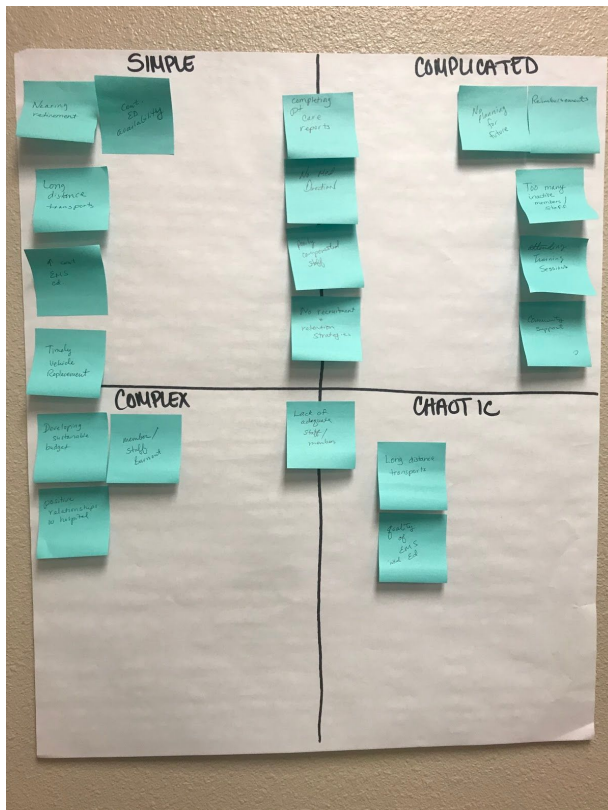


EMS Vision 2025

Prepared for North Dakota's EMS Stakeholders



StrengthenND®



EDUCATION

- CONT. to provide current education programs & \$ given for these - sustainability
- ↑ availability of education
 - - online portals
 - - cont. education & initial & mentors
- Standardizing education programs via instructors (qualified) - supervised
 - open up means to obtain inst. certification (e) role change, PMS inst, etc

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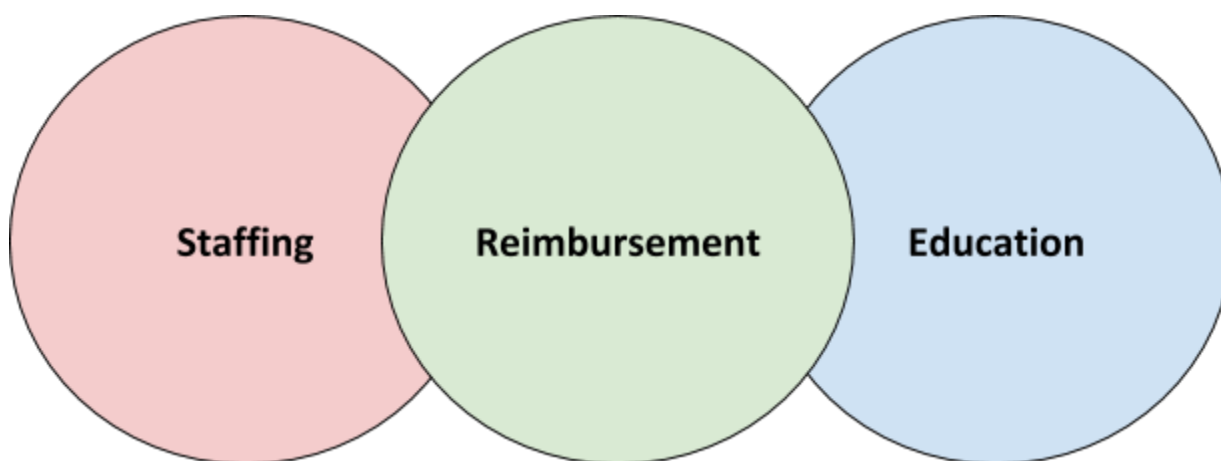
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Introduction

As part of an effort to create a five-year strategic vision for emergency services across North Dakota, Strengthen ND was able to facilitate two separate sessions filled with EMS stakeholders from across the state to support the generation of measurable goals and objectives. Prior to the individual planning sessions, significant efforts had already been undertaken by the North Dakota Emergency Services Association (NDEMSA) to collect data on the emerging needs being experienced by local ambulance services.

