SOUTH DAKOTA DEPARTMENT OF HEALTH

Emergency Medical Services Funding Committee

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Where We Left Off

June: Why EMS must change

Today: What we build next

Outcome: Reliable access to pre-hospital care

Today's presentation moves from the case for change to the infrastructure required to make change real.

Why → How → What South Dakotans should experience

The System We Are Building

LOCALLY LED

REGIONALLY CONNECTED

STATEWIDE SUPPORTED

Local EMS remains the foundation.
Regional capability grows.
State support provides guardrails, investment, data, and accountability.

Regionalization

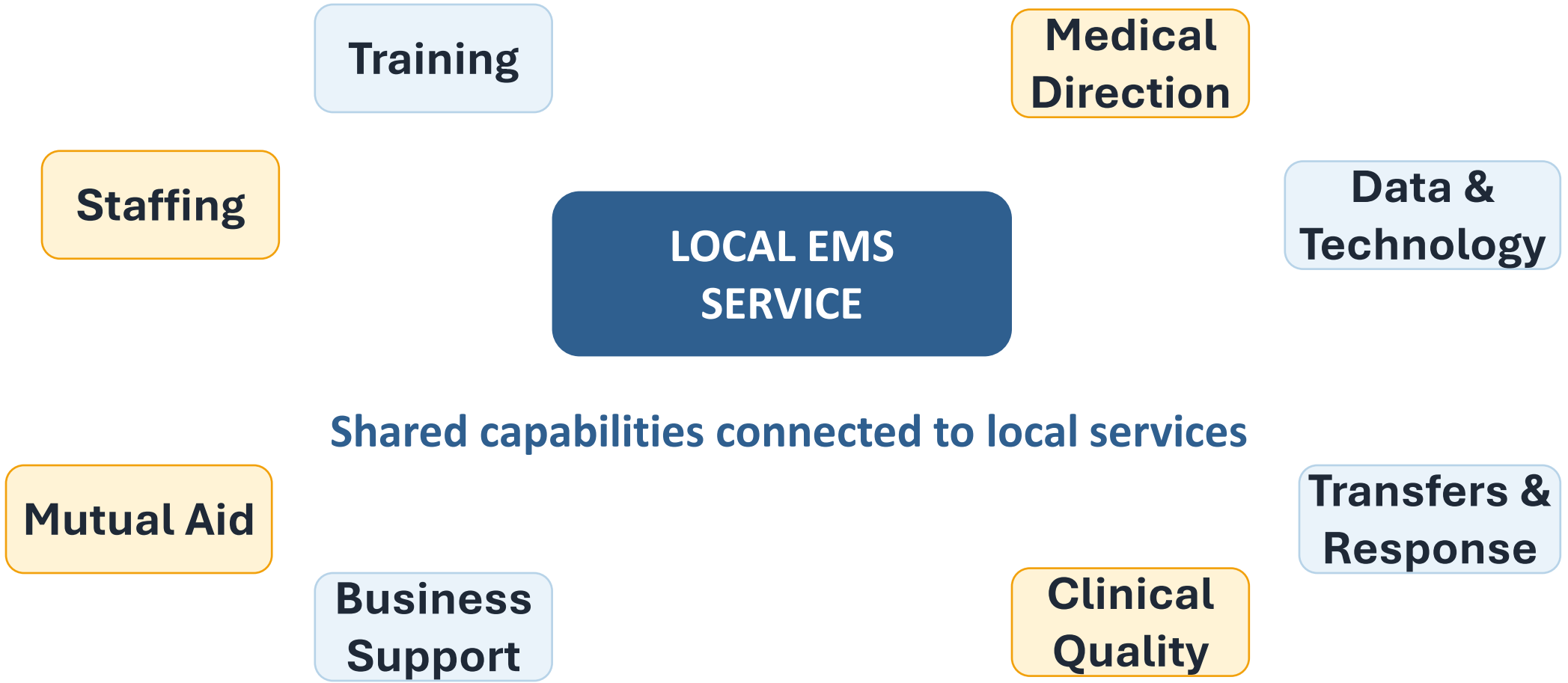
What it IS

- Regional planning
- Access to expertise
- Statewide standards

What it is NOT

- Statewide ambulance service
- Loss of local identity
- One-size-fits-all model

Hubs


Training
Medical Direction
Staffing
Data & Technology
LOCAL EMS SERVICE
Shared capabilities connected to local services
Mutual Aid
Transfers & Response
Business Support
Clinical Quality

What does success look like for EMS Regionalization?

