Emergency healthcare beyond borders.

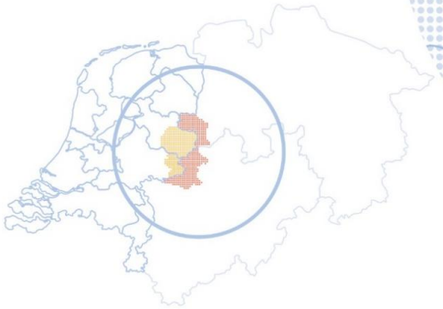
Solutions & challenges in the
Twente/Achterhoek/Borken/Grafschaft Bentheim region

Ewout Lamé | Cross-Border Cooperation Officer
CROSS-EMS Berlin, 30.10.2026

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Twente/Achterhoek/Borken/Grafschaft Bentheim region

- Total population of 1.3 million
  - declining and rapidly ageing
  - increasing healthcare demand
  - growing shortages in healthcare staff
- ‘Tri-border point’: Netherlands, Lower Saxony & North Rhine Westphalia
- Trauma centres:
  - Supra-regional: Enschede
  - Regional: Nordhorn, Almelo, Bocholt
  - Local: Gronau, Ahaus, Borken, Winterswijk
- No dedicated NL emergency helicopter; DE emergency helicopter Rheine available for deployment in NL





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Governance structure

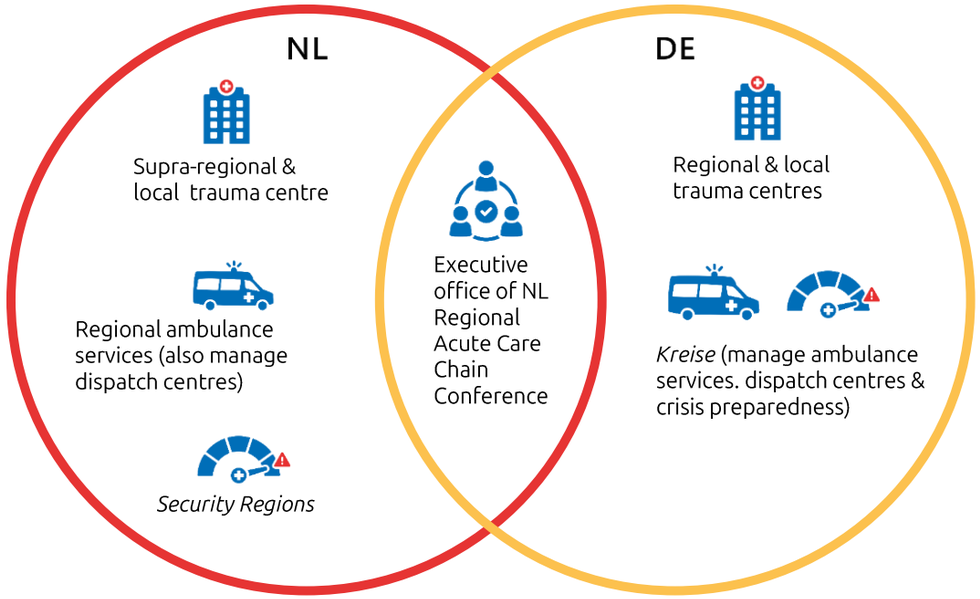
Steering Group Cross-Border Cooperation

- Meets twice a year, once digitally and once physically
- Orders/mandates projects or participation in third-party projects
- Sanctions/reviews procedural agreements made on operational level

Working groups overseen by Steering Group:

- Regular Ambulance Care
- Crisis Preparedness

Institutions represented in steering group



Membership composed of: hospital directors (NL/DE), regional directors ambulance services (NL), Member of District Executive Committee (DE), Head of the Safety and Order Department (DE), Head of Regional Medical Emergency Response Organisation (NL), Deputy Director of Public Health (NL), manager Executive office of Regional Acute Care Chain Conference (NL)

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Our cross-border healthcare philosophy

- Every citizen should be able to use emergency healthcare options in a **360° circle**, including citizens in the border region
  - We expand this circle across the border
- We promote **knowledge** of eachother's systems, procedures and routines
  - Professionals can work according to the system of the neighbouring country when necessary
- **Personal connections** an essential basis for cooperation
  - We organise frequent in-person exercises & exchanges to lower thresholds and promote mutual trust



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Netherlands & Germany: some healthcare asymmetries