Summary of Data Collected

Through one-on-one interviews, small focus groups, and a wide-reaching electronic survey, NDEMSA was able to categorize and prioritize the self-reported challenges into three broad areas: Staffing, Education, & Reimbursement.



Further, the following top eleven challenges were reported most frequently throughout all of North Dakota, as per the electronic survey:

1. Lack of Adequate Members/Staff (38.8%)
2. Member/Staff Burnout (23.5%)
3. Member/Staff Nearing Retirement (23.5%)
4. Adequate Reimbursement for Transports (22.4%)
5. Motivating Staff to Attend Training Sessions (18.8%)
6. Long Distance Transports (17.7%)

-
7. No Recruitment & Retention Strategies (15.3%)
 8. Too Many Inactive Members/Staff (15.3%)
 9. Poorly Compensated Members/Staff (12.9%)
 10. High Cost of EMS Education (10.6%)
 11. Developing a Sustainable Budget (10.6%)

Process Utilized

To support the generation of a five-year strategic vision, Strengthen ND began the first planning session, which was held on August 13th, 2019, with a review of the data collected (summarized above) and a review of the previous strategic vision, which was meant to be achieved by 2020.

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



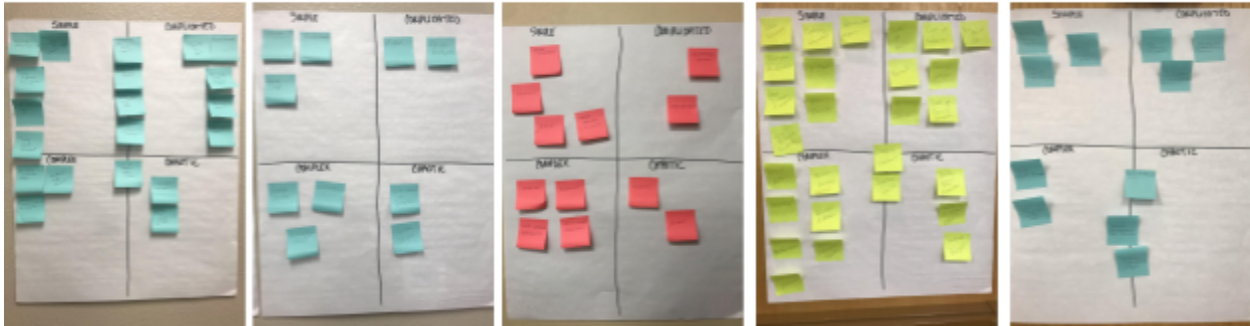
The system will have enough prepared and capable personnel



Ownership and responsibility for the provision of EMS are clear

Following the review and discussion of the data and previous vision, the large group in attendance was then broken into five groups to begin work on an exercise named “Agreement & Certainty Matrix”, where the groups were asked to sort the challenges identified into the following categories: Simple, Complicated, Complex, & Chaotic. The exercise was meant to support deeper thinking into each of the identified challenges to better identify the dynamics at play and their root causes.

Resulting Matrices



Once the challenges had been fully discussed and shared, the group was then asked to develop strategies or solutions to mitigate the identified challenges. Further, they were asked to narrow their proposed solutions or strategies into their top five proposed under the three categories of Staffing, Reimbursement, and Education. Finally, the individuals in attendance were asked to rank the most important solution or strategy to implement with a colored dot. Below, outlined in the columns, are the final rankings of the proposed strategies under each category.

STAFFING

- Phase out “volunteer” and promote EMS as a profession (28)
- Statewide ad campaign for recruitment, public awareness, and education (16)
 - “Who is EMS?”
 - Highlighting purpose
- Shared staffing agreements and contract staff (10)
- Revise substation rules (9)
- Create and distribute mentorship, recruitment, and retention tools, templates, or manuals (8)
- Incentivize coverage for neighboring services (0)
- Recognition for years of service (0)
- Healthcare staff utilization (0)
- Increase benefits for EMS professionals (i.e. Student Loan forgiveness, etc.) (0)

REIMBURSEMENT

- Change ownership of the EMS problem (45)
- Education of officials on all levels of government (22)
 - Consistent talking points
- Maximize all revenue streams (tax, levy, education) (20)
- Mill levy (8)
- Prioritize areas of funding (1)
- Decrease non-medical transfers (0)
- Paid employees for NDEMSEA (0)
- Legislative Funding source (0)
- Standardize squad membership to NDEMSEA (0)

