

**Testimony**  
**Public Safety and Transportation Committee**  
**Thursday, Sept. 23., 2010**  
**North Dakota Department of Health**

Good afternoon, Chairman O'Connell and members of the Public Safety and Transportation Committee. My name is Tom Nehring, and I am the director of the Division of Emergency Medical Services and Trauma for the North Dakota Department of Health. I am here today to provide an overview of the emergency medical services staffing grant program, including an update on grants awarded, as well as an update on the rural emergency medical services improvement project.

**Emergency Medical Services Staffing Grant**

The majority of the comments we have received from staffing grant participants have been very positive. For example, a number of ambulance services have indicated that the staffing grant has helped them continue services. On the other hand, a small number of ambulance services have indicated that it is difficult to pay some people and not others, especially when a person who is getting paid works on the same crew as a volunteer who does not get paid.

After selection criteria were developed by the Department of Health, a total of 33 recipients were awarded grants in 2009 for between \$6,240 and \$45,000. The average award was \$13,000.

In 2010, 39 ambulance services were awarded grants for between \$2,000 and \$45,000. The average award was \$28,750. About 70 percent of the total funds have been disbursed in 2010.

**Rural Emergency Medical Services Improvement Project**

As you may recall, the rural improvement grant was awarded to Safe Tech Solutions, a consultant company with significant experience working with rural emergency medical services throughout the country.

Work began in May of this year with the organization of eight one-day summits held in eight different North Dakota communities in June and July. Seventy-seven representatives from ambulance services and various EMS organizations attended the summits, where they provided input about current EMS challenges and suggestions for using project resources. In addition to the summits, Safe Tech Solutions conducted telephone interviews with representatives from more

than 40 ambulance services. The summits and interviews identified the following issues:

1. Workforce issues
2. Education and training
3. Local service sustainability
4. Increasing demand for services
5. Funding
6. Leadership and management
7. Medical director involvement
8. Public awareness
9. Communication about statewide EMS issues
10. Response areas

In addition, Safe Tech Solutions conducted a statewide written survey of ambulance services, with the results being collated as we speak. They also have hired four regional quality improvement consultants to provide technical assistance to ambulance services and medical directors.

Currently, Safe Tech Solutions is organizing five two-day leadership academies for ambulance service directors that will be held throughout the state. The sessions will focus on the issues identified in the summits and interviews, including management, recruitment and retention of personnel.

Finally, Safe Tech Solutions is working with our office to identify stakeholders who will help develop a statewide EMS strategic plan to be finalized by June 30, 2011.

This concludes my testimony. I am happy to answer any questions you may have.