A stronger, more sustainable workforce, statewide.

15 Minutes-to-Life

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15 Minutes-to-Life Is Bigger Than Ambulance Response Time

911 Call → **Closest Trained Help** → **EMS Care** → **Right Care Pathway**

0:00 | 0–15 min | Continuum | Destination

EMR • First responder • AED • Ambulance • ALS intercept • Telemedicine support

The goal is earliest, safe, lifesaving help followed by continued EMS care.

System Requirements

PEOPLE

- Workforce
- Training
- Leadership

RESPONSE

- Dispatch
- Mutual aid
- First Response

CLINICAL

- Medical Direction
- Quality
- Protocols

DATA & TECH

- GIS
- Telemedicine
- ePCR / HIE

SUSTAINABILITY

- Governance
- Finance
- Administration

Regional Hubs connect these capabilities so every community does not have to build them alone.

Infrastructure Pillar 1: People

Workforce

- Regional Staffing Pools
- Recruitment and Retention
- Planned backup coverage

Training

- EMR, EMT, AEMT, Paramedic education
- Simulation and skills labs
- Shared scheduling

Leadership

- Succession planning
- Instructor development
- Provider confidence

Build workforce capability regionally so local services are not left to solve staffing alone.

Infrastructure Pillar 2: Response

Dispatch Awareness

- Triage
- Response zones
- Communications

→

First Response

- EMR satellites
- AEDs
- Trained community response

→

Mutual Aid & Surge

- Agreements
- Backup coverage
- Asset awareness

→

Transfers

- Protect local 911 coverage during interfacility pressure

The patient should not have to understand service boundaries.
The system should solve that problem.

Infrastructure Pillar 3: Clinical Excellence

Clinical oversight | Medical Direction | Quality Improvement | Protocols & Pathways

- Access to physician medical direction and clinical consultation.
- Regional QA/CQI, peer review, case review, and performance improvement.
- Consistent pathways for cardiac arrest, stroke, STEMI, trauma, pediatrics, and other priorities.

Infrastructure Pillar 4: Data & Technology

GIS Mapping

Where should resources, training, AEDs and satellites be placed?

ePCR & Data Quality

Are reports complete, consistent and useful for improvement?

HIE & Telemedicine

How do EMS, hospitals and clinical support connect?

Dashboards

What can regions and the state measure transparently?

Infrastructure Pillar 5: Sustainable Operations

Administration

- HR tools
- Onboarding
- Policy templates

Finance

- Billing support
- Grant coordination
- Cost tracking

Purchasing

- Shared contracts
- Equipment strategy
- Economies of scale

Sustainability

- ROI analysis
- Business planning
- Local agreements

What This Looks Like for a Rural Patient

911 Call

Need is identified

→

Closest Help

Trained resource begins lifesaving action

→

EMS Response

BLS/ALS, Intercept, Telemedicine support

→

Right Pathway

Hospital, Specialty care, Treat-in-Place, or Follow-up

The patient experiences one coordinated system, not a collection of disconnected agencies.

Use Transformation Funding to Build, Not to Create Dependency

Build → Test → Measure → Refine → Transition

Seed capital, not permanent operating subsidy.

How We Know It Is Working

Access

- Trained responder arrival
- Coverage reliability
- Transfer performance

People

- Vacancies
- Retention
- Training participation

Quality

- CQI activity
- Clinical pathways
- Outcome feedback

Sustainability

- Cost tracking
- Shared support value
- Local agreements

Pilots, baselines, milestones, transparent reporting, and decision gates determine what grows, changes or stops.

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The Future of Sustaining EMS in South Dakota

Preserve Local EMS

Build Regional Strength

Bring Help Closer

Locally Led • Regionally Connected • Statewide Supported

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