

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

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**System Development**

- ▶ EMS System
- ▶ Trauma System
- ▶ Stroke System
- ▶ Cardiac System

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**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

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### 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

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### Trauma System

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

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### 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"

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### 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

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### 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

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### Other Projects

- Community Paramedic Program
- EMS integration with CAH's

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