covered at least 24 hours in advance,
- 3.5% (n = 3) had between 25-49% of their shifts fully covered at least 24 hours in advance,
- 4.7% (n = 4) had between 0-24% of their shifts fully covered at least 24 hours in advance, and
- 17.7% (n = 15) did not respond.

What percent of your shifts are fully covered at least 24 hours in advance?	N	Percent
100%	33	38.8%
75-99%	25	29.4%
50-74%	5	5.9%
25-49%	3	3.5%
0-24%	4	4.7%
No Response	15	17.7%

Over the past year, the number of active staff on a roster;

- 32.9% (n = 28) EMS agencies active staff remained the same
- 27.1% (n = 23) active staff decreased,
- 24.7% (n = 21) active staff increased, and
- 15.3% (n = 13) active staff information was not available.

Waiting for EMS Providers

- 77.7% (n = 66) The majority of EMS agencies did not have response calls delayed by for than 15 minutes due to waiting for available EMS providers to arrive in the past year,
- 7.1% (n = 6) did have at least one call delayed.
- 15.3% (n = 13) provider information was not available.

Missed response calls due to no available EMS providers

- 87.2% (n = 69) The majority of agencies did not miss any response calls due to no available EMS providers to respond or transport the patient in the past year,

- 4.7% (n = 4) did miss a call for this reason, and
- 14.1% (n = 12) did not respond. Of the four agencies who missed a response call due to no available EMS providers to respond or transport the patient, a neighboring EMS agency ultimately transferred the patient.

Volunteer Staff

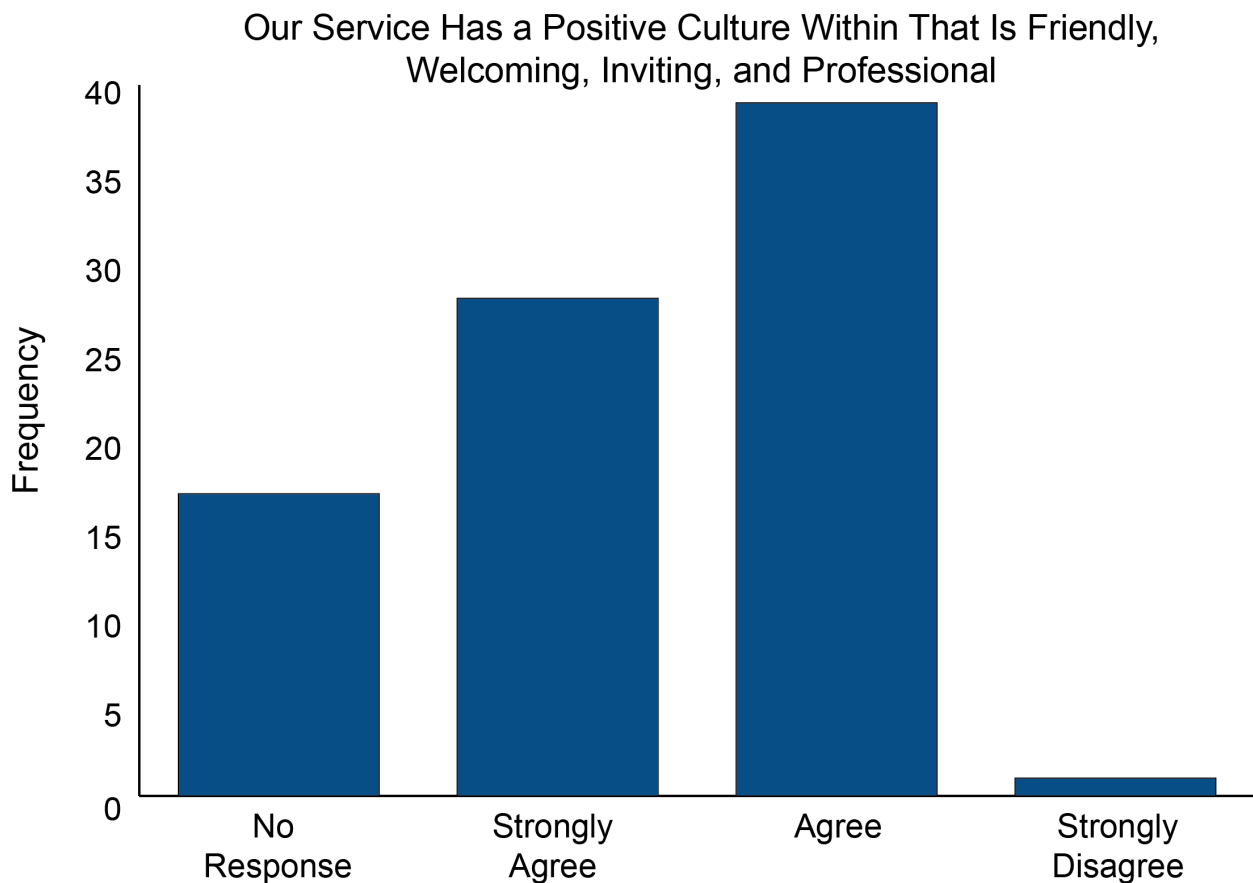
- 59% (n = 36) Over half of the surveyed EMS agencies reported experiencing a decline in volunteerism in the community.
- 67.2% (n = 41) reported that community members have less time to volunteer due to employment, commutes, and other work and family commitments, 54.1% (n = 33) Over half of the agencies reported that younger generations are not interested in volunteering,
- 52.5% (n = 32) reported that the percentage of those over the age of 65 in their community is increasing,
- 47.5% (n = 29) agencies reported that less people in their community view volunteering as a demonstration of the commitment to their community,
- 24.6% (n = 15) reported that the population of their community is declining,
- 24.6% (n = 15) reported that the difficulty to educate new recruits is impeding their ability to recruit volunteers, and
- 19.7% (n = 12) reported that their service is not replacing volunteers at the rate volunteers are leaving or retiring.

For EMS services utilizing volunteers, please check all that apply to you:	N	Percent
Our community members have less time to volunteer due to employment, commutes, and other work and family commitments.	41	67.2%
We are experiencing a decline in volunteerism in our community.	36	59.0%
The younger generation are not interested in volunteering.	33	54.1%
The percentage of those over the age of 65 in our community is increasing.	32	52.5%
Less people in our community view volunteering as a demonstration of their commitment to their community.	29	47.5%
The population of our community is declining.	15	24.6%
The difficulty in educating a new recruit (EMR, EMT, etc.) is impeding our ability to recruit volunteers).	15	24.6%
We are not replacing volunteers at the rate they are leaving or retiring.	12	19.7%

Leadership

When asked if their EMS service had a positive culture that is friendly, welcoming, inviting, and professional,

- 48.9% (n = 39) of the surveyed agencies said they agreed,
- 32.9% (n = 28) said they strongly agreed,
- 20% (n = 17) did not answer the question.
- One agency strongly disagreed with the statement.



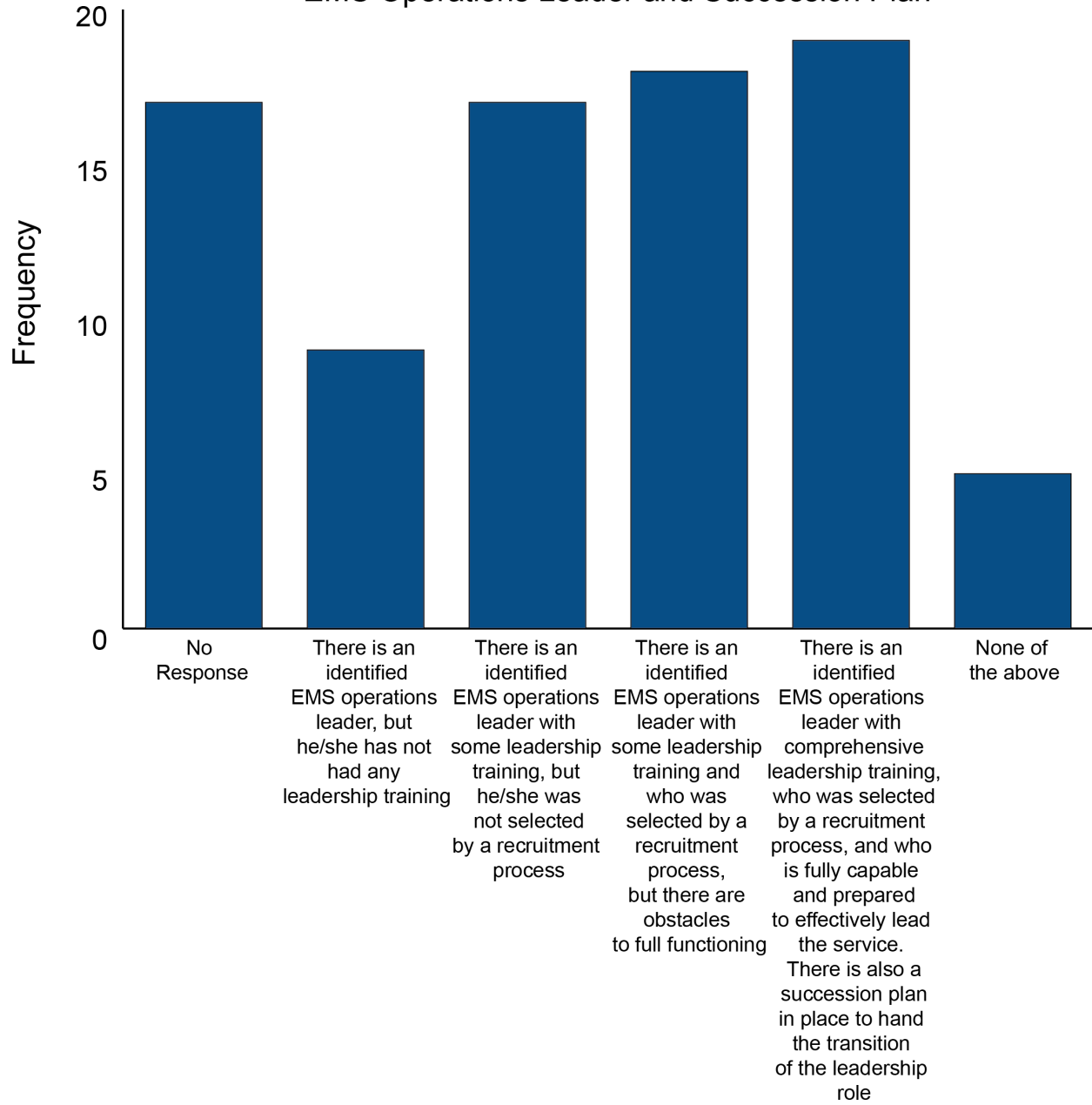
When asked, “What best describes your service as it relates to an identified EMS Operations Leader and succession plan”

- 22.4% (n = 19) said that there is an identified EMS Operations Leader with comprehensive leadership training, who was selected by a recruitment process, and who is fully capable and prepared to effectively lead the service. There is also a succession plan in place to hand the transition of the leadership role,

- 21.2% (n = 18) agencies said that there is an identified EMS Operations Leader with some leadership training and who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding or no succession plan),
- 20% (n = 17) said that there is an identified EMS Operations Leader with some leadership training, but they were not selected by a recruitment process,
- 10.6% (n = 9) said that there is an identified EMS Operations Leader (i.e. Chief, Director, Service Leader, Manager), but they did not have any leadership training,
- 20% (n = 17) did not answer the question, and
- 5 agencies (5.9%) provided an alternative responses which are included in appendix A.

What best describes your service as it relates to an identified EMS Operations Leader and succession plan?	N	Percent
There is an identified EMS Operations Leader with comprehensive leadership training, who was selected by a recruitment process, and who is fully capable and prepared to effectively lead the service. There is also a succession plan in place to hand the service	19	22.35%
There is an identified EMS Operations Leader with some leadership training and who was selected by a recruitment process, but there are obstacles to full functioning (such as lack of funding or no succession plan).	18	21.18%
There is an identified EMS Operations Leader with some leadership training, but he/she was not selected by a recruitment process.	17	20.00%
There is an identified EMS Operations Leader (i.e. Chief, Director, Service Leader, Manager), but he/she has not had any leadership training.	9	10.59%
None of the above (please explain)	5	5.88%
No Response	17	20.00%

What Best Describes Your Service As It Relates To An Identified EMS Operations Leader and Succession Plan



When asked if the service leader or manager of the organization is recruited and hired by a board or persons who are not affiliated with the EMS service;

- 21.2% (n = 18) of the agencies said yes,
- 52.9% (n = 45) said no, and
- 25.9% (n = 22) did not answer.

When asked if the leader is empowered to discipline and fire staff:

- 50.6% (n = 43) of the agencies said yes,
- 24.7% (n = 21) said no, and
- 24.7% (n = 21) did not respond.

When asked if the leader takes more than half the workweek of ambulance call time each week;

- 28.2% (n = 24) of the agencies said yes,
- 45.9% (n = 39) said no, and
- 25.9% (n = 22) did not respond.

When asked if the employees or volunteers of their service votes to approve the acceptance of new members:

- (32.9% (n = 28) agencies said yes,
- 42.4% (n = 36) said no, and
- 24.7% (n = 21) did not respond.

