

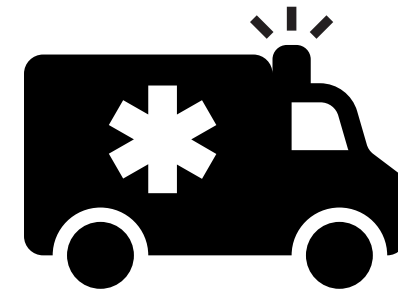


S O U T H   D A K O T A

**Foundation for Medical Care**



## EMS EXTRAS WEBINAR SERIES



Expertise on EMS Programs and Resources

<https://sdfmc.org/ems-regional-service-designation/>



## EMS DISTRICT 4 & 7 PRIORITIES

- **Collaboration:** Working Together to Achieve EMS Improvement
- **Funding:** Identifying Sources for Sustainable Funding
- **Workforce:** Engaging the Younger Generation



# SHARING EMS RESOURCES TO REDUCE BURDEN



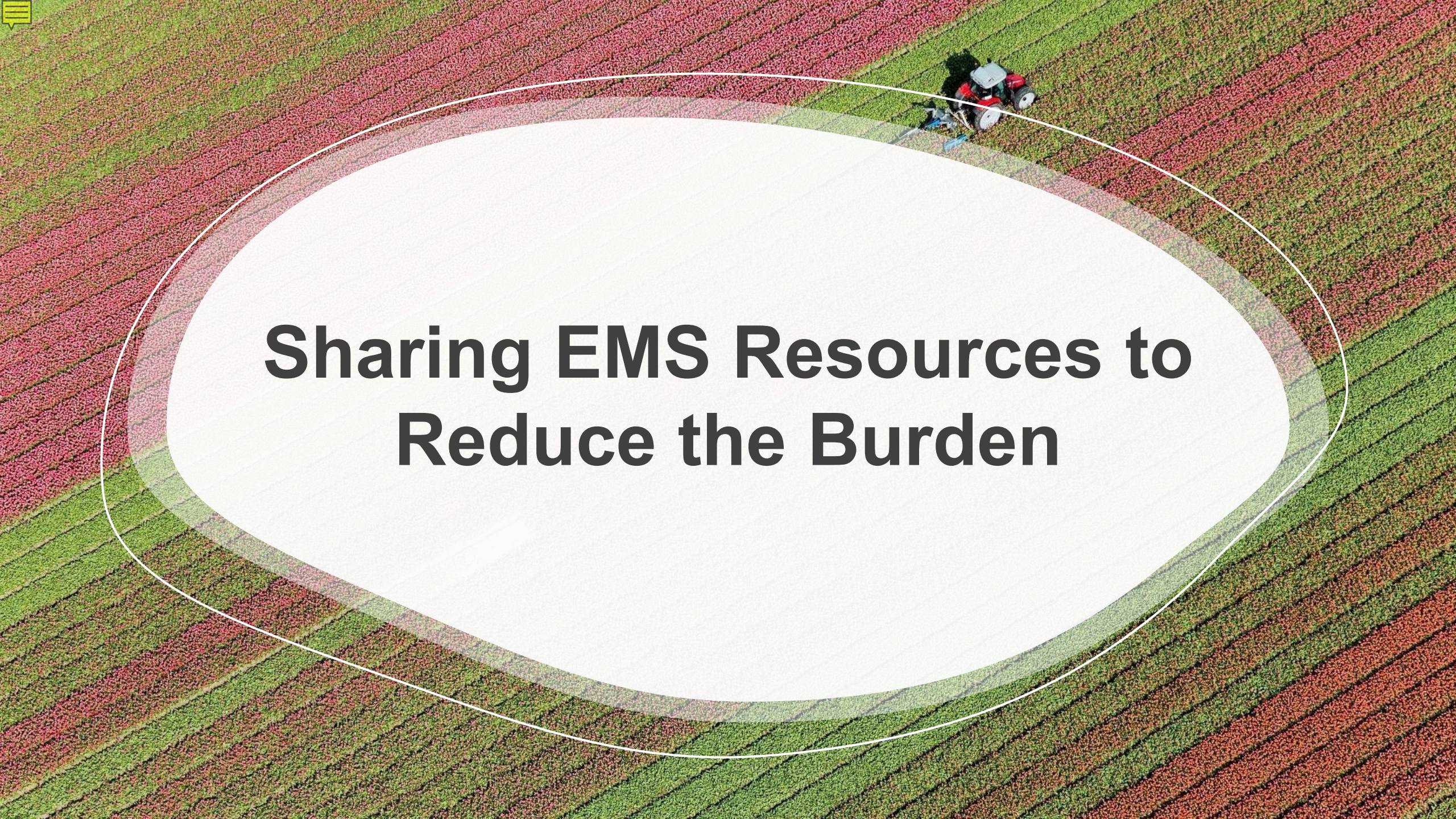
## ▪ **Haden Merkel**

Philanthropy and Engagement Coordinator  
Mobridge Regional Hospital

### **Speaker Objectives:**

- Describe the role of Mobridge Hospital as an EMS collaborator
- Explain how collaboration contributed to EMS RSD awards in multiple area communities
