



**Committee on Pediatric Emergency Care (CoPEC) &
Tennessee Emergency Medical Services for Children Foundation
2015-2018 Joint Strategic Plan**



MISSION: To ensure every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury.

Data Goal: TN EMSC will utilize data to assess outcomes of pediatric emergency care, identify gaps in outcomes and/or care delivery processes, plan appropriate improvement interventions and evaluate the effectiveness of TN EMSC programs and services.

STRATEGY (IES)	LEADING INDICATORS OF SUCCESS (Milestones)	PERFORMANCE INDICATORS (Metrics)	ACTIONS Person/Committee Responsible (NAME) By When (DATE)	ACTIONS Responsible (NAME) By When (DATE)	ACTIONS Responsible (NAME) By When (DATE)
<p>CoPEC:</p> <p>1) Identify external and internal sources of pediatric emergency care performance data</p>	<ul style="list-style-type: none"> Compile a list of data sources (and a description of the data) Determine our ability to analyze the data and its usability Identify specific data elements that are relevant to pediatric emergency care 	<ul style="list-style-type: none"> List of six data sources (to include RedCap data set and data from the National Pediatric Readiness Assessment) Data usage agreements for each list are in place and CoPEC can access the data Process in place for collection of the data 	<p>Standards Committee will:</p> <ul style="list-style-type: none"> Identify potential data sources; TN Trauma Registry, CRPC Problematic Transport QI data (all CRPCs), Pediatric Readiness, State Health Dept, discharge data, Death records) By the End of Q116 Identify contacts for each dataset and obtain details on accessing database Obtain list of available data points Identify appropriate regional or national benchmark data (I.E. National EMSC) 	<p>Committee will:</p> <ul style="list-style-type: none"> review data requirements or datasets from identified accessible and usable data sets Develop list of metrics needed Baseline Tennessee performance on these metrics using CY16 data 	<p>Data Analyst will:</p> <ul style="list-style-type: none"> Maintain and update identified databases (on an ongoing basis) Review and update data on a regular quarterly basis beginning January, 2017



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<p>CoPEC:</p> <p>2) Identify an adequate resource for data analysis</p>	<ul style="list-style-type: none"> Analytic resources available to CoPEC (Different data sets may call for different experts) They (data analysts) will play a role in letting us know if the data is even usable, identify what in that dataset needs to be analyzed 	<ul style="list-style-type: none"> List of Data Analysts available to CoPEC List which dataset each analyst is expert in Plan to deploy each analyst (including paid and / or volunteer hours tracking) as appropriate 	<p>Committee will:</p> <ul style="list-style-type: none"> Inventory analytic resources available through TN Dept of Health, trauma centers, CRPCs, and other partners by end of Q116 Explore opportunities to recruit interns/fellows through established programs (ex. MPH student practicum experiences requiring 240 hours of applied public health experience; CDC/CSTE Applied Epidemiology Fellowship) Q116 Analyze RedCap and Peds Readiness data and identify three potential opportunities for improvement from each data set by end of Q116. 	<ul style="list-style-type: none"> Identify potential collaborative projects <p>The Foundation:</p> <ul style="list-style-type: none"> Explore opportunities for securing additional extramural funding for dedicated epidemiology support 	<ul style="list-style-type: none"> Identify potential collaborative projects Review and update



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<p>CoPEC:</p> <p>3) Identify gaps in both outcomes and the care delivery process.</p>	<ul style="list-style-type: none"> Prioritize gaps identified to help reach metrics of success Focus areas and opportunities for growth 	<ul style="list-style-type: none"> List of identified gaps Prioritize list of gaps Two Indicators for each gap 	<ul style="list-style-type: none"> Committee will Gather qualitative input (focus groups, listening sessions, etc.) to hear about perceived gaps from stakeholders by end of Q216 Committee will Compile list of gaps and obtain stakeholder input for prioritizing gaps and related indicators (Q216) Committee will narrow findings from RedCap and Peds Readiness to one opportunity from each data set to propose as a Quality Improvement project by the end of Q216 	<ul style="list-style-type: none"> Standards Committee will create of a quality improvement dashboard and/or report By end of Q117 	<ul style="list-style-type: none"> Review and update