What best describes the leadership within your service?	N	Percent
The leader is empowered to discipline and fire staff.		
Yes	43	50.6%
No	21	24.7%
No Response	21	24.7%
The employees or volunteers of your service votes to approve the acceptance of new members.		
Yes	28	32.9%
No	36	42.4%
No Response	21	24.7%
Leader takes more than half the workweek of ambulance call time each week.		
Yes	24	28.2%
No	39	45.9%
No Response	22	25.9%

The service leader or manager of our organization is recruited and hired by a board or persons who are not affiliated with the EMS service.		
Yes	18	21.2%
No	45	52.9%
No Response	22	25.9%

Recruitment and Retention

Nearly half EMS agencies;

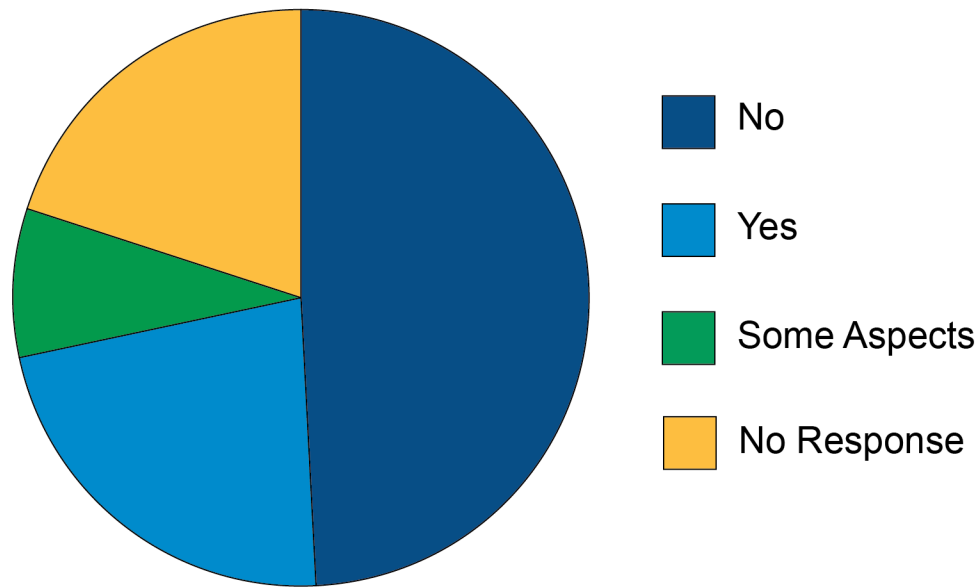
- 49.4% (n = 42) did not have a recruitment and retention strategy,
- 22.4% (n = 19) have a recruitment strategy.
- 20% (n = 17) did not answer, and
- 8.3% (n = 7) have some aspects of a recruitment and retention strategy.

Aspects of a recruitment and retention strategy included:

- benefits and schedule,
- periodic advertising,
- an annual letter mailed to community,
- personal contact,
- squad identifying potential members to contact,
- ongoing training of local community members,
- encouraging community members to take EMT classes and join the squad,
- limited recruitment because hiring personnel in rural areas is difficult, and
- start potential recruits as EMRs and move them up as they like it.

Results of this open-ended question are provided in appendix A.

Does Your EMS Service Have a Recruitment and Retention Strategy



When asked about which obstacles that a service faces in recruitment;

- 49.4% (n = 42), nearly half of the surveyed agencies said lack of potential recruits' availability,
- 41.2% (n =35) said the time commitment is too great,
- 34.1% (n = 29) said childcare responsibilities,
- 31.8% (n = 27) said lack of trained candidates,
- 27.1% (n = 23) said inadequate pay or benefits,
- 24.7% (n = 21) training requirements were too burdensome,
- 9.4% (n = 8) said training requirements were too far away,
- 9.4% (n = 8) said there were too few runs or transports,
- 2.4% (n = 2) said there were too many runs or transports.

Which are obstacles that your service has in recruiting for your agency?	N	Percent
Lack of availability	42	49.4%
Time commitment is too great	35	41.2%
Childcare responsibilities	29	34.1%
Lack of trained candidates	27	31.8%
Inadequate pay or benefits	23	27.1%
Training requirements too burdensome	21	24.7%
Training requirements too far away	8	9.4%
Too few runs or transports	8	9.4%
Too many runs or transports	2	2.4%

When asked to describe their EMS service processes for on-boarding and orienting new staff,

- 29.4% (n = 25) said, “an informal on-boarding procedure exists. New crew members are given a verbal overview or a printed copy of agency policies and procedures,”
- 24.7% (n = 21) said, “an on-boarding/orientation procedure exists and includes a new employee manual (policies, bylaws, protocols) and assigning mentors to new crew members,”
- 12.9% (n = 11) said “on-boarding/orientation procedure does not exist. New crew members are added to the roster and introduced to fellow crew members during scheduled shifts”,
- 11.8% (n = 10) said “an on-boarding/orientation procedure exists and includes assigning mentors to new crew members,” and
- 21.2% (n = 18) did not answer.

Please describe your EMS service process for on-boarding and orienting new staff.	N	Percent
An informal on-boarding procedure exists. New crew members are given a verbal overview or a printed copy of agency policies and procedures.	25	29.4%
An on-boarding/orientation procedure exists and includes a new employee manual (policies, bylaws, protocols) and assigning mentors to new crew members.	21	24.7%
On-boarding/orientation procedure does not exist. New crew members are added to the roster and introduced to fellow crew members during scheduled shifts.	11	12.9%
An on-boarding/orientation procedure exists and includes assigning mentors to new crew members.	10	11.8%
No Response	18	21.2%

- 58.8% (n = 50) most EMS agencies said that their EMS services have difficulty retaining existing staff sometimes,
- 17.7% (n = 15) said they never have difficulty retaining existing staff,
- 3.5% (n = 3) said they always have difficulty retaining existing staff, and
- 20% (n =17) did not respond.

EMS agencies that had difficulty retaining existing staff reported the following obstacles in retention:

- 55.4%, n = 31) said excessive time commitment or scheduling conflicts,
- 32.1% (n = 18) said older crew members are retiring,
- 28.6% (n = 16) said inadequate pay or benefits,
- 28.6% (n = 16) said employers do not allow staff to take call time or leave work,
- 17.9% (n =10) said limited advancement opportunities,

- 17.9% (n = 10) said community is too isolated,
- 12.5% (n = 7) said dissatisfaction with other EMS providers,
- 14.3% (n = 8) said certification is too difficult to maintain,
- 12.5% (n = 7) said too few runs or transports,
- 8.9% (n = 5) said lack of recognition,
- 5.4% (n = 3) said dissatisfaction with job duties,
- 3.6% (n = 2) said dissatisfaction with EMS manager/leader,
- 1.8% (n = 1) said too many runs or transports, and
- 23.2% (n =13) said some other obstacle was responsible to their difficulty in retention.

Which obstacles does your EMS service encounter when trying to retain staff?	N	Percent
Excessive time commitment or scheduling conflicts	31	55.3%
Older crew members are retiring	18	31.1%
Inadequate pay or benefits	16	28.6%
Employer does not allow staff to take call time or leave work	16	28.6%
Community is too isolated	10	17.9%
Limited advancement opportunities	10	17.9%
Certification is too difficult to maintain	8	14.3%
Too few runs or transports	7	12.5%
Dissatisfaction with other EMS providers	7	12.5%
Lack of recognition	5	8.9%
Dissatisfaction with job duties	3	5.4%
Dissatisfaction with EMS manager/leader	2	3.6%
Too many runs or transports	1	1.8%
Other	13	23.2%

Funding and Reimbursement

EMS agencies within the state vary in regards to funding and reimbursement.

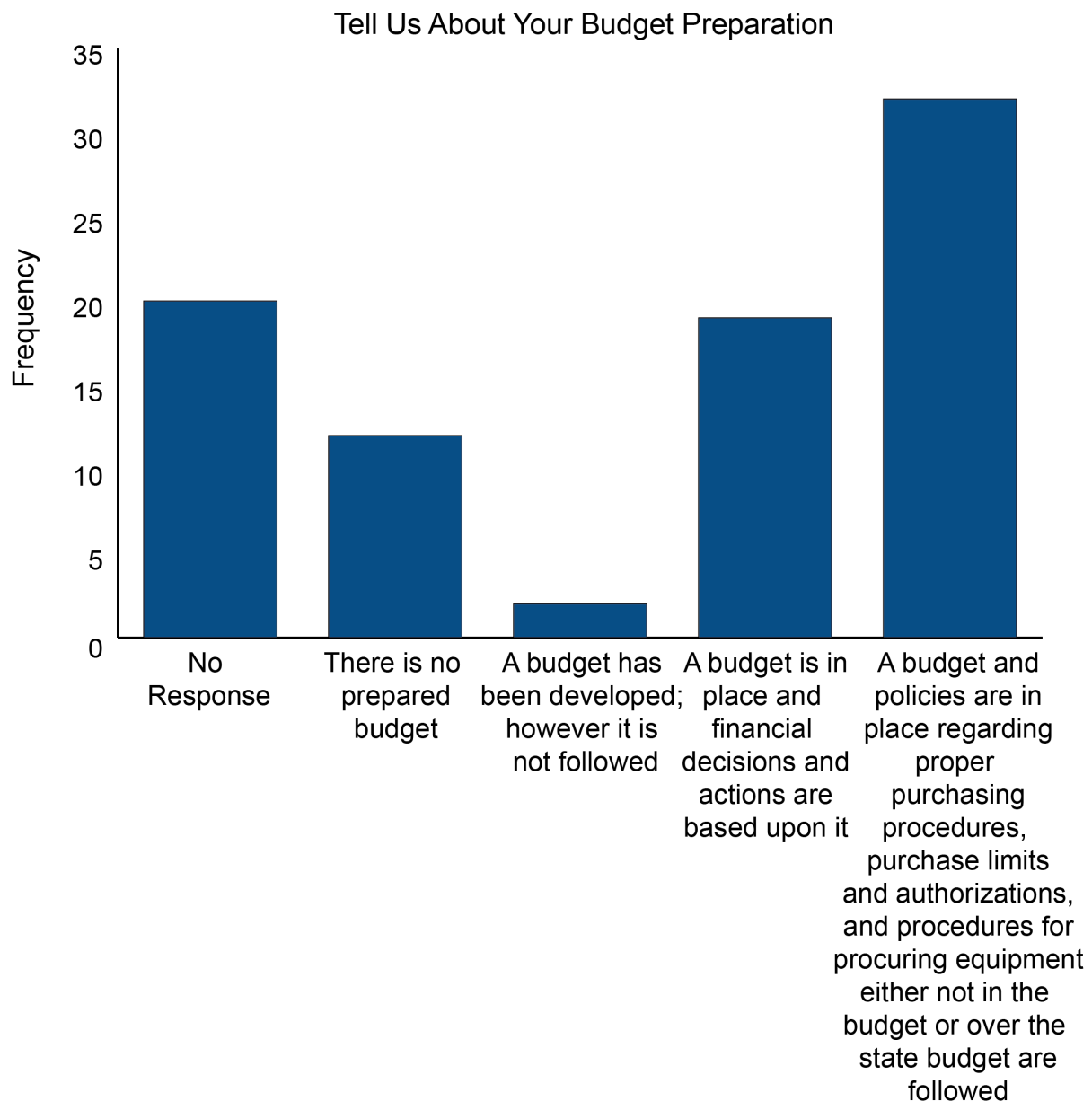
Agency Budget

Of the EMS agencies that responded to the survey;

- 37.7% (n =32 reported have a budget and policy in place regarding proper purchasing procedures, purchase limits and authorizations, and procedures for procuring equipment either no in the budget or over the stated budget,
- 22.4% (n = 19) have a budget in place and financial decisions and actions are based upon it,
- 14.1% (n =12) do not have a prepared budget, and
- 2.4% (n =2) have a budget but it is not followed.
- 23.5% (n = 20) did not provide information regarding budget preparation.

When asked about who prepares the budget;

- 44.7% (n = 38) of agencies said an EMS service leader or manager prepares the budget,
- 32.9% (n = 28) said an ambulance board of directors,
- 12.9% (n = 11) said a hospital,
- 10.6% (n = 9) said accounting services,
- 7.1% (n = 6) said ambulance members,
- 4.7% (n = 4) said the city or county, and
- 10.6% (n = 9) said there is no prepared budget.



When asked about perceived stable funding as it relates to agencies current cash on hand versus ongoing year to year expenses;

- 21.2% (n = 18) said their EMS service has stable funding sources for greater than 3 years as they are currently operating,
- 14.1% (n =12) said their EMS service has stable funding sources for 2 years,
- 24.7% (n = 21) said their EMS service has stable funding sources for 1 year as they are currently operating,
- 15.3% (n = 13) said their EMS service has stable funding sources for less than 6 months of their operating expense, and
- 24.7% (n = 21) did not provide information on their perceived sustainable funding.

Please tell us about your perceived sustainable funding as it relates to your current cash on hand versus your ongoing year-to-year expenses.	N	Percent
Our EMS service has stable funding sources for 1 year as we are currently operating.	21	24.7%
Our EMS service has stable funding sources for greater than 3 years as we are currently operating.	18	21.2%
Our EMS service has stable funding sources for less than 6 months of our operating expense.	13	15.3%
Our EMS service has stable funding sources for 2 years as we are currently operating.	12	14.1%
No Response	21	24.7%

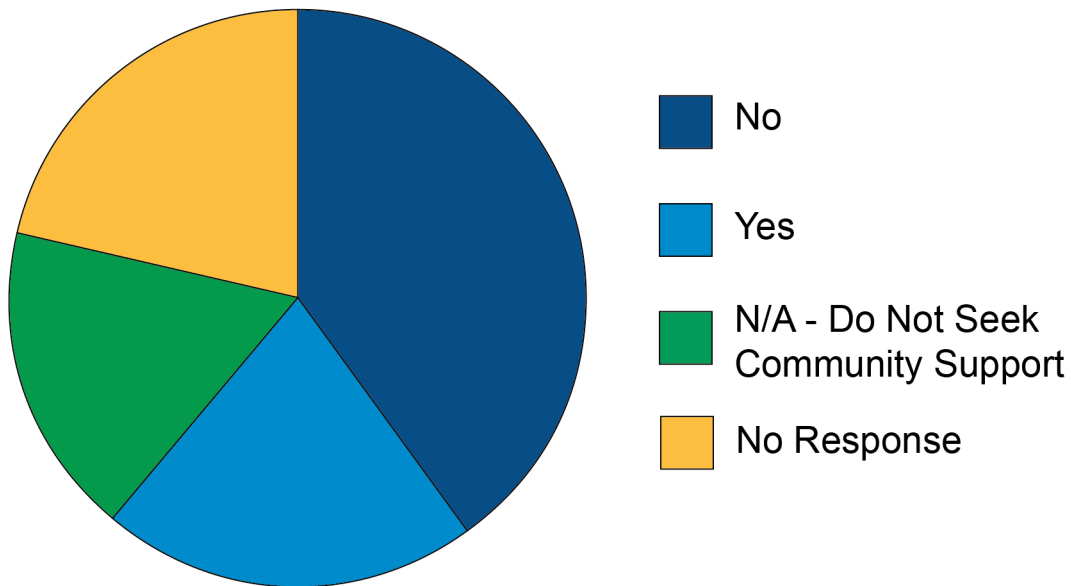
When asked about were the service struggles for funding,

- 25.9% (n = 22) said they struggle with staff compensation,
- 20% (n = 17) said they struggle with capital expenses, and
- 9.4% (n = 8) said they struggle with daily expenses.

