In 2020 North Dakota will have a patient-centric EMS system where:

- The system and its parts will be led by prepared and capable leaders
- The system will be measurably efficient and effective
- The system will be sufficiently funded
- The system will be integrated into both healthcare and public safety
- The system will have enough prepared and capable personnel
- Ownership and responsibility for the provision of EMS are clear

Vision

Prepare and capable leaders

Currently:
- There is no overall EMS system leadership and individual services act as separate entities.
- Ambulance services understand the importance of consistent, prepared and active leaders.
- These crucial roles are ensured through salary and wage funding.
- Leadership has become a priority throughout the industry and is promoted through leader/manager education and exposure.
- Ambulance services understand the importance of solving current and future problems.
- Leadership is seen, at all levels of EMS, as a key to effective and efficient delivery of EMS services, organizations, government and community leaders.
- There is a clear understanding of who is responsible for EMS in North Dakota, with legal requirements defined to ensure EMS is provided.
- Providers, political leaders and the public understand and respect the historic local roots and local ownership of EMS.
- Clear ownership and responsibility

In 2020:
- There is no clear understanding of who is responsible for EMS in North Dakota, with legal requirements defined to ensure EMS is provided.
- Providers, political leaders and the public understand and respect the historic local roots and local ownership of EMS.
- Clear ownership and responsibility

Measurably efficient and effective

Currently:
- EMS achieves a lack of data and recognized and accepted performance measures.
- In 2020:
  - There is an EMS system that is easily adaptable to changing demand and uses nationally established evidence-based best practices to ensure that the right measures are delivered to the right patient at the right time.
  - The system utilizes appropriate data and response, and there is an obvious increase of network/interfacing services, organizations, government and community leaders.
  - There is clear, valid data demonstrating system quality and operational efficiency, for example internal/external measured and consistently met response times.
  - The system operations are measured by both clinical and financial indicators and there is routine performance improvement.
  - Access to quality medical direction is easily accessible.

Integrated into healthcare and public safety

Currently:
- The integration of EMS into healthcare and public safety is incomplete.
- In 2020:
  - EMS is recognized as a vital part of public safety and healthcare.
  - Relationships have been developed with key organizations and groups in healthcare and public safety.
  - EMS is included in the table to planning and executing significant healthcare and public safety plans.
  - EMS provider roles have been expanded into home health, hospice, preventive medicine, community paramedics, and community public safety activities.
  - Service leaders collaborate with the industry to promote and provide home for EMS in public safety and healthcare.

Prepared and capable personnel

Currently:
- Ambulance services and quick response units do not have enough active and trained people to be effective.
- Each entity has adequate staffing or the ability to obtain staffing.
- An ongoing workforce planning process continually evaluates the supply and demand of the labor force and plans appropriately to recruit a sustainable workforce and alleviate immediate staffing shortfalls.
- There is a variety of staffing solutions, such as an EMS staffing corps, cross-trained personnel and flexible approaches to meet local needs such as community paramedics.
- An adequate amount of funding, training opportunities, and shared staffing arrangements facilitates appropriate preparation and experience for all personnel.

In 2020:
- EMS is seen as a career path, with more personnel paid at an economically competitive level.
- There is a clear understanding of the true cost and recognition of the value of the volunteer subsidy.
- Providers, political leaders and the public acknowledge the changing EMS operational and financial model.
- Local jurisdictions realize that EMS is a vital part of public service and provide adequate funding.
- Efficiencies have increased through collaboration and wide spread financial management best practices.
- Service leaders have identified and understand diverse funding options and ensure adequate billing practices.

Sufficient funding

Currently:
- The true cost of EMS is not understood.
- It is unclear who has the responsibility for funding EMS.
- Many ambulance services and quick response units do not have reliable and sustainable funding sources.
- The system will have enough prepared and capable personnel

In 2020:
- There is a broad understanding of the true cost of EMS and recognition of the value of the volunteer subsidy.
- Providers, political leaders and the public acknowledge the changing EMS operational and financial model.
- Local jurisdictions realize that EMS is a vital part of public service and provide adequate funding.
- The true cost of EMS is understood.

Northern Plains Active in Rural Health

Join us in achieving this vision!

ND Department of Health, Division of EMS and Trauma 701.328.9388
ND EMS Association 701.221.0567
UND Center for Rural Health 701.777.3848
A Strategic Visioning Committee was formed in 2010 as a part of the North Dakota Rural Emergency Medical Services Improvement Project (NDREMSIP). The committee was charged with the responsibility of looking to year 2020 to determine the vision for the Emergency Medical Services (EMS) System of the future. A collaboration of key EMS stakeholders within the state identified the following vision for a true EMS system in North Dakota.

A flexible approach that honors and respects:

- The uniqueness of EMS
- The history of EMS
- That change can be difficult and slow
- Collaboration
- That rules change in accordance with the needs of the EMS system
- Putting consumers first
- The need to maintain balanced integration with healthcare and public safety
- This as an ongoing process, much like a journey

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