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<p>CoPEC:</p> <p>4) Plan appropriate interventions based on data.</p>	<ul style="list-style-type: none"> Prioritization of identified interventions Design testable, evidence based interventions that would be used for studies to look at the effectiveness of interventions. 	<ul style="list-style-type: none"> Identification of three evidence-based interventions Selection of interventions to be implemented by CoPEC Action plan / Work plan for each intervention chosen. Development of a logic model for each proposed intervention 	<ul style="list-style-type: none"> Obtain proposed projects from committees (any committees) Obtain proposed projects from members at large (membership) Obtain proposed projects from TN EMSC office (TN EMSC office) Develop Action/Work plan template (Data Committee) Prioritize Projects (Data Committee) Select 1 project to initiate (jointly with originating group/individual) Obtain any necessary IRB approvals 	<p>Committee will:</p> <ul style="list-style-type: none"> Continue ongoing solicitation/prioritization of projects through CY17 Complete data analysis for the initial project by Q217 Select and initiate 2 additional projects in CY18 evaluate and revise ongoing/standing Data Reports 	<p>Completion of initiated projects by Q218</p> <p>Committee will:</p> <ul style="list-style-type: none"> review of selection and prioritization process by Q218 refine project action/work plan template by Q218 review and update project action / work plan template by Q318



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<p>CoPEC:</p> <p>5) Evaluate effectiveness of proposed interventions</p>	<ul style="list-style-type: none"> Development of key questions Creation of an evaluation plan for proposed interventions 	<ul style="list-style-type: none"> Evaluation plan for interventions %of interventions deployed with a completed evaluation # of publications and presentation (dissemination is a key part of evaluation) 	<ul style="list-style-type: none"> Review proposed evaluation plan with analytic staff Develop any additional data collection tools that may be needed Conduct analysis of effectiveness 		<ul style="list-style-type: none"> Review and update



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<p>CoPEC: 1) Development of orientation for CoPEC that includes: a. Organizational history b. Overview of state rules & regulations c. Committee structure and assignment of members to appropriate committee (no use of proxies) d. Benefits of CoPEC participation</p>	<p>CoPEC members have an understanding of the history, organizational relationship, goals and objectives for both committees. Curriculum design completed. Annual schedule in place for curriculum review and update.</p>	<p>100% of new members will complete the appropriate orientation curriculum in the first 6 months of joining CoPEC. 100% of current CoPEC members will complete an educational session/module that includes components of the orientation curriculum.</p>	<p>Year 1: CoPEC nomination letter/forms are updated. Send out in August. Update org chart • Develop CoPEC info sheet. This will be part of a “welcome packet” all members will receive before attending their first meeting. (Extra packets will be available) 3-5 fast facts to be presented at each meeting</p>	<p>Year 2: Develop voice-over video available on a secure part of the TN EMSC website for new CoPEC member orientation/current member refresher. Develop a short quiz to document completion and understanding. Develop/refine organizational chart and informational handout for CoPEC.</p>	<p>Year 3: Continue to survey on outcomes of Year 1 action items & refine offerings developed in years 1 & 2. Develop/refine organizational chart and informational handout for CoPEC. 3-5 fast facts to be presented at each meeting</p>



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<u>CoPEC:</u>	<p>Annual calendar of new members available and utilized for orientation and placement with a mentor.</p> <p>Establish a tracking system for members coming and going from CoPEC</p>	<p>Survey to existing membership to establish current knowledge baseline (possibly done in conjunction with the funding committee).</p>	<p>Update CoPEC directory.</p> <p>Establish and clearly define mentor/mentee program:</p> <ul style="list-style-type: none"> link new members w/ a mentor not from their institution call both pre- and post- CoPEC meetings. <p>Solicit volunteers from CoPEC to serve as mentors.</p>	<p>Incorporate Q&A session into CoPEC meeting structure for live interaction</p> <p>Update CoPEC directory as needed</p> <p>Develop/refine formal orientation curriculum that will be offered twice annually</p> <p>Include in meeting evaluation a question to ascertain areas of confusion.</p>	<p>Incorporate Q&A session into CoPEC meeting structure for live interaction</p> <p>Update CoPEC directory as needed</p> <p>Develop/refine formal orientation curriculum that will be offered twice annually</p> <p>Include in meeting evaluation a question to ascertain areas of confusion.</p>



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<u>CoPEC:</u>			Develop mentor curriculum with talking points. Develop/refine formal orientation curriculum that will be offered twice annually Create a member tracking system, housed in the Foundation office, prior to Feb 2016 meeting	3-5 fast facts to be presented at each meeting	



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<u>CoPEC:</u>			Develop a meeting evaluation tool and include a question to ascertain areas of confusion. Collaborate with Branding Committee to recruit members with skills outside of healthcare Incorporate Q&A session into CoPEC meeting structure for live interaction starting Feb. 2016		



