Systems of Care
North Dakota Department of Health
Division of EMS and Trauma

System Development
- EMS System
- Trauma System
- Stroke System
- Cardiac System

System Components
- All systems rely on the entire continuum of health care as appropriate
- Data and measurement
- Quality improvement
- Strive for efficiency
- Evaluation is key
EMS System

- Funding areas
- Some systems exist organically
- Financial incentives for collaboration
- Decreasing number of funding area honoring the legislative intent
- Regional systems development
- Ultimately leading to statewide system
- Strategic planning with statewide system

Trauma System

- Has been in existence for 20+ years
- Has matured to a true system
- Heavy reliance on process improvement
- Funding secured

Stroke System

- Was reassigned to DEMST in August 2014
- Ample funding allocated by the legislature
- Hospital designation process beginning
- Bypass criteria established for EMS
- Key is "time sensitive conditions" and availability of "definitive care"
Cardiac System

- New kid on the block
- Preceded by STEMI project, SIM-ND, and Lucas project
- Legislative mandate
- Transition funding received
- Funding in the Governor’s new budget

CAH/EMS Integration

- Just starting
- Model must prove increase in bottom line
- Staffing enhanced by utilization of EMS personnel within hospitals
- Following Nebraska pilot project with same involved consultants

Other Projects

- Community Paramedic Program
- EMS integration with CAH's