Of the EMS agencies who responded to the survey,

- 40% (n = 34) said they do not have difficulty seeking donations from the community for large purchases,
- 21.2% (n = 18) do have difficulty,
- 17.7% (n = 15) do not seek community support for large purchases, and
- 21.2% (n = 18) did not answer the question.

Does Your EMS Service Have Difficulty Seeking Donations From The Community For Large Purchases



Ambulance Transport Billing

51.8% (n = 44) most EMS services use a professional billing service for ambulance transport billing,

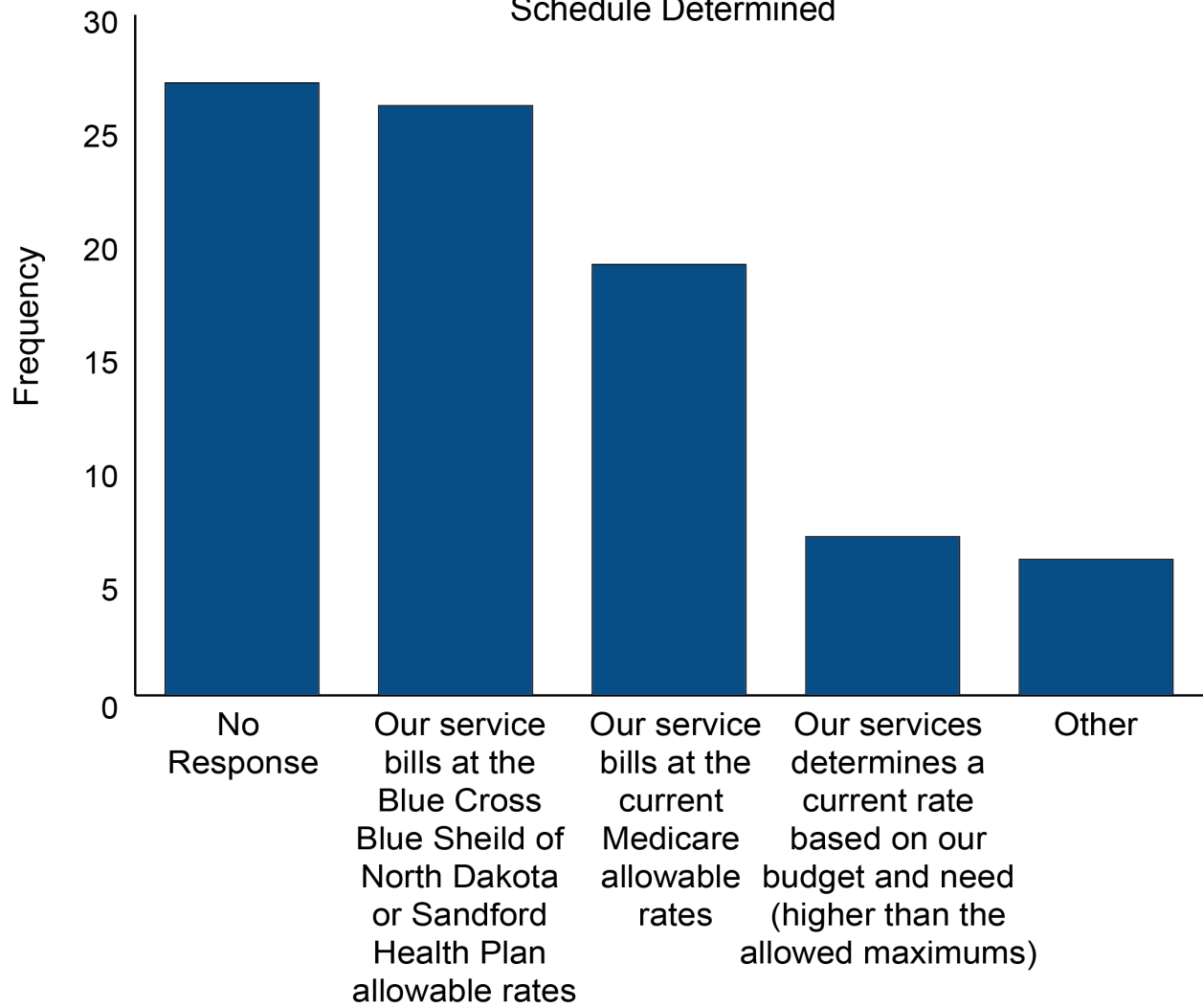
- 11.8% (n = 10) are part of a hospital that bills for them,
- 8.3% (n = 7) do their own billing internally,
- 3.4% (n = 3) did not transport,
- 2.4% (n = 2) do not bill for patient transports,
- 1.2% (n = 1) are municipal owned and they provide billing services for the EMS agency, and
- 21.2% (n = 18) did not provide information on billing practices.

Who prepares your ambulance transport billing? - Selected Choice	N	Percent
We use a professional billing service	44	51.8%
We are part of a hospital and the hospital bills for us	10	11.8%
We do our own billing internally	7	8.24
We do not bill for patient transports	2	2.35
We are municipal owned (city or county) and the provide billing services for us	1	1.18
Other (please explain)	3	3.53
No Response	18	21.2%

For EMS agencies that bill for ambulance transports,

- 30.6% (n = 26) bill at the Blue Cross Blue Shield of North Dakota or Sanford Health plan allowable rates,
- 22.4% (n = 19) bill at the current Medicare allowable rates,
- 8.3% (n = 7) determine a current rate based on budget and need (higher than the allowed maximums),
- 7.1% (n = 6) had some other way to determine their current rate schedule (two were unsure how billing rates were determined, two did not transport, and two did not elaborate)
- 31.8% (n = 27) did not answer the question.
- 52.9% (n = 45) most EMS agencies had a collection policy in place to recoup bad debt.
- 15.3% (n = 13) did not have a policy in place,
- 25.9% (n = 22) did not answer the question, and
- 5.9% (n = 5) had some other response, a table of which is included in appendix A.

If You Bill for Ambulance Transports, How Is Your Current Rate Schedule Determined



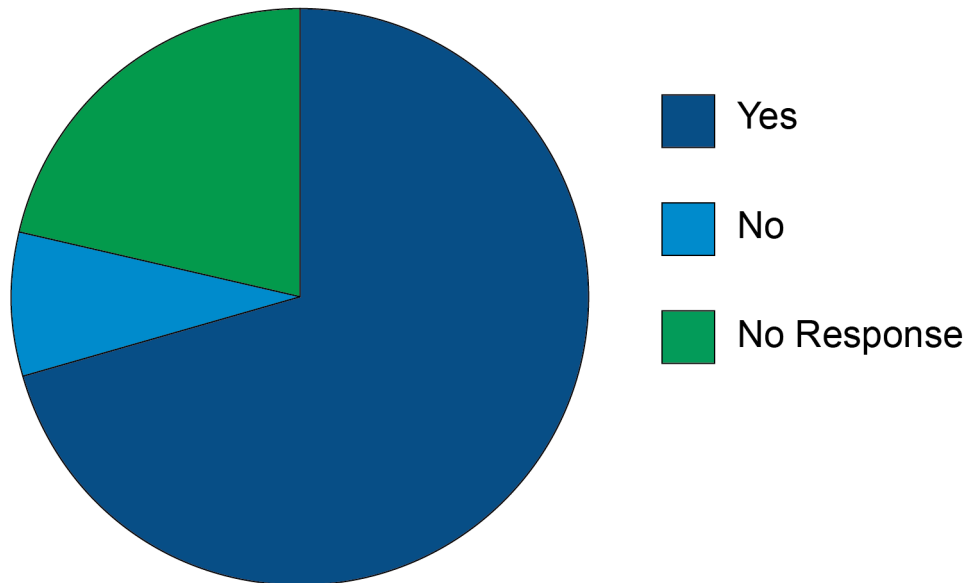
Education

- 70.6% (n = 60) the majority of EMS agencies had a designated EMS training officer,
- 8.3% (n = 7) did not.
- 21.2% (n = 18) did not provide a response.

In regards to facilities and technology,

- 75.3% (n = 64) of EMS agencies had high-speed internet at their meeting locations,
- 71.8% (n = 61) of EMS services had an adequate physical meeting/training space to host training sessions,
- 67.1% (n = 57) had a computer (model was less than 3 years old) at their meeting location, and
- 64.7% (n = 55) had adequate audio/visual services at their meeting location.

Does Your EMS Service Have a Designated EMS Training Officer



In regards to your facilities and technology, does your EMS service have the following:	N	Percent
We have high-speed internet at our meeting location.	64	75.3%
We have adequate physical meeting/training space to host training sessions.	61	71.8%
We have a computer (model less than 3 years old) at our meeting location.	57	67.1%
We have adequate audio/visual services at our meeting location.	55	64.7%

- 52.9% (n = 45) Most EMS agencies did not have difficulties in finding quality instruction/instructors for initial EMR and EMT education classes;
- 25.9% (n = 22) of respondents did experience trouble with this. 21.2% (n = 18) did not provide a response.

When asked about the degree of difficulty experienced by members of your EMS service in receiving their National Continued Competency Requirement (NCCR) CEU's,

- 22.4% (n = 19) said no difficulty,
- 29.4% (n = 25) said minimal difficulty,
- 25.9% (n = 22) said some difficulty,
- 1.2% (n = 1) said extreme difficulty, and
- 21.2% (n = 18) did not indicate the level of difficulty.

Continuing Education

In regards to the obstacles experienced by their EMS service in obtaining or offering continuing education,

- 24.7% (n = 21) stated the time commitment required to plan and offer quality education,
- 18.9% (n = 16) stated little buy in or disinterested service members during training sessions,
- 18.9% (n = 14) stated a lack of adequately trained instructors,
- 11.8% (n = 10) stated a lack of adequate training curriculum, resources, and materials,
- 7.1% (n = 6) stated a less than ideal training environment,
- 5.9% (n = 5) stated that there was no identified and prepared training officer, and
- 4.7% (n = 4) stated an absence of adequate training supplies and equipment.

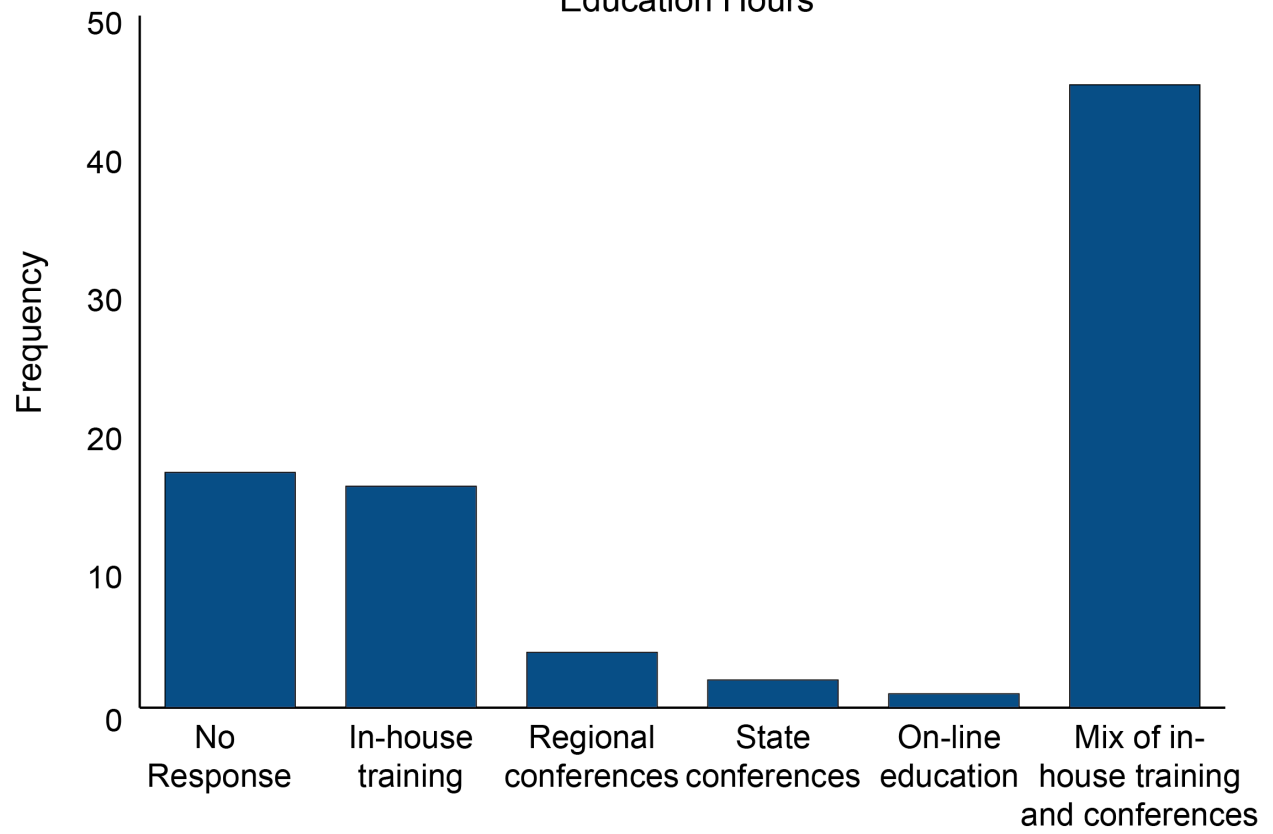
Additionally, 12.9% (n = 11) stated some other obstacle faced by their EMS service in obtaining or offering continuing education. These responses are included in appendix A