EDUCATION

- Increase availability of education through online portals, continuing education and initial partnerships with mentors (18)

- Standardizing education programs via instructors (qualified) and supervision (10)
 - Open up means to obtain instructor certification; facilitate rule change so MDs can teach
- EMR to EMT bridge (9)
- Change NREMS rules to better suit rural EMS needs (0)
- Foundation scholarships for training (0)
- Oversight by NDEMSA (quality control) (0)
- Regional skills labs (0)
- State instructors and employees by region (0)
- Online instructor list/database by region (0)
- RN utilization FAQ (0)
- QA How to (0)
- Continue to provide current education programs and money given for these - sustainability (0)

Prioritization Notes

STAFFING
 Standardize the program
 - Pay 1.5 for year of service
 Facilitate rule change to allow MDs to teach
 Standardize marketing strategy

STAFFING
 • Phase out volunteer
 - promote EMS as a profession
 • A benefits for EMS professionals
 - S.L.
 - T.C.
 • Create & distribute / make sure
 - membership
 - recruitment
 - retention
 templates +/- Manual
 Standardize marketing strategy

STAFFING
 * Shared Staffing Agreements + ~~CONTINUED~~ STAFF
 * Marketing Campaign "What is EMS"
 * ~~Mentorship How To~~
 * Healthcare Staff Utilization

REIMBURSEMENT / FUNDING
 • Change ownership of the problem
 • Form local legislative/community leader alliances
 * Expand NREMS regional advisors
 - able to include facilitation of coordination/collaboration
 - table numbers of MDs, NREMS, etc.
REIMBURSEMENT / FUNDING
 • EDUCATION OF OFFICIALS

EDUCATION
 * State Instructors (by region) ~~emphasize~~
 * Online with Local Mentor
 * EMR to EMT Bridge
 * Instructor List on Web
 * RN Utilization (FAQ)
 * QA How to

REIMBURSEMENT / FUNDING
 Maximize ALL Revenue Streams (tax, levy, services, Education)
 * Tell our Story True Cost of EMS
REIMBURSEMENT / FUNDING
 • MILL LEVY
 LEGISLATIVE FUNDING SOURCE

REIMBURSEMENT / FUNDING
 STABILIZE FUNDING SOURCE
 PRIORITIZE AREAS OF FUNDING
 EDUCATE PUBLIC/OPTIONS
 DECREASE NON-MEDICAL TRAVEL

EDUCATION
 More inter-agency educational forums
 Pool of instructors
 CHANGE NREMS RULES TO BETTER SUIT RURAL EMS NEEDS
 BRIDGE CLASSES
 FOUNDATION SCHOLARSHIPS FOR TRAINING

EDUCATION
 • Cont to provide current education programs # if given for there - sustainability
 • ↑ availability of education
 - Online portals
 - Cult education of instructors
 • Standardizing education program via instructors (qualified)
 - open up means to obtain instructor certification of the change

REIMBURSEMENT / FUNDING
 • MILL LEVY
 LEGISLATIVE FUNDING SOURCE
 • ~~EMR to EMT Bridge~~
 Standardize Staffing + ~~ACCREDIT~~

STAFFING
 PARTNERING WITH OTHER SERVICES TO UTILIZE STAFF BETTER
 REVISE SUBSTATION RULES
 INCENTIVIZE COVERAGE FOR REIMBURSEMENT SERVICES
 AD CAMPAIGN FOR RECRUITMENT
 "WHAT/WHY IS EMS?"
 HIGHLIGHTING "WHY/WHEN?"

REIMBURSEMENT / FUNDING
 • EDUCATION OF OFFICIALS OF ALL LEVELS OF GOVERNMENT
 - CONSISTENCY OF TALKING POINTS
 • PAY EMPLOYEES OF THE NDEMSA

The second planning session was held with a smaller group of EMS Stakeholders on August 19th, 2019. The goal of this planning session was to refine the strategies proposed into big picture areas and associated strategies. To do this, the individuals in attendance reviewed the results of the prior planning session, discussed their common threads, and developed four large vision areas. Once the large vision areas were identified, a road mapping process was utilized to take a deeper dive into the proposed goals and objectives. The visual results of the mapping session can be found below.