- Highlight best practices and lessons learned for continuing to advance improvement



An aerial photograph of a vast agricultural field, likely a seedling nursery, showing rows of young plants in various colors including green, red, and purple. A small tractor is visible in the upper right corner. A large, white, rounded rectangular overlay is centered on the image, containing the title text.

# **Sharing EMS Resources to Reduce the Burden**





# Agenda

Who is North CARES?

Common Challenges

Traveling Equipment Program

Questions and Discussion







# EMS in MRH&C Footprint

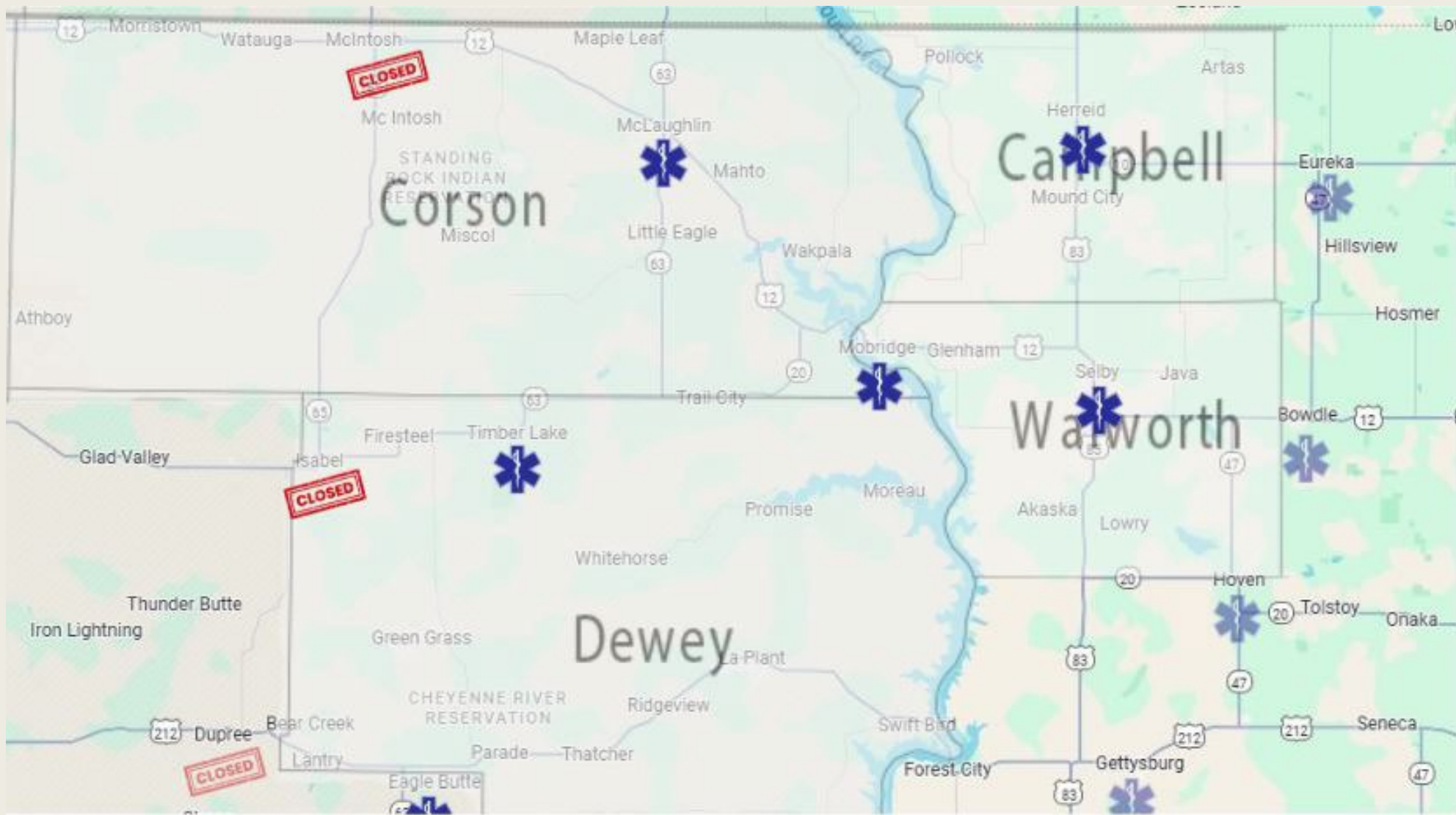
- Mobridge Regional Hospital In-House Ambulance
- Selby Volunteer Ambulance (20 miles away)
- Standing Rock Ambulance (25 miles away)
- Campbell County Ambulance (38 miles away)
- Timber Lake Ambulance (40 miles away)