What are obstacles your EMS service has in obtaining or offering continuing education?	N	Percent
Time commitment required to plan and offer quality education	21	24.7%
Little buy in or disinterested service members during training sessions	16	18.8%
Lack of adequately trained instructors	14	16.5%
Lack of adequate training curriculum, resources, and materials	10	11.8%
Less than ideal training environment (space, lighting, audio/visual, etc.)	6	7.1%
No identified and prepared Training Officer	5	5.9%
Absence of adequate training supplies and equipment	4	4.7%
Other	11	12.9%

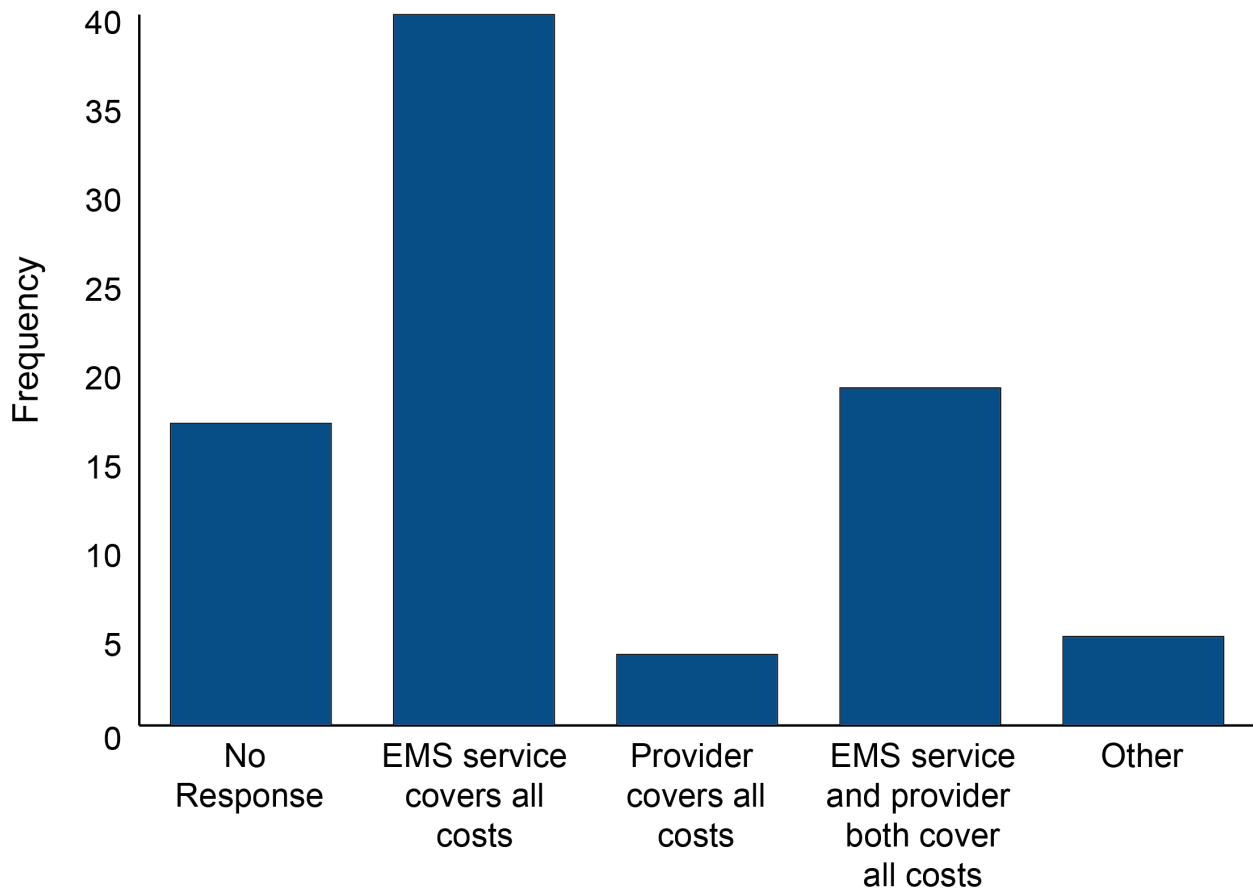
Members receive continuing education hours through a mix of in-house training and conferences.

- 52.9% (n = 45) of EMS agencies received continuing education through in-house training and conferences.
- 18.8% (n = 16) received continuing education through in-housing training only.
- 4.7% (n = 4) received continuing education at regional conferences.
- 2.4% (n = 2) received continuing education at state conferences.
- 1.2% (n = 1) received continuing education through online education.
- 20% (n = 17) did not answer this question.
- 47.1% (n = 40) agencies reported that their EMS services completely covered the cost of continuing education,
- 4.7% (n = 4) reported that continued education costs were completely covered by the provider, and
- 22.4% (n = 19) reported that both EMS services and the provider covered the costs completely.
- 20% (n = 17) did not provide information regarding the coverage of continuing education costs.
- 5.9% (n = 5) had some other means for covering continuing education and a table of these answers is included in appendix A.

Primarily How Do Your Members Receive Their Continuing Education Hours



How Does Your EMS Service Cover the Costs of Continuing Education for EMS Providers



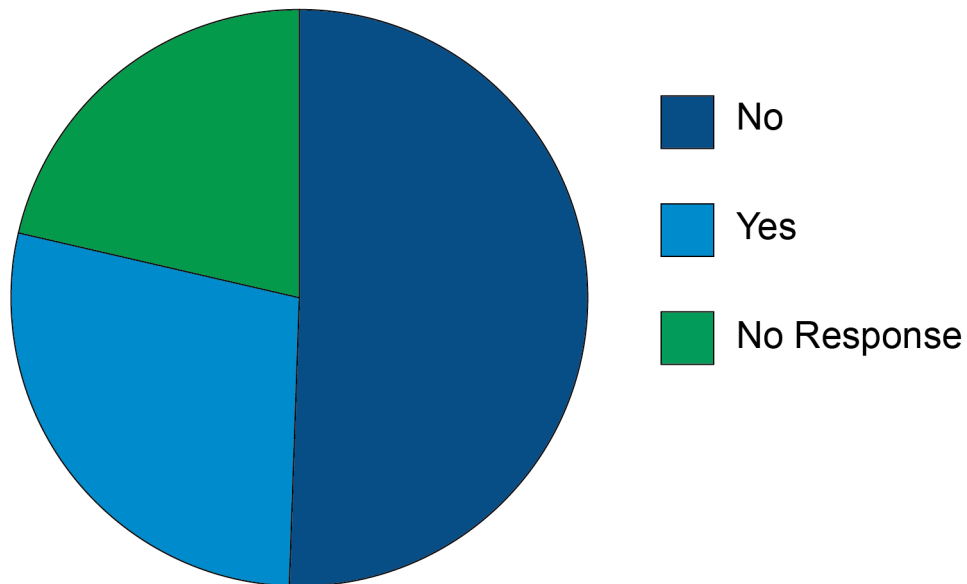
When asked, “Are EMS providers paid and/or receive incentives to attend training or conferences,”

- 50.6% (n = 43) of the surveyed agencies said no,
- 28.2% (n = 24) said yes, and
- 21.2% (n = 8) did not answer.

Answers to the open-ended question, “Are EMS providers paid and/or receive incentives to attend training or conferences – please explain the incentives” is provided in appendix A.

- (61.2% (n = 52) most EMS agencies who responded to the survey indicated that they utilize the EMS training grant offered by the North Dakota Division of EMS.
- 24.7% (n = 21) did not provide a response,
- 7.1% (n = 6) were ineligible, and
- 7.1% (n = 6) did not utilize the EMS training grant.

Are EMS Providers Paid and/or Receive Incentives To Attend Training or Conferences



Of those who did not utilize the EMS training grant, three agencies did not elaborate, two were not aware it existed, and one responded that if it was used the manager picked the money.

Medical Direction

When asked about the involvement of their medical director,

- 55.3% (n = 47) reported that their medical director assists in protocol development and updates,
- 38.8% (n = 33) reported that their medical director attended an EMS service meeting at least once per year,
- 34.1% (n = 29) reported that their medical director regularly reviews run reports,
- 21.2% (n = 18) reported that their medical director resides in their community,
- 18.8% (n = 16) reported that their medical director reviews and approves continuing education provided to their service,
- 18.8% (n = 16) reported that they have a contract in place and their service pays their medical director,
- 17.7% (n = 15) reported that their service has a job description for their medical director, and
- 15.3% (n = 13) reported that their medical director frequently participants in the annual EMS medical director meeting in April.

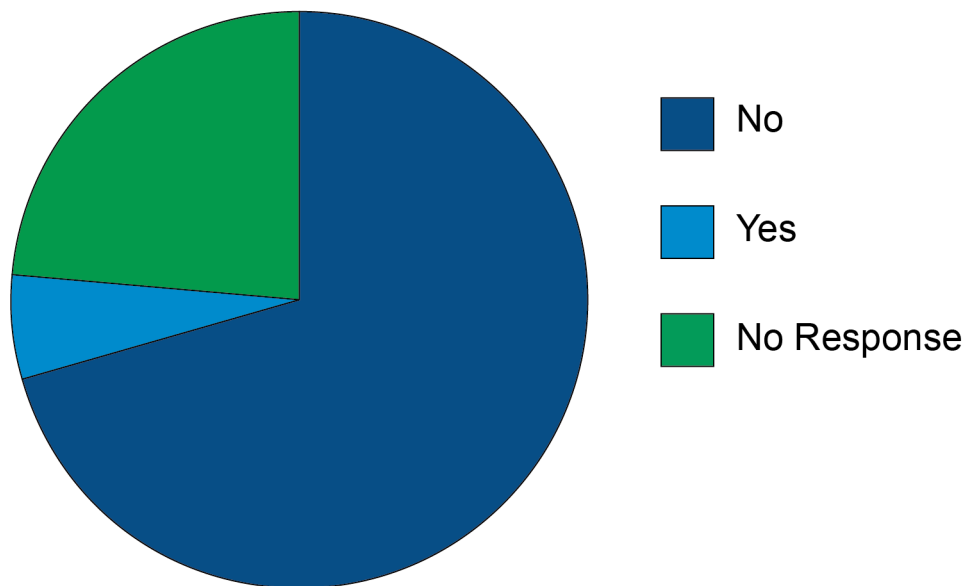
Additionally, 10.6% (n = 9) of the agencies reported that none of the above applies to their service. Explanations from these nine agencies are included in appendix A.

Please tell us about the involvement of your Medical Director with your EMS service:	N	Percent
Our Medical Director assists in protocol development and updates.	47	55.3%
Our Medical Director attends an EMS service meeting a least once per year.	33	38.8%
Our Medical Director regularly reviews run reports.	29	34.1%
Our Medical Director resides in our community.	18	21.2%
We have a contract in place and our service pays our Medical Director.	16	18.8%
Our Medical Director reviews and approves continuing education provided to our service.	16	18.8%
Our service has a job description for our Medical Director.	15	17.7%
Our Medical Director frequently participates in the annual EMS Medical Director meeting in April.	13	15.3%
None of the above apply (please explain).	9	10.6%

When asked if their EMS service had difficulty recruiting or retaining a medical director,

- 70.6% (n = 60) said no,
- 5.9% (n = 5) said yes, and
- 23.5% (n = 20) did not answer.

Does Your EMS Service Have Difficulty Recruiting or Retaining a Medical Director



When asked about their interest in a statewide level to which medical direction would be provided regionally with 4-8 Medical Directors available throughout the state to assist services;

- 41.2% (n = 35) of agencies indicated that they would be somewhat interested,
- 21.2% (n = 18) would not be interested at all,
- 16.5% (n = 14) would be very interested, and
- 21.2% (n = 18) did not respond.

When asked how interested agencies believed their medical director would be if an EMS Medical Director training course were to be offered;

- 40% (n = 34) said they believed their medical director would be somewhat interested,
- 22.4% (n = 19) said they thought their medical director would be very interested,
- 12.9% (n = 11) said their medical director would not be interested, and
- 24.7% (n = 21) did not respond.

If offered on a statewide level to which medical direction would be provided regionally with 4-8 Medical Directors available throughout the state to assist services would your service be:	N	Percent
Very interested	14	16.5%
Somewhat interested	35	41.2%
Not at all interested	18	21.2%
No Response	18	21.2%
If an EMS Medical Director training course were to be offered, how interested would you believe your service's Medical Director to be? (less than 4 hours in duration, and potentially online):	N	Percent
Very interested	19	22.4%
Somewhat interested	34	40.0%
Not at all interested	11	12.9%
No Response	21	24.7%

Quality Improvement/Patient Care Reports

Quality Improvement Programs

When asked about quality improvement programs;

(27.1% (n = 23) agencies indicated that performance measures are reported and a feedback loop exists for general improvements of the EMS service,

- 17.7% (n = 15) indicated that feedback from performance measures is used to drive internal change to improve the patient experience of care, improve the health of the community, and reduce the cost of health care services,
- 11.8% (n = 10) indicated that feedback from performance measures is used to drive internal change to improve the patient experience of care, improve the health of the community, and reduce the cost of health care services,

- 10.6% (n = 9) indicated that they do not collect, analyze, or report EMS service performance measures,
- 9.4% (n = 8) indicated that performance measure data is collected about the EMS service but is not analyzed or reported,
- 1.2% (n = 1) answered that none of the listed responses applied to their agency, and,
- 22.4% (n = 19) did not answer the question.