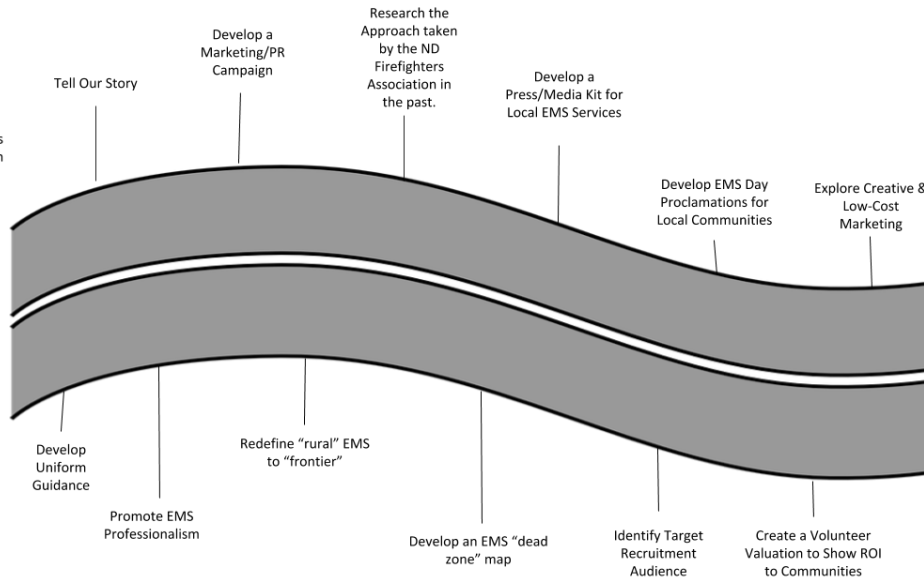
GOAL 1



- People Power | Who will steer, guide, and push?**
- ND Association of Counties
 - ND Firefighters Association
 - EMS Stakeholders



- Gas Station | What will power us?**
- Grant funding for a PR campaign
 - Earned revenue opportunities to support marketing



Destination | What is our vision for the statewide EMS landscape?

By 2025, EMS Stakeholders will elevate the perception and visibility of EMS throughout North Dakota.

Statewide Marketing Campaign Adaptable Messaging & Promotion Materials

Suggested "Brand Standards" "Volunteer to Professional"

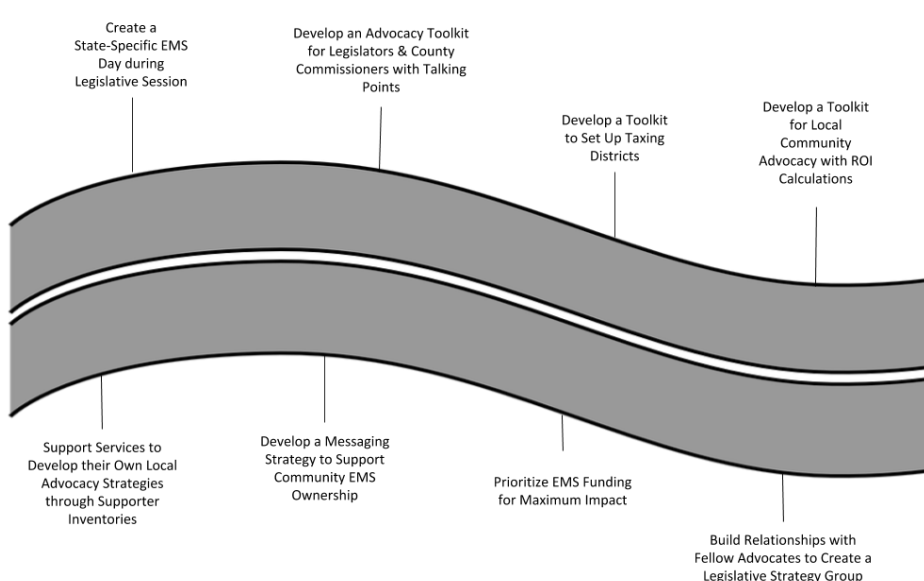
GOAL 2



- People Power | Who will steer, guide, and push?**
- EMS Stakeholders
 - Medical Directors
 - American Medical Association
 - NDSU Traffic Safety Study Personnel



- Gas Station | What will power us?**
- National Day Calendar
 - Added Funds



Destination | What is our vision for the statewide EMS landscape?

By 2025, EMS Stakeholders will create and deploy an advocacy initiative to educate communities and support long-term EMS sustainability.