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<p>The Foundation:</p> <p>1) Development of effective orientation curriculum for the Foundation that includes:</p> <ul style="list-style-type: none"> a. Organizational history b. Mission, Vision c. Overview of Foundation bylaws d. Introduction to the board e. Any existing committees f. Accomplishments g. Projects 	<p>Foundation members have an understanding of the history, organizational relationship, goals and objectives for both committees.</p> <p>Curriculum design completed.</p> <p>Annual schedule in place for curriculum review and update.</p>	<p>100% of new members will complete the orientation curriculum in the first 6 months of joining the Foundation.</p> <p>100% of current Foundation members will complete an educational session that includes components of the orientation curriculum.</p>	<p>Year 1:</p> <p>Update org chart</p> <p>Develop Foundation info sheet. This will be part of a “welcome packet” all members will receive before attending their first meeting. (Extra packets will be available at each meeting)</p> <p>Update orientation as needed</p> <p>Develop a short quiz to document completion and understanding.</p>	<p>Year 2:</p> <p>Develop voice-over video available on the TN EMSC website for new Foundation member orientation/current member refresher.</p> <p>Develop/refine organizational chart and handout for Foundation.</p> <p>Update orientation as needed</p>	<p>Year 3:</p> <p>Continue to survey on outcomes of Year 1 action items & refine offerings developed in years 1 & 2.</p> <p>Develop/refine organizational chart and informational handout for Foundation.</p> <p>Update orientation as needed</p>



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<p>The Foundation:</p> <p>2. Increase membership in the Foundation and focus on diversity of disciplines and those with non-healthcare related backgrounds to balance the current membership</p> <p>2 (a) Diversify Foundation Board to ensure areas of various expertise (finance, marketing, law, and other non-clinical backgrounds)</p>	<p>Foundation members will have the experience, skills, and accountability to work collectively to achieve the mission and strategic plan.</p>	<p>Establish the number of current members in the TN EMSC Foundation</p> <p>Increase Foundation membership:</p> <p>10% - 2016</p> <p>15% - 2017</p> <p>20% - 2018</p>	<p>Year 1: By end of 2016, secure 2 new board members</p> <p>Develop a short presentation on the Foundation that members can use when speaking to community groups/external groups</p> <p>Define the Foundation as well as what members get for being engaged</p> <p>2 (a) Create and deploy board member assessment to identify the top four needs of its members</p>	<p>Year 2: Develop "Every Member Get a Member" Campaign</p> <p>2 (a) Secure 3 new board members and require each board member to secure at least one new Foundation member.</p>	<p>Year 3: Refine and continue "Every Member Get a Member" Campaign</p> <p>2 (a) Secure 3 new board members and ask each board member to secure at least 2 new Foundation members</p>



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<p>CoPEC:</p> <p>3. Create an engaged collaborative work group that supports and achieves the mission and strategic plan of CoPEC</p>	<p>Each member is assigned to a workgroup and actively involved.</p> <p>All members attend 75% of all meetings and all conference calls for work groups.</p> <p>Information about attendance/participation/task completion will be available to the member's appointing body upon request.</p> <p>Committee work is completed by the deadlines set forth by the plan and the committees.</p>	<p>Maintain a list of all members and their assigned committees.</p> <p>At onset of membership, determine member's experience, skill set and interests.</p>	<p>Year 1: Compile membership and workgroup list, with up-to-date contact information</p> <p>Develop overview of each workgroup's goals and needs to help determine new member placement.</p> <p>Replicate CoPEC and orientation/mentor programs within each workgroup for all new members (see Strategy #1).</p> <p>Each workgroup will establish a committee charter</p>	<p>Year 2: 100% of CoPEC membership will be assigned to committee workgroup based on strategic focus</p> <p>CoPEC will develop engagement expectations and incorporate these into new committee member on-boarding</p>	<p>Year 3: Committees achieve engagement expectations as outlined in Year 2</p>



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<u>CoPEC:</u>		<p>Workgroup will be assigned accordingly prior to their second meeting.</p> <p>Development of orientation plan for new members on committees with clear expectations for participation.</p>			