Does your EMS service have a quality improvement program?	N	Percent
Performance measures are reported and a feedback loop exists for general improvements of the EMS service	23	27.1%
Feedback from performance measures is used to drive internal change to improve the patient experience of care, improve the health of the community, and reduce the cost of health care services	15	17.7%
Performance measures are analyzed and reported but no feedback loop exists for continual improvement of the EMS service	10	11.8%
No - we do not collect, analyze, or report EMS service performance measures	9	10.6%
Performance measure data is collected about the EMS service but is not analyzed or reported	8	9.4%
None of the above (please explain)	1	1.2%
No Response	19	22.4%

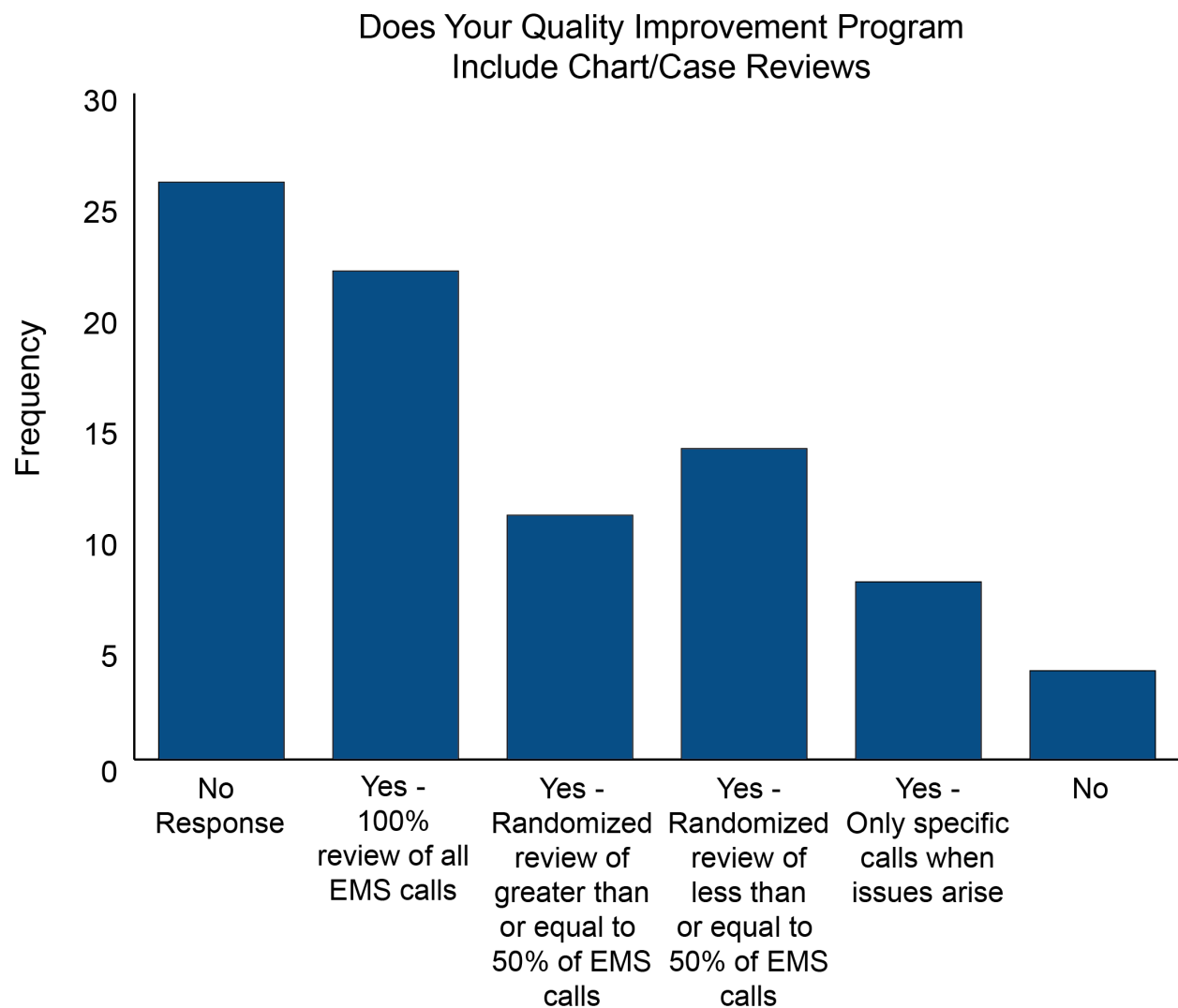
For EMS services in which a quality improvement program exists;

- 43.5% (n = 37) the EMS service leader or manager is responsible for collecting and analyzing the data.
 - 11.8% (n = 10) individual service members are responsible,
 - 3.5% (n = 3) the medical director is responsible,(
 - 2.4% (n = 2) the hospital is responsible, and
 - 1.2% (n = 1) outsourced the collecting and analyzing of quality improvement data.
 - 5.9% (n = 5) had another entity responsible for collecting and analyzing quality improvement data, and
 - 37.8% (n = 27) no response was provided. These responses are included in appendix A.
-
- 24.9% (n = 22) nearly one fourth of EMS agencies who responded to this survey included a review of 100% of all EMS calls in their quality improvement plan,
 - 12.9% (n = 11) included a randomized review of greater than or equal to 50% of all EMS calls,

- 16.5% (n = 14) included a randomized review of less than 50% of EMS calls,
- 9.4% (n = 8) included only specific calls when issues arise in their quality improvement program,
- 4.7% (n = 4) did not include char/case reviews in their quality improvement plan, and
- 30.6% (n = 26) did not answer.

Chute time (time from initial EMS page until the ambulance is responding with a full crew) is tracked by;

- 61.2% (n = 52), EMS agencies,
- 16.5% (n = 14) do not track this, and
- 22.4% (n = 19) did not respond to this question.



Patient Follow-Up

When asked if receiving hospitals provide the EMS service with routine patient follow-up/discharge information;

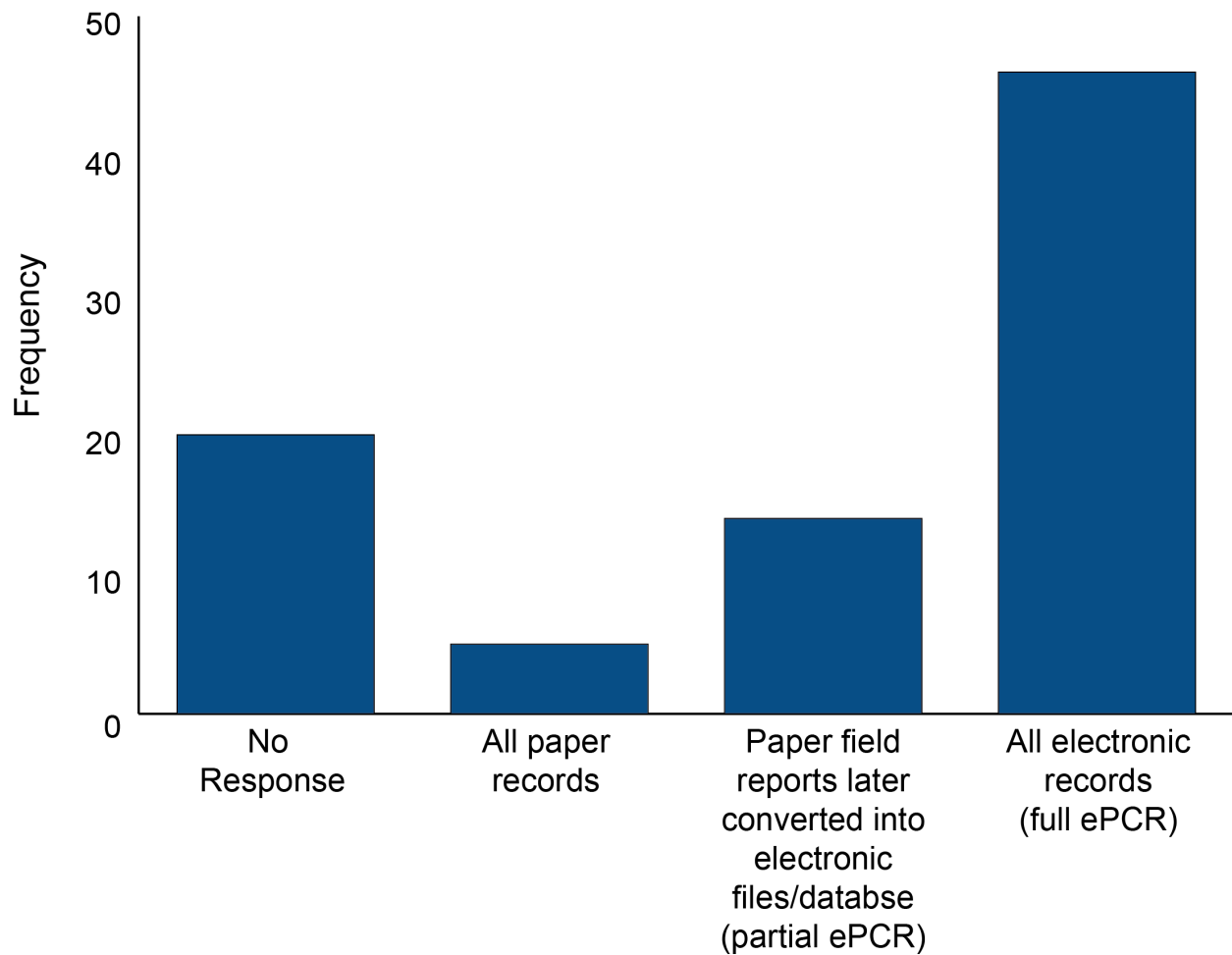
- 38.8% (n = 33) said no feedback/follow-up is provided by receiving hospitals,
- 24.7% (n = 21) said follow-up is provided only for individual patients when requested by the EMS service,
- 9.4% (n = 8) said a combination was provided for trauma/STEMI/stroke patients,
- 5.9% (n = 5) said it was provided for all STEMI patients,
- 5.9% (n = 5) said it was provided for all stroke patients,
- 3.5% (n = 3) said it was provided for all patients, and
- 3.5% (n = 3) said it was provided for all trauma patients.

Do receiving hospitals provide you with routine patient follow-up or discharge information?	N	Percent
No - no feedback/follow-up is provided by receiving hospitals	33	38.8%
Yes - only individual patients when requested by EMS service	21	24.7%
Yes - combination of trauma/STEMI/stroke patients	8	9.4%
Yes - all STEMI patients	5	5.9%
Yes - all stroke patients	5	5.9%
Yes - all patients	3	3.5%
Yes - all trauma patients	3	3.5%

All electronic records (full ePCR) are used by;

- 54.1% (n = 46) of EMS agencies,
- 16.5% (n = 14) use paper field reports later converted into electronic files/databases, and
- 5.9% (n = 5) use all paper records.
- 23.5% (n = 20) did not provide information on care reports. .

What Type of Care Reports Does Your Agency Utilize

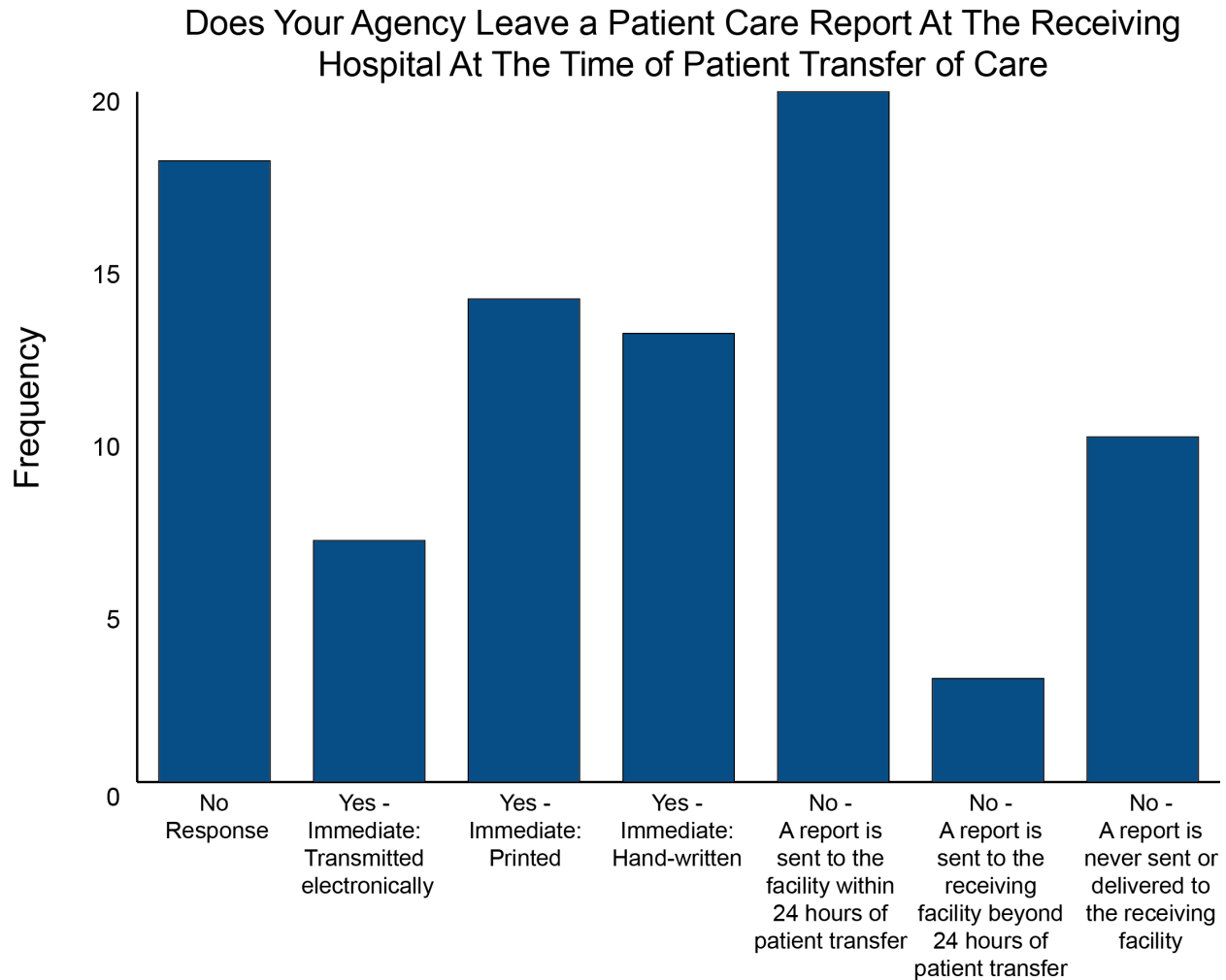


Transfer of Care

Regarding transfer of care;

- 23.5%(n = 20) EMS agencies do not leave a patient care report at the receiving hospital at the time of patient transfer of care but rather send a report to the facility within 24 hours of patient transfer,
- 16.5% (n = 14) leave an immediate, printed patient care report at the receiving hospital at time of patient transfer of care,
- 15.3% (n = 13) leave an immediate, hand-written patient care report at the receiving hospital at the time of patient transfer of care,
- 11.8% (n = 10) do not leave a patient care report at the receiving hospital at the time of patient transfer of care and a report is never sent or delivered to the receiving facility,
- 8.3% (n = 7) leave an immediate, electronic patient care report at the receiving hospital at the time of patient transfer of care,

- 3.5% (n = 3) do not leave a patient care report at the receiving hospital at the time of patient transfer of care but send a report to the facility beyond 24 hours of patient transfer, and
- 21.2% (n = 18) did not provide information regarding patient care reports during time of patient transfer of care.