Education to Elected Officials

Develop Funding/Revenue Stream Tools & Education

General Public Education with Localized Messaging/Tools

GOAL 3



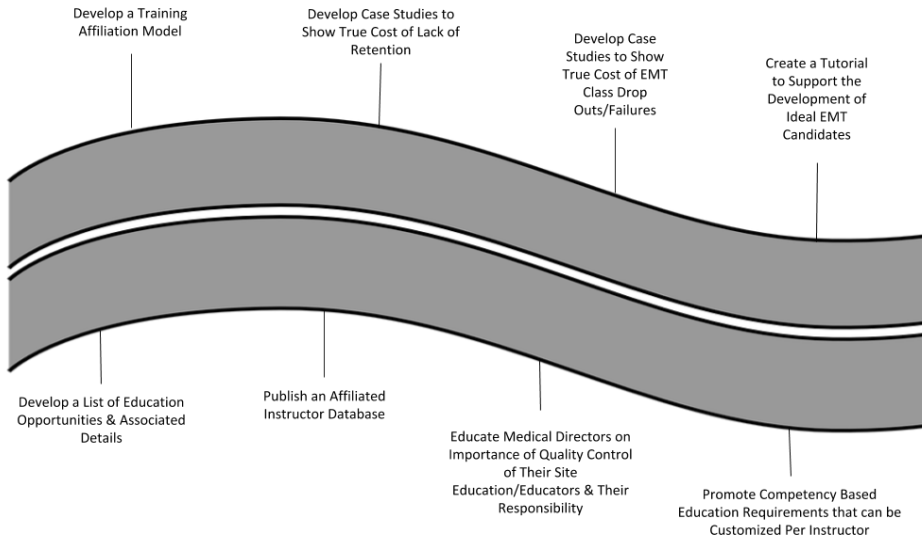
People Power | Who will steer, guide, and push?

- Department of Health
- NDEMSEA Education Committee
- EMS Advisory Council
- Medical Site Directors



Gas Station | What will power us?

- Area Training Institutions



Destination | What is our vision for the statewide EMS landscape?

By 2025, EMS Stakeholders will improve the quality of EMS education and maximize available education opportunities.

- Embracing Technology*
- Oversight & Training Locations*
- Regional Skills Labs*

GOAL 4



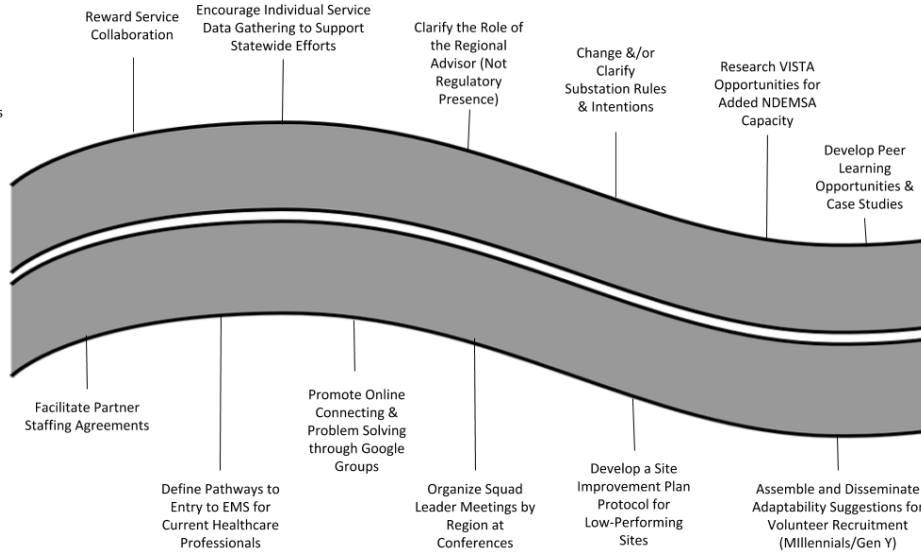
People Power | Who will steer, guide, and push?

- ND State Radio System
- ND Association of Counties
- American Medical Association
- ND 911 Association
- County 911 Coordinators
- EMS Stakeholders



Gas Station | What will power us?

- HRSA Grant Data Measures to Guide Implementation



Destination | What is our vision for the statewide EMS landscape?

By 2025, EMS Stakeholders will foster partnerships to create and facilitate expanded efficiencies for operational, staffing and administrative, and service capabilities for local EMS services.