# Ambulance Closures Over Last 5 Years in North Central SD





# 8 Common Challenges

- Inaccurate maps and address wayfinding tools
- Lack of pre-ambulance equipment and training
- Need for additional pre-hospital equipment and software
- Better regional communication and collaboration
- Improved documentation and billing processes
- More EMS-related training opportunities
- More effective recruitment strategies
- Ways to reduce EMS staff burn-out and attrition







# 8 Common Challenges



- Inaccurate maps and address wayfinding tools
- **Lack of pre-ambulance equipment and training**
- **Need for additional pre-hospital equipment and software**
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- **More EMS-related training opportunities**
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# North CARES Traveling Equipment Program







# Available Equipment

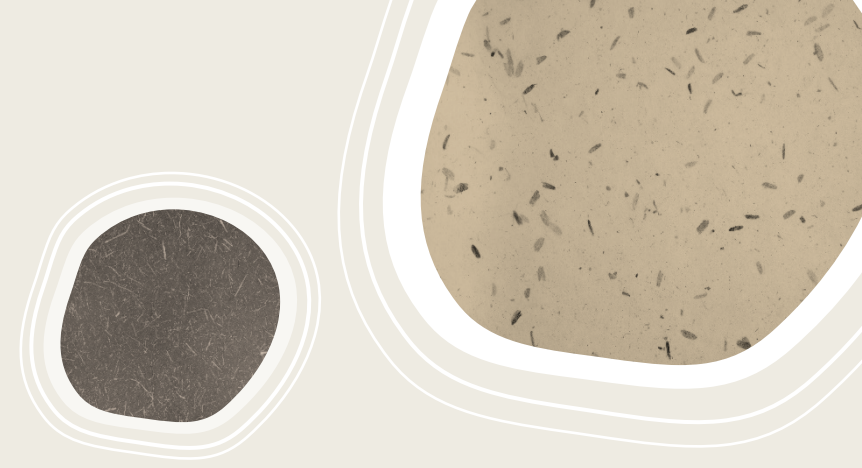
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- Stop the Bleed Class Trainers (2)
- Demo Dose Bundle
- Simulaids Critical Airway Trainer
- Newborn Patient Simulator
- Multipurpose Patient Simulator
- Five-Year-Old Patient Simulator
- Susie OB Childbirth Trainer
- Anatomy Lab Chest Drain & Needle Decompression Trainer
- Prestan Professional Adult Diversity Kit with CPR Rate Monitors (2)
- Prestan Professional Infant Diversity Kit with CPR Rate Monitors (2)
- Brayden/BigRed Adult CPR Manikin with LED Red Light CPR Feedback



# Overview of the Equipment Lending Process



- Check the calendar to see availability
- Review training equipment inventory lists if desired
- Fill out the Training Equipment Reservation Form
- Coordinate pick up and drop off with MRH&C team





## Regional Training Calendar

Want to use our regional training resources for your team? Check out their availability on the calendar below and submit your request to reserve the equipment for a week or two that work for you.