When asked about the barriers that prevented EMS services from leaving a printed patient care report at the hospital at the time of transfer;

- 29.4% (n = 20) of the agencies reported they are unable to complete the report in a timely manner,
- 17.7% (n = 15) reported that their EMS service does not carry a computer and/or printer,
- 17.7% (n = 15) reported a lack of adequate space or room for EMS service to complete the report at the receiving facility,
- 16.5% (n = 14) reported that the receiving facility places little to no emphasis on receiving the EMS patient care report,

- 3.5% (n = 3) reported a service policy that does not allow them to finish the report at the receiving facility, and
- 1.2% (n = 1) reported that their service does not see the value in providing such information to the receiving facility.

If a printed patient care report is not immediately left at the receiving hospital at the time of patient transfer, what barriers exist to not allow this to occur?	N	Percent
Unable to complete the report in a timely manner	25	29.4%
Our EMS service does not carry a computer and/or printer	15	17.7%
No adequate space or room for EMS service to complete the report at the receiving facility	15	17.7%
The receiving facility place little to no emphasis on receiving the EMS patient care report	14	16.5%
Service policy does not allow us to finish the report at the receiving facility	3	3.5%
Our service does not see the value in providing this information to the receiving facility	1	1.2%

Community Relationships

Community Oversight

- 24.7% (n = 21) of the responding agencies said that no formal oversight board exists or the board consists of internal EMS service members,
- 10.6% (n = 9) said that voting board members are community-based representative and include one EMS representative (either in a voting or non-voting advisory role),
- 9.4% (n = 8) said that voting board members are from the EMS services and one or more community representatives,
- 5.9% (n = 5) said that voting board members are only community-based representatives,
- 3.5% (n = 3) said that voting board members include community-based representatives, and EMS representative, and a patient advocate,
- 20% (n = 17) stated that none of the above applied to their service, and
- 25.9% (n = 22) did not provide a response. (Responses are listed in appendix A)

In regards to a community-based board (elected officials, business leaders, hospital leadership) or governance, which option best fits your EMS service?	N	Percent
There is no formal board oversight OR the board consists of internal EMS service members only	21	24.7%
Voting board members are community-based representatives and includes one EMS representative (either in voting or non-voting advisory role)	9	10.6%
Voting board members are from the EMS service AND one or more community representatives	8	9.4%
Voting board members are ONLY community-based representatives	5	5.9%
Voting board members include community-based representatives, an EMS representative, and a patient advocate (for example, a former patient)	3	3.5%
None of the above (please explain)	17	20.0%
No Response	22	25.9%

Community Services

In regards to services provided to the community,

- (61.2% (n = 52) EMS agencies provided CPR/AED classes,
- 60% (n = 51) provided event standby,
- 48.2% (n = 41) provided EMS training classes,
- 47.1% (n = 40) provided school visits (tours and/or education),
- 43.5% (n = 37) provided an AED placement and management program,
- 42.4% (n = 36) planned or participated in a health fair,
- 32.9% (n = 28) provided blood pressure monitoring,
- 9.4% (n = 8) provided care seat safety education,
- 9.4% (n = 8) provided child safety and babysitter education,
- 4.7% (n = 4) reported that they offered none of the above, and
- 4.7% (n = 4) reported that they offered other services than what was listed. A table of other services listed are included in appendix A.

Which of the following services does your EMS service provide in your community?	N	Percent
CPR/AED classes	52	61.2%
Event standby (sporting or other)	51	60.0%
EMS training classes	41	48.2%
School visits (tours and/or education)	40	47.1%
AED placement and management program	37	43.5%
Health fair (plan or participate in)	36	42.4%
Blood pressure monitoring	28	32.9%
Car seat safety education	8	9.4%
Child safety and babysitter education	8	9.4%
None	4	4.7%
Other (please explain)	4	4.7%

Interagency Relationships

When considering the EMS agency's personnel relationship with the staff at their local receiving hospital;

- 27.1% (n = 23) said it was always positive,
- 41.2% (n = 35) said it was more positive than negative,
- 8.2% (n = 7) said it was more negative than positive,
- 22.4% (n = 19) did not answer the question, and

One respondent selected the 'other' choice but did not elaborate.

In terms of the EMS agency's personnel relationship with other local public safety personals;

- 36.5% (n = 31) said it was always positive,
- 41.2% (n = 22) said it was more positive than negative,
- 1.2% (n = 1) said it was more negative than positive, and
- 21.2% (n = 18) did not respond.

When asked about interest in regional collaboration meetings;

- 51.8% (n = 41) said they were very interested,
- 24.8% (n = 21) said they were somewhat interested,
- 2.4% (n = 2) said they were not interested at all, and
- 21.2% (n = 18) did not answer.

In terms of your EMS personnel's relationship with staff at your local receiving hospital, would you say that the relationship is:	N	Percent
Always positive	23	27.1%
More positive than negative	35	41.2%
More negative than positive	7	8.2%
Comment	1	1.2%
No Response	19	22.4%
In terms of your EMS personnel's relationship with other local public safety professionals (law enforcement, fire, other medical responders) would you say that the relationship with these groups are:	N	Percent
Always positive	31	36.5%
More positive than negative	35	41.2%
More negative than positive	1	1.2%
No Response	18	21.2%
If regional collaboration meetings were offered (sharing ideas and resources, feedback to state officials, training to take back to your service, and other valuable input) how interested would your service be in attending?	N	Percent
Very interested	44	51.8%
Somewhat interested	21	24.7%
Not at all interested	2	2.4%
No Response	18	21.2%

Vehicles

- (49.4% (n = 42) Nearly half of EMS agencies who responded to the survey strongly agreed that their vehicles are clean, well maintained, and updated as the need arises,
- 28.2% (n = 24) agreed with that statement,
- 1.2% (n = 1) disagreed with that statement, and
- 21.2% (n = 18) did not respond.

Equipment and Supplies

- 51.8% (n = 44) More than half of EMS agencies strongly agreed that their equipment and supplies are clean, well maintained, and updated as the need arises,
- 24.8% (n = 21) agreed with that statement,
- 2.4% (n = 2) disagreed with that statement, and
- 21.2% (n = 18) did not answer.

When asked about the statement, "Our EMS service has only the minimum equipment/technology required by licensure. The budget does not allow for additional equipment/technology acquisition"

- 23.5% (n = 20) strongly disagreed with the statement,
- 44.7% (n = 38) disagreed with the statement,
- 7.1% (n = 6) agreed with the statement,
- 2.4% (n = 2) strongly agreed with the statement, and
- 22.4% (n = 19) did not provide a response.

Our vehicles are clean, well maintained, and updated as the need arises.	N	Percent
Strongly agree	42	49.4%
Agree	24	28.2%
Disagree	1	1.2%
No Response	18	21.2%
Our equipment and supplies are clean, well maintained and updated as the need arises.	N	Percent
Strongly agree	44	51.8%
Agree	21	24.8%
Disagree	2	2.4%
No Response	18	21.2%
Our EMS service has only the minimum equipment/technology required by licensure. The budget does not allow for additional equipment/technology acquisition.	N	Percent
Strongly agree	2	2.4%
Agree	6	7.1%
Disagree	38	44.7%
Strongly disagree	20	23.5%
No Response	19	22.4%

Current Challenges and Future Needs

Current Challenges

When presented with the following statement, “as your EMS service currently operates today, are you confident that you will be providing service to your community in the next 5 to 10 years,”

- 27.1% (n = 23) of the EMS agencies strongly agreed,
- 37.7% (n = 32) agreed,
- 9.4% (n = 8) disagreed,
- 2.4% (n = 2) strongly disagreed, and
- 23.5% (n = 20) did not respond.

When presented with the following statement, “As you perceive your neighboring service and how they currently operate today, how confident are you that they will be providing service in their community in the next 5 to 10 years,”

- 10.6% (n = 9) agencies strongly agreed,

- 30.6% (n = 26) agreed,
- 27.1% (n = 23) disagreed,
- 8.2% (n = 7) strongly disagreed, and
- 23.5% (n = 20) did not respond.

When asked to select the top 5 most challenging issues faced by their EMS service today;

- 38.8% (n = 33) of the responding EMS agencies said lack of adequate members/staff was one of the top 5 issues faced by their agency,
- 23.5% (n = 20) said member/staff burnout,
- 23.5% (n = 20) said members/staff nearing retirement,
- 22.4% (n = 19) said adequate reimbursement for transports,
- 18.8% (n = 16) said motivating staff to attend training sessions,
- 17.7% (n = 15) said long distance transports,
- 15.3% (n = 13) said too many inactive members/staff,
- 15.3% (n = 13) said no recruitment and retention strategies,
- 12.9% (n = 11) said poorly compensated members/staff,
- 10.6% (n = 9) said the high cost of EMS education,
- 10.6% (n = 9) said developing a sustainable budget,
- 9.4% (n = 8) said engagement and support from within the community,
- 9.4% (n = 8) said timely vehicle replacement,
- 9.4% (n = 8) said no medical director involvement,
- 9.4% (n = 8) said little or no planning for the future (strategic planning),
- 7.1% (n = 6) said maintaining positive relationships with local hospital and other public safety professionals,
- 7.1% (n = 6) said availability of continuing education opportunities,
- 5.9% (n = 5) said obtaining quality EMS instruction for initial EMS education courses,
- 5.9% (n = 5) said completing timely and accurate patient care reports,
- 4.7% (n = 4) said maintaining minimum equipment standards and appropriate supplies,
- 4.7% (n = 4) said understanding and complying with state regulations,
- 3.5% (n = 3) said poor mentorship of new members/staff,
- 3.5% (n = 3) said commitment to run reviews and ensuring quality care is provided,
- 2.4% (n = 2) said a negative culture form within their service,
- 2.4% (n = 2) said lacking of training resources, and
- 1.2% (n = 1) said not having a designated EMS training officer was one of the top 5 issues faced by their agency.

Top 5 Challenges Faced:	N	Percent
Lack of adequate members/staff	33	38.8%
Member/staff burnout	20	23.5%
Member/staff nearing retirement	20	23.5%
Adequate reimbursement for transports	19	22.4%
Too many inactive members/staff	13	15.3%
Motivating staff to attend training sessions	16	18.8%
Long distance transports	15	17.7%
No recruitment and retention strategies	13	15.3%
Poorly compensated members/staff	11	12.9%
High cost of EMS education	9	10.6%
Developing a sustainable budget	9	10.6%
Timely vehicle replacement	8	9.4%
Engagement and support from within the community	8	9.4%
No medical director involvement	8	9.4%
Little or no planning for the future (strategic planning)	8	9.4%
Maintaining positive relationships with local hospital and other public safety professionals	6	7.1%
Availability of continuing education opportunities	6	7.1%
Obtaining quality EMS instruction for initial EMS education courses	5	5.9%
Completing timely and accurate patient care reports	5	5.9%
Maintaining minimum equipment standards and appropriate supplies	4	4.7%
Understanding and complying with state regulations	4	4.7%
Commitment to run reviews and ensuring quality care is provided	3	3.5%
Poor mentorship of new members/staff	3	3.5%
Lack of training resources	2	2.4%
No designated EMS training officer	1	1.2%

None of the agencies reported the lack of an appropriately trained and capable leader or poor leadership and management as one of the top 5 most challenging issues faced by their EMS service. Other challenges listed are included in a table in appendix A.

Future Needs

EMS agencies were also asked to rank the resources their EMS services could benefit the most from going forward. Each statement was ranked on the following scale: 1 – No assistance; 2 – Some Assistance; 3 – Highly Needed; 4 – Critical Need. In response to “developing recruitment and retention strategies to address personnel shortages,”

- 14.1% (n = 12) of the responding agencies said no assistance,
- 24.7% (n = 21) said some assistance,
- 18.8% (n = 16) said highly needed, 5.9% (n = 5) said critical need, and
- 36.5% (n = 31) did not respond.

In response to “Additional leadership training opportunities for new EMS leaders,”

- 14.1% (n = 12) said no assistance,
- 36.5% (n = 31) said some assistance,
- 10.6% (n = 9) said highly needed,
- 1.2% (n = 1) said critical need, and
- 37.7% (n = 32) did not respond.

In response to “Continued leadership growth and education for experienced EMS leaders,”

- 11.8% (n = 10) of responding agencies said no assistance,
- 40% (n = 34) said some assistance,
- 8.2% (n = 7) said highly needed,
- 2.4% (n = 2) said critical need, and
- 37.7% (n = 32) did not respond.

In response to “Mentorship and training programs for EMS leaders and board of directors,”

- 18.8% (n = 16) said no assistance,
- 32.9% (n = 28) said some assistance,
- 9.4% (n = 8) said highly needed, and
- 38.8% (n = 33) did not respond.

In response to “Mentorship guides or model programs for EMS providers,”

- 17.7% (n = 15) said no assistance,
- 31.8% (n = 27) said some assistance,
- 7.1% (n = 6) said highly needed,
- 2.4% (n = 2) said critical need, and
- 41.2% (n = 35) did not respond.

In response to “Conflict resolution training for dealing with difficult personnel,”

- 24.7% (n = 21) of the agencies said no assistance is needed,
- 17.7% (n = 15) said some assistance is needed,
- 14.1% (n = 12) said assistance is highly needed,
- 4.7% (n = 4) said there is a critical need, and
- 38.8% (n = 33) did not respond.

In response to “Developing a realistic sustainable plan for the future,”

- 14.1% (n = 12) of responding agencies said no assistance is needed, 29.4% (n = 25) said some assistance is needed,
- 10.6% (n = 9) said assistance is highly needed,
- 5.9% (n = 5) said there is a critical need, and
- 40% (n = 34) did not respond.

