



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

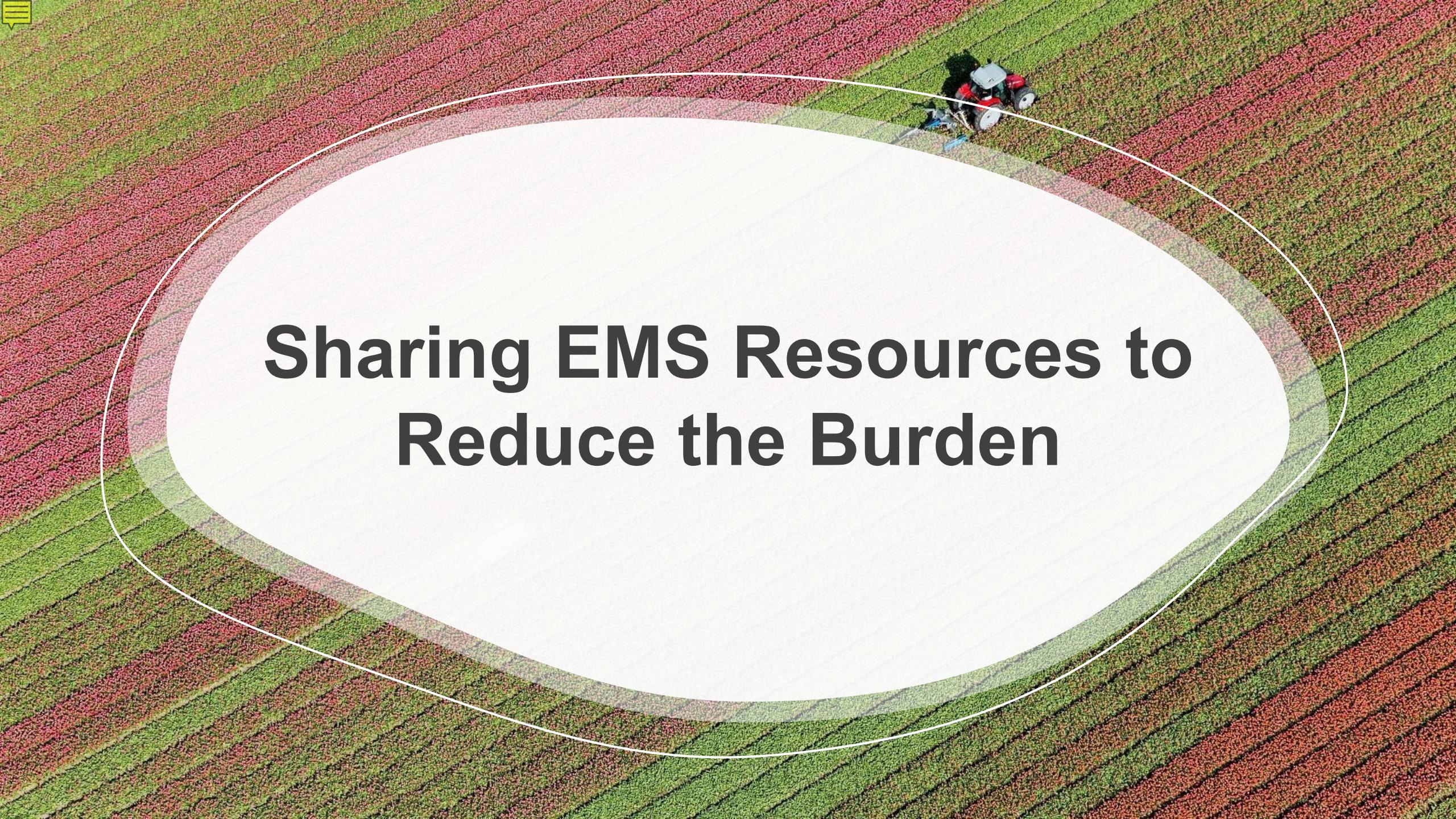


▪ **Haden Merkel**

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



Sharing EMS Resources to
Reduce the Burden



Agenda

Who is North CARES?