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<p>The Foundation:</p> <p>3. Create an engaged collaborative work group that supports and achieves the mission and strategic plan of the Foundation</p>	<p>Each member is assigned to a workgroup and actively involved.</p> <p>All members attend 75% of all meetings and all conference calls for work groups.</p> <p>Information about attendance/participation/task completion will be available to the member's appointing body upon request.</p> <p>Committee work is completed by the deadlines set forth by the plan and the committees.</p>	<p>Maintain a current list of all members and their assigned committees.</p> <p>At onset of membership, determine member's experience, skill set and interests.</p>	<p>Year 1:</p> <p>Compile membership and workgroup list, with up-to-date contact information</p> <p>Develop overview of each workgroup's goals and needs to help determine new member placement.</p> <p>Replicate Foundation orientation/mentor programs within each workgroup for all new members (see Strategy #1).</p> <p>Each workgroup will establish a committee charter</p>	<p>Year 2:</p> <p>100% of Foundation board will be assigned to committee workgroup based on strategic focus</p> <p>Foundation will develop engagement expectations and incorporate these into new member on-boarding</p> <p>Foundation will develop engagement expectations</p>	<p>Year 3:</p> <p>Committees achieve engagement expectations as outlined in Year 2</p>



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<u>The Foundation:</u>		Assign workgroup membership based on these traits prior to their second meeting. Development of orientation plan for new members on committees with clear expectations for participation.			



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Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee

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<p><u>CoPEC:</u></p> <p>Strategy 1:</p> <p>Increase the knowledge of EMS providers in the care of the pediatric patient (EMS Assessment Phase of Care)</p>	<p>(1.1) Review TN EMS protocol guidelines and update as needed with current evidence based updates.</p>	<p>(1.1) %of TN EMS protocol guidelines updated. Metric:</p> <p>2016: 43 of 125</p> <p>2017: 41 of 125</p> <p>2018: 41 of 125</p>	<p>(1.1) Review and revise current TN EMS protocol guidelines with TN EMS Medical Director and EMS (CIC). Completion of 43 of 125 by August 2016.</p> <p>(1.1) Develop communication plan to disseminate to EMS agencies encouraging the revision of their protocols to reflect current evidence based medicine or the adoption of the TN EMS protocol guidelines.</p>	<p>(1.1) Review and revise current TN EMS protocol guidelines with TN EMS Medical Director and EMS (CIC). Completion of 41 of 125 by August 2017.</p>	<p>(1.1) Review and revise current TN EMS protocol guidelines with TN EMS Medical Director and EMS (CIC). Completion of 41 of 125 by August 2018.</p>



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<u>CoPEC:</u>		(1.1) % of ALS/BLS EMS Agencies that have evidence- based guidelines either by updating their own protocols or adopting those developed by CoPEC and approval by the TN EMS Medical Director and the EMS Clinical Issues Committee (CIC). Metric: 100% by 2019			(1.1) Include scheduled review of the TN EMS protocol guidelines in the Operational Programs of CoPEC on a 3 year cycle or sooner as need. (1.1) Encourage EMS agencies to revise protocols to reflect current evidence based medicine or the adoption of TN EMS protocol guidelines.



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<u>CoPEC:</u>	(1.2) Standardize outreach education to EMS providers.	(1.2) Create Simulator Mock Code by February 2016. Metric: Yes or No (1.2) Percent of TN Paramedics that have successfully completed a mock code. 2016: 10% 2017: 40% 2018: 70%	(1.2) Create Simulator Mock Code with pre-test, post-test and follow-up tests by February 2016 by CRPC Coordinators. (1.2) Identify one CoPEC member from both the Standardization and Data work groups to collaborate with CRPC and trauma coordinators to develop research model by Feb 2016 and implement by April 2016.	(1.2) Perform follow-up and data analysis as recommended by data work group.	(1.2) Continue to perform data analysis in year 3. (1.2) Review and revise of Simulator Mock Code as needed. (1.2) Develop second Simulator Mock Code by end of 2018.



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<p>CoPEC:</p> <p>Strategy 2: Standardize Emergency Department Treatment Protocol Guidelines.</p>	<p>(2) Pediatric Patients will receive standardized emergency treatment to reduce morbidity and mortality.</p>	<p>(2) Develop treatment protocol guidelines for 1 disease. Metric: Completed in 2017: YES or NO</p> <p>(2) Further Metrics to be determined in collaboration with CoPEC Data work group.</p>	<p>(2) Identify 1 disease for treatment protocol guideline development through collaboration with CoPEC data work group utilizing available databases (medical and trauma) on pediatric ED morbidity and mortality by July 2016 (initial suggestion being the treatment of DKA or to support the outreach simulation program).</p>	<p>(2) A work group comprised of ED physicians and nurses along with a CoPEC parent representative will develop the treatment protocol guideline by the end of 2017 utilizing the PDSA (Plan, Do, Study, Act) cycle.</p>	<p>(2) Communicate treatment protocol guideline to all facility emergency department medical directors in 2018.</p> <p>(2) Schedule operational review of Emergency Department treatment protocol guidelines every 4 years (and as needed based on availability of new evidence).</p>