Today < > October 2025 <span>! 📅 🖨</span> Month ▾						
SUN 28	MON 29	TUE 30	WED Oct 1	THU 2	FRI 3	SAT 4
5	6	7	8	9 Timber Lake - STB Trainer (PU @ 1 p.m.) MRHC - Critical Airways Trainer, Chest Drain Trainer, 5 ye	10	11
12 Timber Lake - STB Trainer (PU @ 1 p.m.) MRHC - Critical Airways Trainer, Chest Drain Trainer, 5 year old Simulator, Newborn Simulator	13	14	15	16	17	18
19 Timber Lake - STB Trainer (PU @ 1 p.m.)	20	21	22	23	24	25



# North C.A.R.E.S.

[Home](#) [About](#) [Services](#) [Events](#) [Training](#) [Contact](#) [News](#)



[Log In](#)

## North CARES

Events shown in time zone: (GMT-05:00) Central Time - Chicago

[Add to Google Calendar](#)

Google Calendar

## Looking for quality training for your team?

Members of the North Central Association for Regional EMS Services can now access the following specialized simulation equipment for their team trainings thanks to generous funding from the South Dakota Department of Health's EMS Division:

- [Stop the Bleed Class Trainers](#)
  - [Demo Dose Bundle](#)
- [Simulaids Critical Airway Management Trainer](#)
- [PEDI Blue Newborn Patient Simulator with SmartSkin and OMNI 2](#)
- [Code Blue Multipurpose Patient Simulator with OMNI 2 w/ Geriatric Appearance Accessory](#)
  - [Five-Year-Old Multipurpose Patient Simulator with OMNI 2](#)
  - [Anatomy Lab Chest Drain & Needle Decompression Trainer](#)
  - [Prestan Professional Adult Diversity Kit with CPR Rate Monitor \(2\)](#)
  - [Prestan Professional Infant Diversity Kit with CPR Rate Monitor \(2\)](#)
- [Brayden/BigRed Adult CPR Manikin with LED Red Light CPR Feedback](#)
  - [Gaumard OB Susie Childbirth Trainer](#)

To check out one or more pieces of equipment, please review the calendar above for current





- [Prestan Professional Infant Diversity Kit with CPR Rate Monitor \(2\)](#)
- [Brayden/BigRed Adult CPR Manikin with LED Red Light CPR Feedback](#)
  - [Gaumard OB Susie Childbirth Trainer](#)

To check out one or more pieces of equipment, please review the calendar above for current availability and fill out the form below. Our team will be get touch to make arrangements for equipment check-outs and check-ins. All organizations must complete the check-out and check-in form with an MRH&C team member upon receipt and return of equipment.

## Training Equipment Reservation Form

Please fill out a separate form for each date range requested (e.g. if you need one piece of equipment for 2 weeks and another for 1 week, please fill out two separate requests). Equipment is housed at Mobridge Regional Hospital & Clinics when not in use by an area team. Please contact [Tara.Peterson@mobridgehospital.org](mailto:Tara.Peterson@mobridgehospital.org) if you have questions about the traveling training equipment program.

[hadenmerkel@gmail.com](#) [Switch account](#)

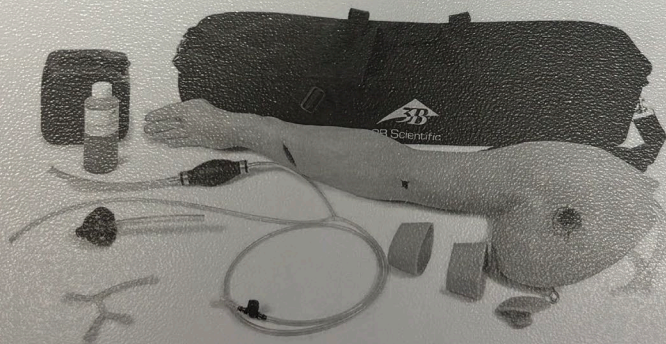


\* Indicates required question

Email \*



# STOP THE BLEED TRAINER 2



## STOP!

Did you check the calendar and fill out a reservation form? Please make sure to do so before checking out equipment!



[northcares.org/training](https://northcares.org/training)

**Note:** This binder should **always** stay in the training equipment's permanent storage location at Mobridge Regional Hospital.

Questions or concerns about the traveling equipment program?  
Please contact Haden Merkel at 605-845-8180. Thank you!



# STOP THE BLEED TRAINER 2 USE LOG

FULL DESCRIPTION: HEMORRHAGE CONTROL ARM TRAINER - LIGHT

BIN #: 14

All equipment must be reserved on the regional calendar before use. Fill out the online form at [northcares.org/training](http://northcares.org/training). Equipment will be reserved on a first come, first served basis. Please check the calendar to make sure the dates you reserve the equipment don't overlap with another organization's reservation. Complete and sign the inventory checklist and leave it in the binder. Please make sure two parties, one from the borrowing and one from the receiving organization, go through the equipment inventory checklist and initial each item upon both borrowing and returning. After these two steps, fill out the information below and leave it in the binder. Thank you!