Common Challenges

Traveling Equipment Program

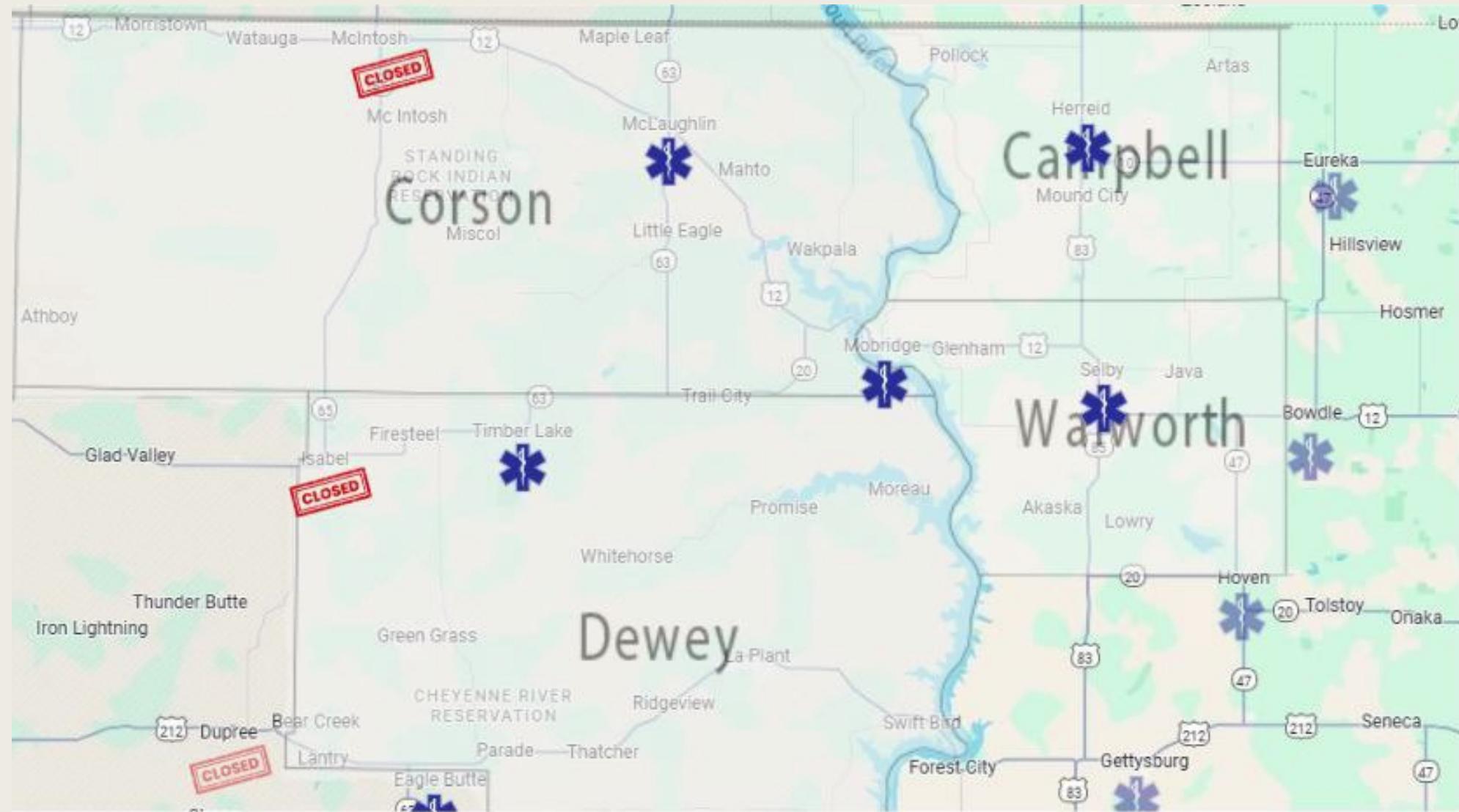
Questions and Discussion

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





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North CARES Traveling Equipment Program





Available Equipment

- 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 ▾

Month ▾

SUN 28	MON 29	TUE 30	WED Oct 1	THU 2	FRI 3	SAT 4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25

Timber Lake - STB Trainer (PU @ 1 p.m.)
MRHC - Critical Airways Trainer, Chest Drain Trainer, 5 year old Simulator, Newborn Simulator

Timber Lake - STB Trainer (PU @ 1 p.m.)
MRHC - Critical Airways Trainer, Chest Drain Trainer, 5 year old Simulator, Newborn Simulator

Timber Lake - STB Trainer (PU @ 1 p.m.)



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](#)
 - [Simulaid 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](#)





- [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 if you have questions about the traveling training equipment program.

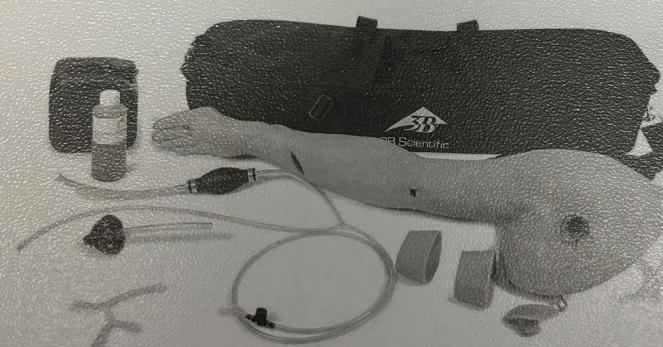
hadenmerkel@gmail.com [Switch account](#)



* 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

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

All equipment must be reserved on the regional calendar before use. [Fill out the online form at northcaries.org/training](http://northcaries.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			
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	<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			

BIN #: 14

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
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605-845-8180
Haden.Merkel@mobridgehospital.org

Thank you!



QUESTIONS AND ANSWERS

Stephanie Hanson, RN

Stephanie.Hanson@sdfmc.org

Stacie Fredenburg, BA, PMP

Stacie.Fredenburg@sdfmc.org

EMS HEROES AND HIGHLIGHTS CAMPAIGN

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