- Recruitment & Retention Tools*
- Education on Substation Rules*
- Healthcare Staff Utilization Guidance*

Following the completion of the second planning session, Strengthen ND took all of the information provided and created measurable objectives from the strategies noted above and the goals outlined in the planning session.

Planning Outcomes

Through the processes implemented, the following goals, objectives, and strategies can be developed to support the growth and sustainability of EMS throughout North Dakota.

Goal 1: By 2025, EMS Stakeholders will elevate the perception and visibility of EMS throughout North Dakota.	
Objectives	Lead & Partners
Objective 1: Determine and grow the North Dakota EMS brand.	EMS Stakeholders ND Association of Counties ND Firefighters Association
<ul style="list-style-type: none"> ● Strategy 1: Develop and disseminate uniform and public appearance guidance statewide. ● Strategy 2: Tell, document, and publish the stories of EMS professionals across North Dakota to elevate EMS visibility and illustrate local impact. 	
Objective 2: Develop and implement a statewide EMS awareness campaign.	
<ul style="list-style-type: none"> ● Strategy 1: Connect with the ND Firefighters Association to learn from their past awareness campaign strategies. ● Strategy 2: Assemble an EMS “dead zone” map to utilize for awareness purposes. ● Strategy 3: Identify the target audience(s) and create segmented messaging. ● Strategy 4: Create statewide and localized volunteer valuations to show the return on investment of EMS professionals to the state and communities. ● Strategy 5: Develop media kits for local ambulance services, reflecting the messaging of the statewide awareness campaign, including opportunities for low-cost local marketing. ● Strategy 6: Develop an EMS Day proclamation for local communities to utilize. 	

Goal 2: By 2025, EMS Stakeholders will create and deploy an advocacy initiative to educate communities and support long-term EMS sustainability.	
Objectives	Lead & Partners
Objective 1: Build the advocacy capacity of local ambulance services.	EMS Stakeholders
<ul style="list-style-type: none"> ● Strategy 1: Develop a messaging strategy to support 	

<p>community buy-in for EMS ownership, with return on investment calculations for individual communities.</p> <ul style="list-style-type: none"> ● Strategy 2: Develop an advocacy toolkit to local services to speak with legislators and county commissioners. 	<p>Medical Directors</p> <p>American Medical Association</p>
<p>Objective 2: Build the sustainability capacity of local ambulance services.</p>	
<ul style="list-style-type: none"> ● Strategy 1: Revise EMS funding strategies to support maximum impact to critical local ambulance services. ● Strategy 2: Develop a toolkit to support local ambulance services to set up taxing districts. 	<p>NDSU Traffic Safety Study Personnel</p>
<p>Objective 3: Build the advocacy capacity of EMS Stakeholders to make a bigger impact at Legislative Bienniums.</p>	
<ul style="list-style-type: none"> ● Strategy 1: Build relationships with related organizations to create a legislative strategy group. ● Strategy 2: Create a state-specific EMS Day during the Legislative Session. 	

<p>Goal 3: By 2025, EMS Stakeholders will improve the quality of EMS education and maximize available education opportunities.</p>	
Objectives	Lead & Partners
<p>Objective 1: Support standardization and increased quality of education.</p>	<p>Department of Health</p>
<ul style="list-style-type: none"> ● Strategy 1: Develop a training affiliation model for EMS instructors. ● Strategy 2: Educate medical directors on their responsibility to assure quality education is provided at their sites. ● Strategy 3: Promote competency-based education requirements that can be customized per affiliated instructor. ● Strategy 4: Publish an affiliated instructor database. 	<p>NDEMSEA Education Committee</p> <p>EMS Advisory Council</p>
<p>Objective 2: Support local ambulance services and personnel to access and maximize available training opportunities.</p>	<p>Medical Site Directors</p>
<ul style="list-style-type: none"> ● Strategy 1: Create a tutorial to guide the development of the ideal EMT/EMR candidate. ● Strategy 2: Create case studies to illustrate the cost of low candidate retention and candidate drop-outs/failures. ● Strategy 3: Develop and disseminate a comprehensive list of educational opportunities and qualifications to local services. 	

Goal 4: By 2025, EMS Stakeholders will foster partnerships to create and facilitate expanded efficiencies for operational, staffing and administrative, and service capabilities for local EMS services.