DATE	ACTIVITY	INVENTORY LIST COMPLETED AND SIGNED OFF BY 2 PEOPLE?	BORROWER NAME	BORROWER ORG & DEPARTMENT	BORROWER PHONE NUMBER
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			
	<input type="checkbox"/> CHECK IN <input type="checkbox"/> CHECK OUT	<input type="checkbox"/> YES <input type="checkbox"/> NO			

# STOP THE BLEED TRAINER 2

FULL DESCRIPTION: HEMORRHAGE CONTROL ARM TRAINER - LIGHT BIN #: 14

ORG/DEPT USING EQUIPMENT: \_\_\_\_\_

CHECK OUT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ CHECK IN DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ITEM	DESCRIPTION	QTY	NOTES	CHECK OUT INITIALS	CHECK IN INITIALS
1	Arm Trainer	1	Adult Male	____   ____	____   ____
2	Tubing	1	Approximately 5 ft	____   ____	____   ____
3	Blood Powder with Scoop	1		____   ____	____   ____
4	Marker	1	Black	____   ____	____   ____
5	Reservoir	1	Black	____   ____	____   ____
6	Tourniquet	1		____   ____	____   ____
7	Skin Patches/Plugs	3		____   ____	____   ____
8	Container of Disinfectant Wipes	1		____   ____	____   ____
9	Abdominal Bandages (ABDs)	2		____   ____	____   ____
10	Burn Rolls	2		____   ____	____   ____
11	Carrying Case	1		____   ____	____   ____

BORROWER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RETURNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please make sure both the borrowing and receiving parties go through the equipment and initial each item upon borrowing and returning. Please do not remove forms from the binder. Thank you!





# Questions and Discussion?

Feel free to reach out after the session too!

Haden Merkel, Philanthropy Engagement Coordinator

Mobridge Regional Hospital & Clinics

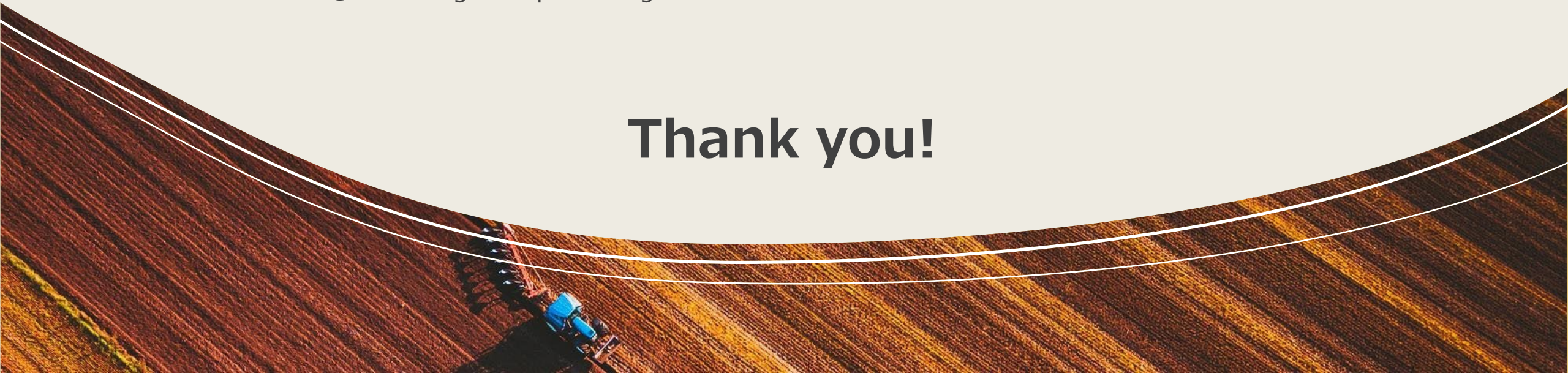
1401 10<sup>th</sup> Ave W

Mobridge, SD 57601

605-845-8180

[Haden.Merkel@mobridgehospital.org](mailto:Haden.Merkel@mobridgehospital.org)

## Thank you!







## QUESTIONS AND ANSWERS

**Stephanie Hanson, RN**

[Stephanie.Hanson@sdfmc.org](mailto:Stephanie.Hanson@sdfmc.org)

**Stacie Fredenburg, BA, PMP**

[Stacie.Fredenburg@sdfmc.org](mailto:Stacie.Fredenburg@sdfmc.org)

# EMS HEROES AND HIGHLIGHTS CAMPAIGN

*Every story helps  
raise awareness  
and strengthen  
support for EMS.*