In response to “How to develop and manage a sustainable budget,”;

- 31.8% (n = 27) of responding agencies said no assistance is needed,
- 20% (n = 17) said some assistance is needed,
- 9.4% (8) said assistance is highly needed,
- 1.2% (n = 1) said there is a critical need, and
- 37.7% (n = 32) did not respond.

In response to “Ability to maximize transport reimbursement,”

- 20% (n = 17) of the agencies said no assistance is needed,
- 20% (n = 17) said some assistance is needed,
- 10.6% (n = 9) said assistance is highly needed,
- 10.6% (n = 9) said there is a critical need, and
- 38.8% (n = 33) did not respond.

In response to “How to move from a club atmosphere to a business like structure,”

- 36.5% (n = 31) of responding agencies said no assistance is needed,
- 12.9% (n = 11) said some assistance is needed,
- 7.1% (n = 6) said assistance is highly needed,
- 1.2% (n + 1) said there is a critical need, and
- 42.4% (n = 36) did not respond.

In response to “How to comply with state regulations,”

- 25.9% (n = 22) of responding agencies said no assistance is needed,
- 21.2% (n = 18) said some assistance is needed,
- 10.6% (n = 9) said assistance is highly needed,
- 1.2% (n = 1) said there is a critical need, and
- 41.2% (n = 35) did not respond.

In response to “Greater access to EMS training officer programs,”

- 18.8% (n = 16) of responding agencies said no assistance is needed,
- 25.9% (n = 22) said some assistance is needed,
- 10.6% (n = 9) said assistance is highly needed,
- 3.5% (n = 3) said there is a critical need, and
- 41.2% (n = 35) did not respond.

In response to “Statewide and web based access for prospective or new personnel,”

- 14.1% (n = 12) of responding agencies said no assistance is needed,
- 27.1% (n = 23) said some assistance is needed,
- 15.3% (n = 13) said assistance is highly needed,
- 3.5% (n = 3) said there is a critical need, and
- 40% (n = 34) did not respond.

In response to “Continuing education that is delivered close to home,”

- 11.8% (n = 10) of agencies said no assistance is needed,
- 23.5% (n = 20) said some assistance is needed,
- 18.8% (n = 16) said assistance is highly needed,
- 7.1% (n = 6) said there is a critical need, and
- 38.8% (n = 33) did not respond.

In response to “Training curriculum that motivates personnel to attend and participate,”

- 15.3% (n = 13) of responding agencies said no assistance is needed,
- 27.1% (n = 23) said some assistance is needed,
- 12.9% (n = 11) said this is highly needed,
- 8.2% (n = 7) said there is a critical need, and
- 36.5% (n = 31) did not respond.

In response to “Improving medical director involvement,”

- 21.2% (n = 18) of agencies said no assistance is needed,
- 28.2% (n = 24) said some assistance is needed,
- 9.4% (n = 8) said this is highly needed,
- 4.7% (n = 4) said there is a critical need, and
- 36.5% (n = 31) did not respond.

In response to “Training or guidebook to successfully implement quality assurance program,”

- 20% (n = 17) of agencies said no assistance is needed,
- 25.9% (n = 22) said some assistance is needed,
- 10.6% (n = 9) said this is highly needed,
- 4.7% (n = 4) said there is a critical need, and
- 38.8% (n = 33) did not respond.

In response to “Education on completion of patient care reports or electronic patient care reports (ePCR’s),”

- 22.4% (n = 19) of agencies said no assistance is needed,
- 23.5% (n = 20) said some assistances needed,
- 9.4% (n = 8) said this is highly needed,
- 2.4% (n = 2) said this is a critical need, and
- 42.4% (n = 36) did not respond.

In response to “How to engage the community and view EMS as an essential service,”

- 11.8% (n = 10) of responding agencies said no assistance is needed,
- 24.7% (n = 21) said some assistance is needed,
- 14.1% (n = 12) said this is highly needed,
- 7.1% (n = 6) said this is a critical need, and
- 42.4% (n = 36) did not respond.

In response to “Managing relationships with local hospitals and other public safety professionals,”

- 28.2% (n = 24) said no assistance is needed,
- 20% (n = 17) said some assistance is needed,
- 9.4% (n = 8) said this is a highly needed,
- 1.2% (n = 1) said this is a critical need, and
- 41.2% (n = 35) did not respond.

In response to “Technical assistance support through Regional Advisers,”

- 23.5% (n = 20) of responding agencies said no assistance is needed,
- 29.4% (n = 25) said some assistance is needed,
- 5.9% (n = 5) said assistance is highly needed, and
- 41.2% (n = 35) did not respond.

In response to “Additional grant writing training courses,”

- 14.1% (n = 12) of responding agencies said no assistance is needed,
- 21.2% (n = 18) said some assistance is needed,
- 16.5% (n = 14) said assistance highly needed,
- 8.2% (n = 7) said this is a critical need, and
- 40% (n = 34) did not respond.

In response to “Access to buying cooperatives to reduce costs for replacement of vehicles, equipment, and supplies,”

- 18.8% (n = 16) said no assistance is needed,
- 22.4% (n = 19) said some assistance is needed,
- 11.8% (n = 10) said assistance is highly needed,
- 8.2% (n = 7) said this is a critical need, and
- 38.8% (n = 33) did not respond.

Rank of Potentially Beneficial Resources		
Developing recruitment and retention strategies to address personnel shortages	N	Percent
1 - No Assistance	12	14.1%
2 - Some Assistance	21	24.7%
3 - Highly Needed	16	18.8%
4 - Critical Need	5	5.9%
No Response	31	36.5%
Additional leadership training opportunities for new EMS leader		
1 - No Assistance	12	14.1%
2 - Some Assistance	31	36.5%
3 - Highly Needed	9	10.6%
4 - Critical Need	1	1.2%
No Response	32	37.7%
Continued leadership growth and education for experienced EMS leaders		
1 - No Assistance	10	11.8%
2 - Some Assistance	34	40.0%
3 - Highly Needed	7	8.2%
4 - Critical Need	2	2.4%
No Response	32	37.7%
Mentorship and training programs for EMS leaders and board of directors		
1 - No Assistance	16	18.8%
2 - Some Assistance	28	32.9%
3 - Highly Needed	8	9.4%
4 - Critical Need	0	0.0%
No Response	33	38.8%
Mentorship guides or model programs for EMS providers		
1 - No Assistance	15	17.7%
2 - Some Assistance	27	31.8%
3 - Highly Needed	6	7.1%
4 - Critical Need	2	2.4%
No Response	35	41.2%
Conflict resolution training for dealing with difficult personnel		
1 - No Assistance	21	24.7%
2 - Some Assistance	15	17.7%
3 - Highly Needed	12	14.1%
4 - Critical Need	4	4.7%
No Response	33	38.8%

Developing a realistic sustainable plan for the future	N	Percent
1 - No Assistance	12	14.1%
2 - Some Assistance	25	29.4%
3 - Highly Needed	9	10.6%
4 - Critical Need	5	5.9%
No Response	34	40.0%
How to develop and manage a sustainable budget		
1 - No Assistance	27	31.8%
2 - Some Assistance	17	20.0%
3 - Highly Needed	8	9.4%
4 - Critical Need	1	1.2%
No Response	32	37.7%
Ability to maximize transport reimbursement		
1 - No Assistance	17	20.0%
2 - Some Assistance	17	20.0%
3 - Highly Needed	9	10.6%
4 - Critical Need	9	10.6%
No Response	33	38.8%
How to move from a club atmosphere to a business like structure		
1 - No Assistance	31	36.5%
2 - Some Assistance	11	12.9%
3 - Highly Needed	6	7.1%
4 - Critical Need	1	1.2%
No Response	36	42.4%
How to comply with state regulations		
1 - No Assistance	22	25.9%
2 - Some Assistance	18	21.2%
3 - Highly Needed	9	10.6%
4 - Critical Need	1	1.2%
No Response	35	41.2%
Greater access to EMS training officer programs		
1 - No Assistance	16	18.8%
2 - Some Assistance	22	25.9%
3 - Highly Needed	9	10.6%
4 - Critical Need	3	3.5%
No Response	35	41.2%
Statewide and web based access for prospective or new personnel		
1 - No Assistance	12	14.1%
2 - Some Assistance	23	27.1%
3 - Highly Needed	13	15.3%
4 - Critical Need	3	3.5%
No Response	34	40.0%

Continuing education that is delivered close to home	N	Percent
1 - No Assistance	10	11.8%
2 - Some Assistance	20	23.5%
3 - Highly Needed	16	18.8%
4 - Critical Need	6	7.1%
No Response	33	38.8%
Training curriculum that motivates personnel to attend and participate		
1 - No Assistance	13	15.3%
2 - Some Assistance	23	27.1%
3 - Highly Needed	11	12.9%
4 - Critical Need	7	8.5%
No Response	31	36.5%
Improving medical director involvement		
1 - No Assistance	18	21.18
2 - Some Assistance	24	28.24
3 - Highly Needed	8	9.41
4 - Critical Need	4	4.71
No Response	31	36.5%
Training or guidebook to successfully implement quality assurance program		
1 - No Assistance	17	15.3%
2 - Some Assistance	22	27.1%
3 - Highly Needed	9	12.9%
4 - Critical Need	4	8.2%
No Response	33	36.5%
Education on completion of patient care reports or electronic patient care reports (ePCR's)		
1 - No Assistance	19	22.4%
2 - Some Assistance	20	23.5%
3 - Highly Needed	8	9.4%
4 - Critical Need	2	2.4%
No Response	36	42.4%
How to engage the community and view EMS as an essential service		
1 - No Assistance	10	11.8%
2 - Some Assistance	21	24.7%
3 - Highly Needed	12	14.1%
4 - Critical Need	6	7.1%
No Response	36	42.4%

Managing relationships with local hospitals and other public safety professionals	N	Percent
1 - No Assistance	24	28.2%
2 - Some Assistance	17	20.0%
3 - Highly Needed	8	9.4%
4 - Critical Need	1	1.2%
No Response	35	41.2%
Technical assistance support through Regional Advisers		
1 - No Assistance	20	23.5%
2 - Some Assistance	25	29.4%
3 - Highly Needed	5	5.9%
4 - Critical Need	0	0.0%
No Response	35	41.2%
Additional grant writing training courses		
1 - No Assistance	12	14.1%
2 - Some Assistance	18	21.2%
3 - Highly Needed	14	16.5%
4 - Critical Need	7	8.2%
No Response	34	40.0%
Access to buying cooperatives to reduce costs for replacement of vehicles, equipment, and supplies		
1 - No Assistance	16	18.8%
2 - Some Assistance	19	22.4%
3 - Highly Needed	10	11.8%
4 - Critical Need	7	8.2%
No Response	33	38.8%

- 18.8% (n = 16) of the agencies said that the ability to maximize transport reimbursement was one of their top five challenges.
- 16.5% (n = 14) said that developing a realistic sustainable plan for the future was one of their top five challenges.
- 15.3% (n = 13) said that continuing education that is delivered closed to home is one of their top five challenges.
- 15.3% (n = 13) said that developing recruitment and retentions strategies to address personnel shortages was one of their top five challenges.
- 11.8% (n = 10) said that how to engage the community and view EMS as an essential service is one of their top five challenges.
- 10.6% (n = 9) said that the need for a training or guidebook to successful implement quality assurance program is one of their top five challenges.
- 10.6% (n = 9) said that improving medical director involvement is one of their top five challenges.
- 10.6% (n = 9) said that additional grant writing training courses is one of their top five challenges.

- 10.6% (n = 9) said conflict resolution training for dealing with difficult personnel was one of their top five challenges.
- 10.6% (n = 9) said that statewide and web based access for prospective or new personnel was one of their top five challenges.
- 9.4% (n = 8) said that how to comply with state regulations was one of their top five challenges.
- 8.2% (n = 7) said continued leadership growth and education for experienced EMS leaders was one of their top five challenges.
- 8.2% (n = 7) said that training curriculum that motivates personnel to attend and participate is one of their top five challenges.
- 7.1% (n = 6) said how to develop and manage a sustainable budget was one of their top five challenges.
- 9.4% (n = 5) said additional leadership training opportunities for new EMS leaders was one of their top five challenges.
- 9.4% (n = 5) said that education on completion of patient care reports or electronic patient care reports (ePCR's) are one of their top five challenges.
- 9.4% (n = 5) said mentorship guides or model programs for EMS providers was one of their top five challenges.
- 9.4% (n = 5) said how to move from a club atmosphere to a business like structure was one of their top five challenges.
- 9.4% (n = 5) said that greater access to EMS training officer programs was one of their top five challenges.
- 4.7% (n = 4) said that managing relationships with local hospitals and other public safety professionals is one of their top five challenges.
- 4.7% (n = 4) said access to buying cooperatives to reduce costs for replacement of vehicles, equipment, and supplies.
- 2.4% (n = 2) said mentorship and training programs for EMS leaders and board of directors was one of their top five challenges.
- 1.2% (n = 1) agency said that technical assistance support through regional advisor is one of their top five challenges.

The open-ended question, "Please provide any questions, comments, concerns, feedback, ideas about the current state of EMS in North Dakota and ideas for future sustainability" was also asked. Those responses are listed in a table in appendix A.

Appendix A

The following tables include responses to the open-ended questions asked throughout the survey.