Objectives	Lead & Partners
<p>Objective 1: Strengthen regional and statewide peer learning networks.</p>	<p>EMS Stakeholders</p> <p>ND State Radio System</p> <p>ND Association of Counties</p> <p>American Medical Association</p> <p>ND 911 Association</p> <p>County 911 Coordinators</p>
<ul style="list-style-type: none"> ● Strategy 1: Develop peer learning opportunities (i.e. shared ride alongs). ● Strategy 2: Promote statewide online connecting and problem solving through Google Groups. ● Strategy 3: Organize squad leader meetings by region at conferences. 	
<p>Objective 2: Support local ambulance services to assess opportunities for collaboration and facilitate shared agreements.</p>	
<ul style="list-style-type: none"> ● Strategy 1: Encourage individual service data gathering to support potential partnership opportunities. ● Strategy 2: Clarify substation rules and intentions for services, which may be good candidates. ● Strategy 3: Define pathways to entry to EMS for current healthcare professionals for added volunteer capacity. ● Strategy 4: Facilitate partner staffing agreements for qualifying services. 	
<p>Objective 3: Increase NDEMSEA's ability to impact to local services.</p>	
<ul style="list-style-type: none"> ● Strategy 1: Assess the viability of securing AmeriCorps VISTAs for service delivery and organizational capacity building. ● Strategy 2: Clarify the role of Regional Advisors to local ambulance services to maximize the relationships. ● Strategy 3: Develop a site improvement plan protocol for low-performing sites. ● Strategy 4: Assemble and disseminate adaptability suggestions for volunteer recruitments (Millennials/Gen Y). 	

Raw Data & Agendas from Sessions

Large Group Planning Session

August 13, 2019

Agenda

- | | |
|---|----------------------------------|
| <p>I. Introductions & Purpose
(9:30 am - 9:40 am)</p> | <p>Notes: _____</p> <p>_____</p> |
| <p>II. Review & Summary of Data Collected & Themes Identified
(9:40 am - 11:15 am)</p> | <p>_____</p> <p>_____</p> |
| <p>III. Agreement & Certainty Matrix
<i>Sorting Challenges into Simple, Complicated, Complex, & Chaotic Domains</i>
(11:15 am - 12:00 pm)</p> | <p>_____</p> <p>_____</p> |
| <p>IV. Lunch (12:00 pm - 1:00 pm)</p> | <p>_____</p> |
| <p>V. Agreement & Certainty Matrix
<i>Brainstorming & Exploring Solutions that are Simple, Complicated, Complex, & Chaotic</i>
(1:00 pm - 2:45 pm)</p> | <p>_____</p> <p>_____</p> |
| <p>VI. Break (2:45 pm - 3:00 pm)</p> | <p>_____</p> |
| <p>VII. What, So What, Now What
<i>Analyzing Results & Prioritizing Next Steps</i>
(3:00 pm - 4:45 pm)</p> | <p>_____</p> <p>_____</p> |
| <p>VIII. Wrap Up & Next Steps (4:45 pm - 5:00 pm)</p> | <p>_____</p> |

Small Group Planning Session

August 19, 2019

Agenda

- I. **Introductions & Purpose**
(9:30 am - 9:45 am) Notes: _____

- II. **Review & Summary of Large Group Session**
(9:45 am - 10:45 am) _____

- III. **Distilling A Big Vision & Goals**
(10:45 am - 12:00 pm) _____

- IV. **Lunch** (12:00 pm - 1:00 pm) _____
- V. **Taking A Deep Dive into Measurable Goals & Objectives**
(1:00 pm - 2:30 pm) _____

- VI. **Break** (2:30 pm - 2:45 pm) _____
- VII. **Taking A Deep Dive into Measurable Goals & Objectives (cont'd)**
(2:45 pm - 4:30 pm) _____

- VIII. **Wrap Up & Next Steps** (4:30 pm - 5:00 pm) _____

STAFFING

- Phase out “volunteer” and promote EMS as a profession (28)
- Statewide ad campaign for recruitment, public awareness, and education (16)
 - “Who is EMS?”
 - Highlighting purpose
- Shared staffing agreements and contract staff (10)
- Revise substation rules (9)
- Create and distribute mentorship, recruitment, and retention tools, templates, or manuals (8)
- Incentivize coverage for neighboring services (0)
- Recognition for years of service (0)
- Healthcare staff utilization (0)
- Increase benefits for EMS professionals (i.e. Student Loan forgiveness, etc.) (0)