Netherlands

- **Centralist country**: national regulations, standards, and standard operating procedures (SOPs)
- No direct involvement of regional and local governments in emergency healthcare organisation
  - *Ambulance services -> private law-entities (foundations/limited companies)*
  - *Operate dispatch centres facilitated by a division of the national police force*
- High degree of executive autonomy of non-governmental organisations & quangos
- Ambulance nurse: prior clinical experience required
- A&E: only accessible via ambulance service or GP
- Disaster relief: ‘scoop and run’ method

Germany

- **Federalist country**: standards and regulations set by federal states, SOPs by *Kreise*
- Local governments (*Kreise*) manage ambulances services & dispatch centres
- *Kreise* implement relevant operating procedures with high degree of autonomy
- Ambulance nurse: entry-level profession
- A&E: accessible without referral
- Disaster relief: ‘stay and play’ method

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Our success model

Signed cooperation agreements between Dutch ambulance services & German *Kreise*

- Medical directors (*MMA/ÄLRD*) recognise each other's standard operating procedures (SOPs) and authorise ambulance nurses from neighbouring countries to perform medical treatment for which they are qualified
- Costs of a deployment will be charged to the requesting party
- For sentinel events (*calamiteiten/besondere Vorkommnisse*), the procedure of the country where the incident occurs applies



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Achievements

- DE ambulances from **Isselburg ambulance station available for deployment as first responder** in NL border communities
- NL C2000 **communication system installed** in DE ambulance Isselburg & DE emergency helicopter Rheine for communication during deployments on NL territory
- **MST Enschede certified as German trauma centre** by German Society for Trauma Surgery (DGU) and part of ConnectMT network for GDPR-compliant exchange of patient data and images with German hospitals
- **MST A&E available in MediRIG/IG NRW** (North Rhine Westphalia hospital capacity information system) for digital prenotification of in-coming emergency patients



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German ambulance services: cross-border activity

Average annual figures | 2023–2025

DEPLOYMENTS IN THE NETHERLANDS

201 per year

PATIENT TRANSPORTS
DE DEPLOYMENT → NL HOSPITALS

147 per year

ANNUAL AVERAGE BY SERVICE

Ambulance service	Deployments in NL	DE → NL hospital
Landkreis Grafschaft Bentheim	119.3	46.3
Kreis Borken	81.3	101.0
Combined	**200.7**	**147.3**

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Interreg-KPF-Project URGENT – Feasibility Study

- Problem: Cross-border ambulance dispatch currently requires **manual data transfer and telephone coordination**; no visual overview location neighbouring EMS assets; few NL ambulances requested for deployment in DE.
- Solution: **digital hub** between dispatch centres Oost-NL, Ems-Vechte, Borken & Steinfurt
- Operational requirements: Dispatchers defined a **minimum dataset** for two-way exchange of incidents, locations, vehicle status and patient information.
- Technical feasibility: Multiple suppliers can deliver an interoperable connection using existing systems and standards, **without changing dispatcher workflows**.
- Legal and financial feasibility: GDPR-compliant exchange is possible subject to safeguards; estimation of implementation and operating costs have been made

Next step: partners are preparing Interreg VI-project application

Interreg
(Ko-)finanziert von der Europäischen Union
(Mede) gefinancierd door de Europese Unie
Deutschland – Nederland

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Crisis preparedness

Achievements

- Half-yearly cross-border exercises to prepare for mutual assistance in the event of a large-scale incident or disaster near the NL-DE border

Signed working agreements supplementary to *GGB/MANV* (mass-casualty medical response protocols)

- Single coordinating dispatcher per dispatch centre
- On-site coordination by operational commanders
- Ambulances do not group at border but proceed directly to incident
- Provision of host-country radio equipment
- Tracking cross-border hospital patient transfers



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Our wishlist for cross-border EMS

Update bilateral NL-DE treaty (1988)

- Explicit authorisation to use optical and acoustic signals as deemed appropriate by ambulance crew
- Explicit authorisation to carry opiates
- Explicit provisions regarding liability in the event of
  - medical errors by staff
  - road traffic accidents involving an ambulance

Digital pre-notification (MediRIG/IG NRW)

- Add detailed vital-sign and neurological measurements, plus protected patient identification fields accessible only to the receiving hospital



Take away message

Start with the basics

- Get to know each other
- Build trust in the ecosystem
- Have a 360° (health care) view

Next steps

- Build towards a future proof infrastructure across the border
- Shared (data) connections



Do you want to spar with us?

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