Which North Dakota EMS Service do you represent?	N	Percent
Alexander First Responders	1	1.18%
Altru Ambulance	1	1.18%
Ashley Ambulance	1	1.18%
Belcourt Ambulance Service	1	1.18%
Bowdon Ambulance Service District	1	1.18%
Bowman Ambulance	1	1.18%
CAS, Inc Beach ND	1	1.18%
Carrington Ambulance Service	1	1.18%
Carrington Hospital Ambulance	1	1.18%
Community Ambulance Service of Minot	1	1.18%
Cooperstown	1	1.18%
Coyote Creek Mine Ambulance	1	1.18%
Edgeley Ambulance Service	1	1.18%
F-M Ambulance Service	1	1.18%
Fessenden	1	1.18%
First Medic Ambulance of Ransom County Inc.	1	1.18%
Grandin QRU	1	1.18%
Grenora Ambulance Service	1	1.18%
Hebron	1	1.18%
Hunter Ambulance	1	1.18%
Indian Health Services, Belcourt Ambulance	1	1.18%
Jamestown Area Ambulance	1	1.18%
Killdeer Area Ambulance Service	1	1.18%
Langdon Ambulance	1	1.18%
Lidgerwood Rural Ambulance Service	1	1.18%
Mandaree EMS	1	1.18%
McClusky	1	1.18%
McVille Community Ambulance	1	1.18%
Mckenzie County Ambulance Service	1	1.18%

Mercer County Ambulance	1	1.18%
Metro Area Ambulance Service	1	1.18%
Michigan Area Ambulance	1	1.18%
Mohall Ambulance Service	1	1.18%
Napoleon Ambulance Service	1	1.18%
Neché QRU	1	1.18%
Northwood Ambulance Service	1	1.18%
Oliver County Ambulance	1	1.18%
Page Ambulance	1	1.18%
Parshall Ambulance Service	1	1.18%
Portal	1	1.18%
Ray Community Ambulance District	1	1.18%
Regent Ambulance	1	1.18%
Richardton-Taylor Rural Ambulance District	1	1.18%
Rock Lake Ambulance	1	1.18%
Rugby	1	1.18%
Sanford AirMed	1	1.18%
Sargent Co Ambulance of Milnor	1	1.18%
Sargent County Ambulance	1	1.18%
Small Town	1	1.18%
The Buffalo Area Quick Response Unit, Inc.	1	1.18%
Thompson Fire & Rescue	1	1.18%
Tioga Fire and ambulance	1	1.18%
Towner County Ambulance Service	1	1.18%
Underwood	1	1.18%
Valley City Barnes County Rescue	1	1.18%
West River Ambulance	1	1.18%
West Traill Ambulance Service	1	1.18%
Westhope Ambulance	1	1.18%
Williston Ambulance	1	1.18%
Wing Rural Ambulance	2	2.35%

Wishek Ambulance Service	1	1.18%
Wyndmere Barney Ambulance	1	1.18%
Park River	1	1.18%
No Response	21	24.71%

Which type of ownership best describes your service? - Other: (Please describe)	N	Percent
Federal Government	1	1.18%
Hospital Owned, non-profit	1	1.18%
Our own entity/formerly fire-based	1	1.18%
Private, industrial	1	1.18%
Private/Nonprofit	1	1.18%
Ambulance district	1	1.18%
Joint powers	1	1.18%

If your BLS service provides Advanced Life Support (ALS) all or nearly all of the time, what barriers exist to licensing at the ALS level with the state of North Dakota?	N	Percent
Because we have AEMT's and not always paramedics on duty	1	1.18%
Limited ALS staff	1	1.18%
Availability of staff to provide for ALS services 24 hours a day, 7 days a week. Cost.	1	1.18%
Being able to be safe. Two full ALS crews to cover 911. We normally only schedule 1 paramedic per day. 50% of our calls are ALS transfers. This takes the paramedic out of the community making it impossible for us to license ALS.	1	1.18%
Call volume and reimbursement.	1	1.18%
Cost	1	1.18%
EMT level backup/drivers	1	1.18%
FM ambulance is our ALS provider	1	1.18%
Guaranteeing ALS coverage.	1	1.18%
I do not think there is a barrier to license as an ALS service. In the event there is a shortage of paramedic providers in the state, our service would be in the position of losing the certificate to provide service and have the ALS service turned over to another ambulance service or entity.	1	1.18%
Lack of paramedic's available to work.	1	1.18%
NA	1	1.18%
Not enough calls to keep paramedics to stay	1	1.18%
None	1	1.18%
Not enough EMTs to always be on, and soon in the next month or so won't have the paramedic coverage we have the past few months	1	1.18%
Not enough full time ALS providers on staff.	1	1.18%
Our ALS is provided by an AEMT, not a paramedic	1	1.18%
Our service has one paramedic on crew, who responds to 95% of our calls on a volunteer basis. However, he is the only medic locally available to volunteer. At this point hiring full time ALS coverage is cost prohibitive.	1	1.18%
Staffing costs	1	1.18%
Staffing requirements keep us limited and ALS providers are not always available.	1	1.18%

Volunteer service, 1 paid paramedic	1	1.18%
We are a volunteer service that does not transport. Of the 10 medical responders that we have, only 2 are ALS.	1	1.18%
We are not able to provide ALS service 24/7/365 due to only having 2 paramedics and no AEMTs.	1	1.18%
We cannot afford 100% ALS staff. We have more BLS in lean months.	1	1.18%
We do not have access to ALS providers all of the time	1	1.18%
We do not have the funding to pay ALS providers, we currently have 2 paramedics	1	1.18%
We have staffing through Ambulance Resources so we have paramedics here at times, but we are worried about the cost of being ALS full time.	1	1.18%
We occasionally have a BLS crew on with no ALS providers.	1	1.18%
Adequate numbers of qualified personnel within our service. Our call volume does not justify hiring personnel to provide ALS services.	1	1.18%
Being able to utilize RN's who have ALS training.	1	1.18%
Having ALS 24/7	1	1.18%
None. No rewards for service to be licensed ALS. No extra money in reimbursements and such. Also limits crew members to EMT or higher with paramedic	1	1.18%
Not enough staffing to go ALS.	1	1.18%

How is your agency primarily staffed? - Other (please explain)	N	Percent
Paid on call	1	1.18%
All volunteer	1	1.18%
Mostly paid staff	1	1.18%
Volunteers	1	1.18%

What best describes your service as it relates to an identified EMS Operations Leader and succession plan? - None of the above (please explain)	N	Percent
Directly lead by the VP of PT services for the hospital	1	1.18%
I have leadership experience, but no one wants the job. "Till death do us part."	1	1.18%
Leader has gone through all levels of leadership training and was selected by a recruitment process, but there is no succession plan as it is a full-time paid position, so when the current leader leaves it is advertised and the hiring process begins.	1	1.18%
We all work as a team.	1	1.18%

Does your EMS service have a recruitment and retention strategy? - Some aspects (please explain)	N	Percent
Benefits and schedule	1	1.18%
Periodic advertising, annual letter to community mailed, personal contact, squad identifies potential members to contact	1	1.18%
Training local community members is ongoing.	1	1.18%
We encourage community members to take EMT class and join the squad.	1	1.18%
We have limited recruitment, hiring personnel in rural areas is difficult	1	1.18%
Start them as EMR's, then move them up if they like it.	1	1.18%

Who prepares your ambulance transport billing? - Other (please explain) - Text	N	Percent
Non-transport unit	1	1.18%
Do not transport	1	1.18%
Do not transport	1	1.18%

If you bill for ambulance transports, how is your current rate schedule determined? - Other (please explain)	N	Percent
I am not sure	1	1.18%
Unsure: hospital does it	1	1.18%
Do not transport	1	1.18%
Do not transport	1	1.18%

Does your service have collection policies in place to recoup bad debt? - Other (please explain)	N	Percent
Don't know	1	1.18%
Don't charge	1	1.18%
We volunteer	1	1.18%
Yes we do, but they are difficult to collect upon	1	1.18%

What are obstacles your EMS service has in obtaining or offering continuing education? (check all that apply) - Other (please explain)	N	Percent
N/A	1	1.18%
No Obstacles	1	1.18%
None	3	3.53%
None of the Above	1	1.18%
One of our staff members is planning to take an instructor course	1	1.18%
We have a good setup for anyone who can be available	1	1.18%
Funding for education activities	1	1.18%
None	1	1.18%
We have plenty of training opportunities, just members that are unable to make every training	1	1.18%

How does your EMS service cover the costs (registration and travel) of continuing education for EMS providers? - Other (please explain)	N	Percent
Covered up to an allowed annual level.	1	1.18%
Raise money from community	1	1.18%
Services covers most costs	1	1.18%
Covers so much per year	1	1.18%
Volunteers	1	1.18%

Are EMS providers paid and/or receive incentives to attend training or conferences? (check all that apply) - Yes (please explain the incentives)	N	Percent
200 annual funding for each crew member to apply toward continuing ed	1	1.18%
Housing costs and registration	1	1.18%
If groups pay their way, sometimes we are able to assist with a hotel room	1	1.18%
Paid for time, registration and mileage as long as it directly reflects the credits needed for their current recertification	1	1.18%
Paid hourly wage and travel expenses	1	1.18%
Yearly education allotment	1	1.18%
Car is provided, motel, eating and hours at conference are paid	1	1.18%
Conference is paid for, meals and rooms are paid and full-time employees get their time paid	1	1.18%
hourly pay, registration fees	1	1.18%
Motel and meal monies provided	1	1.18%
Paid	1	1.18%
Paid fees	1	1.18%
Paid their regular hourly wage	1	1.18%
Pay for mileage, hotel and extra spending money	1	1.18%
Per diem, and all expenses paid	1	1.18%
Some education is paid	1	1.18%
They get to go to 1 conference every other year	1	1.18%

Does your EMS service utilize the EMS training grant offered by the ND Division of EMS? - No (please explain why)	N	Percent
Didn't know about it	1	1.18%
If it was used manger picked the money	1	1.18%
We are not aware of it.	1	1.18%

Please tell us about the involvement of your Medical Director with your EMS service (check all that apply) - None of the above apply (please explain)	N	Percent
A PA attends the meeting	1	1.18%
General medical director from a larger hospital: has no interaction with us. We use state protocols only	1	1.18%
MD signs off on protocol and answers questions when we ask	1	1.18%
Med director is not involved in training	1	1.18%
We are under Williston	1	1.18%
We have a medical director	1	1.18%

In regards to a community-based board (elected officials, business leaders, hospital leadership) or governance, which option best fits your EMS service? - None of the above (please explain)	N	Percent
5 fireman and 4 EMS providers	1	1.18%
Board established for building management only. Has no authority over day to day operations of the EMS service.	1	1.18%
City commission	1	1.18%
Executive board	1	1.18%
Hospital board	1	1.18%
Hospital board is made up of local church owner delegates.	1	1.18%
Private ownership	1	1.18%
QRU is fire based	1	1.18%
The medical director owns and operates the service.	1	1.18%
Voting board members include community-based representatives, hospital representative, and a Custer Health representative	1	1.18%
We are hospital based so the hospital board is our board- we have no separate EMS board	1	1.18%
Board is just ambulance members	1	1.18%
Community based with medical director and CEO of hospital on board	1	1.18%
There is a hospital board	1	1.18%

Overall healthy citizens is important for all communities. Which of the following services does your EMS service provide in your community? (check all that apply) - Other (please explain)	N	Percent
ATV safety class	1	1.18%
Friends and family CPR class	1	1.18%
Cannot check all that apply	1	1.18%
Community visits and treatment for minor injuries that require first aid	1	1.18%

Please select the top 5 of your most challenging issues you face today. You may select from those listed or challenges not listed. - Other - Text	N	Percent
911 jurisdictions with Indian Health Services	1	1.18%
Distance from hospitals	1	1.18%
Finding paramedics to work in a non-tradition role in a hospital based system that can't afford to pay a standing 24hr shift.	1	1.18%
Low population to recruit new members	1	1.18%
NO PEOPLE	1	1.18%
Not enough EMS personal to fill positions	1	1.18%
Outdated equipment and methods	1	1.18%
Developing a shift schedule conducive to out of town staff	1	1.18%
Retention	1	1.18%
Cash flow	1	1.18%
LACK OF RUNS	1	1.18%
Lack of EMS providers statewide to recruit from	1	1.18%
Paid staff from out of town are not interested because of our location	1	1.18%
Not enough calls to warrant full-time staff	1	1.18%

<p>Please provide any questions, comments, concerns, feedback, ideas about the current state of EMS in North Dakota and ideas for future sustainability. Your thoughts and insight are valuable as we continually strive to improve ourstate’s EMS system.</p>	<p>N</p>	<p>Percent</p>
<p>As of March 31, 2019, Michigan Ambulance will be closing. Altru was contacted and showed interest in managing the service, but needed to have hometown drivers. Well we have a lack of PEOPLE! People do not want to give up weekends and holidays, but everyone wants to help Monday through Thursday. For the last three years, primary patient care giver has relied on one main EMT who takes around 500 hours of call a month and two other EMTs who take the remainder. Every effort was made to recruit and recruit, but in all honesty, we have 75% who want to retire. Our Main EMT was burnt out. This is going to happen all over the state and no one gets excited until the service closes. Then community members who did not take the service seriously start to point fingers they didn't do enough. Sad</p>	<p>1</p>	<p>1.18%</p>
<p>Answers given should be weighed, as I am in charge of a non transporting QRU unit working with more than one ambulance district. The ambulance service that we work under treats us well and would be better able to answer these questions.</p>	<p>1</p>	<p>1.18%</p>
<p>As noted above, our main concern at this time is recruiting and retention of our squad. In addition, I am a new squad leader as of January 2019, and I am open to any training/education available to help me be a positive change and maintain the integrity of our ambulance service.</p>	<p>1</p>	<p>1.18%</p>
<p>Finding members to take over leadership roles within the squad is difficult because the increasing demand for regulation, accountability, training requirements, etc. means a LOT of volunteer time. Even minimally compensated- it’s more and more like a small business- great volunteers, but many new members have young families and jobs that keep them from giving more hours- the amount of “business office work” is a turn off.</p>	<p>1</p>	<p>1.18%</p>

<p>Having an IHS federal ambulance as being part of 911 system often presents problems. 911 AOR's mean little and although we do work closely together, our call volume often depends on their level of staffing. At our current call volume, this can have major impacts on staffing expenses and grants.</p>	1	1.18%
<p>Our goal is to have service providers from the community providing the local community with healthcare services. The services would be emergent and non-emergent. If the insurance system would pay for visits that include care via telemedicine or other in home healthcare, it could help sustain the cost of staffing and equipment.</p>	1	1.18%
<p>The current state of EMS is declining, money is pretty much the only thing that will increase participation as that is what the millennial's want to participate.</p>	1	1.18%
<p>We need reimbursement! We bill enough to be sustainable. We need a higher percentage received. Without the state grant and our county subsidy, we would not be here.</p>	1	1.18%
<p>What OSHA requirements are needed??</p>	1	1.18%