REIMBURSEMENT/FUNDING

- Change ownership of the EMS problem (45)
- Education of officials on all levels of government (22)
 - Consistent talking points
- Maximize all revenue streams (tax, levy, education) (20)
- Mill levy (8)
- Prioritize areas of funding (1)
- Decrease non-medical transfers (0)
- Paid employees for NDEMSEA (0)
- Legislative Funding source (0)
- Standardize squad membership to NDEMSEA (0)

EDUCATION

- Increase availability of education through online portals, continuing education and initial partnerships with mentors (18)
- Standardizing education programs via instructors (qualified) and supervision (10)
 - Open up means to obtain instructor certification; facilitate rule change so MDs can teach
- EMR to EMT bridge (9)
- Change NREMS rules to better suit rural EMS needs (0)
- Foundation scholarships for training (0)
- Oversight by NDEMSEA (quality control) (0)
- Regional skills labs (0)
- State instructors and employees by region (0)
- Online instructor list/database by region (0)
- RN utilization FAQ (0)
- QA How to (0)
- Continue to provide current education programs and money given for these - sustainability (0)

STAFFING**REIMBURSEMENT/FUNDING****EDUCATION**

- Change ownership of the EMS problem (45)
- Phase out “volunteer” and promote EMS as a profession (28)
- Education of officials on all levels of government (22)
 - Consistent talking points
- Maximize all revenue streams (tax, levy, education) (20)
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- Create and distribute mentorship, recruitment, and retention tools, templates, or manuals (8)
- Incentivize coverage for neighboring services (0)
- Recognition for years of service (0)
- Healthcare staff utilization (0)
- Increase benefits for EMS professionals (i.e. Student Loan forgiveness, etc.) (0)
- Prioritize areas of funding (1)
- Decrease non-medical transfers (0)
- Paid employees for NDEMSA (0)
- Legislative Funding source (0)
- Standardize squad membership to NDEMSA (0)
- Change NREMS rules to better suit rural EMS needs (0)
- Foundation scholarships for training (0)
- Oversight by NDEMSA (quality control) (0)
- Regional skills labs (0)
- State instructors and employees by region (0)
- Online instructor list/database by region (0)
- RN utilization FAQ (0)
- QA How to (0)
- Continue to provide current education programs and money given for these - sustainability (0)

Goal 1: Enact a statewide marketing campaign to change the perception of EMS professionals to spur recruitment, retention, and community education.

- Statewide ad campaign for recruitment, public awareness, and education (16)
 - “Who is EMS?”

-
- Highlighting purpose
 - Phase out “volunteer” and promote EMS as a profession (28)
 - Recognition for years of service (0)
 - Legislative Funding source (0)

Goal 2: Enact advocacy strategies to support long-term EMS sustainability and funding.

- Change ownership of the EMS problem (45)
- Education of officials on all levels of government (22)
 - Consistent talking points
- Maximize all revenue streams (tax, levy, education) (20)
- Mill levy (8)
- Prioritize areas of funding (1)
- Decrease non-medical transfers (0)
- Paid employees for NDEMSEA (0)
- Standardize squad membership to NDEMSEA (0)

Goal 3: Increase the quality and quantity of available education opportunities by leveraging technology.

- Increase availability of education through online portals, continuing education and initial partnerships with mentors (18)
- EMR to EMT bridge (9)
- Standardizing education programs via instructors (qualified) and supervision (10)
 - Open up means to obtain instructor certification; facilitate rule change so MDs can teach
- Change NREMS rules to better suit rural EMS needs (0)
- Foundation scholarships for training (0)
- Oversight by NDEMSEA (quality control) (0)
- Regional skills labs (0)
- State instructors and employees by region (0)
- Online instructor list/database by region (0)
- RN utilization FAQ (0)
- QA How to (0)
- Continue to provide current education programs and money given for these - sustainability (0)

Goal 4: Increase opportunities and partnerships for increased staffing capacity.

- Shared staffing agreements and contract staff (10)
- Revise substation rules (9)
- Create and distribute mentorship, recruitment, and retention tools, templates, or manuals (8)
- Incentivize coverage for neighboring services (0)
- Healthcare staff utilization (0)
- Increase benefits for EMS professionals (i.e. Student Loan forgiveness, etc.) (0)