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<u>CoPEC:</u>			(2) Collaborate with Data Subcommittee to develop system for measuring morbidity and mortality associated with the disease chosen which could include use of UB-92 data, CRPC quality data, child fatality review data, et al.	(2) Collaborate with CoPEC Data Committee to determine data elements to measure. Include but not limit to mortality, length of stay, morbidity (such as new neurological injury), etc. (2) Obtain baseline data measurements for 2015-2016.	



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<p>CoPEC:</p> <p>Strategy 3.1:</p> <p>The inclusion of the pediatric population in the State of Tennessee Disaster plan.</p>	<p>(3.1) Completion of the ESF#8 Pediatric Annex.</p>	<p>(3.1) CoPEC will adopt the ESF#8 Pediatric Annex at February 2016 meeting</p>	<p>(3.1) Verify with the Disaster Committee integration of a School Disaster Plan.</p> <p>(3.1) Verify with the Disaster Committee formation of TEMA Plan with interagency connections and contact information for each agency.</p>	<p>(3.1) If needed then present to EMS CIC.</p> <p>(3.1) Develop a communication plan regarding ESF #8 Pediatric Annex.</p> <p>(3.1) Include a Disaster presentation in the 2017 Update in Acute and Emergency Care Pediatric Conference</p>	



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<u>CoPEC:</u>			(3.1) Complete a written plan by December 2015. (3.1) Request review of a plan by Healthcare Coalition in December 2015. (3.1) Perform final revisions by January 15 th 2016. (3.1) Present to CoPEC February 2016.		



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<p>CoPEC:</p> <p>Strategy 3.2: Exercise the infrastructure of disaster response for the pediatric population.</p>	<p>(3.2) By the end of FY2016, TN will demonstrate, through exercise or real incident, the ability to both deliver appropriate levels of care to pediatric patients, as well as to provide no less than a 20% increase in the immediate availability of staffed hospital beds across a regional Healthcare Coalition, within 4 hours of a disaster.</p>	<p>(3.2) Metric: Performance of regional disaster drills by end of fiscal year 2017.</p>	<p>(3.2) Identify Pediatric Care Consultant Group members for each region by 2016.</p> <p>(3.2) Develop role and responsibilities for Pediatric Care Consultants.</p> <p>(3.2) Develop Pediatric Care Consultant orientation</p> <p>(3.2) Delivery of Pediatric Care Consultant orientation.</p>	<p>(3.2) Coordinate with FEMA, TEMA, TDH and regional CRPC to have a disaster drill in each of the service areas of the CRPC.</p> <p>(3.2) Due to the scope of these drills, they may extend into FY 2018 depending on funding and planning.</p> <p>(3.2) List what is involved in having a drill.</p>	



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<u>CoPEC:</u>				(3.2) Planning to begin after acceptance of the Pediatric Annex to ESF-8 and regional drills to be scheduled during FY 2017. Responsible parties include Robert Newsad, Donna Tidwell, CRPC representative, regional and local EMS and hospitals, and Healthcare Coalitions.	



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<p>CoPEC:</p> <p>Strategy 3.3: Increase the knowledge base of disaster response in the pediatric population through the FEMA Pediatric Disaster Response and Emergency Preparedness Course.</p> <p>Foundation: Scheduling courses with the CRPCs and TN Healthcare Coalitions</p>	<p>(3.3) Improving Pediatric emergency response and preparedness in Tennessee through collaboration with Tennessee Healthcare Coalitions. The Coalitions collaborate to address challenges and work towards solutions that improve the health and prosperity of our communities. They are aligned with the eight Emergency Medical Services (EMS) Regions.</p>	<p>(3.3) Metric: Each CRPC will host this course by the end of 2017.</p> <p>Memphis: YES or NO Nashville: YES or NO Chattanooga: YES or NO Knoxville: YES or NO</p> <p>(3.3) Increase post-test score to greater than 90%</p> <p>Memphis: YES or NO Nashville: YES or NO Chattanooga: YES or NO Knoxville: YES or NO</p>	<p>(3.3) Coordinate scheduling of courses with the CRPCs, Tennessee Healthcare Coalitions, and the TN EMSC office by the end of 2016. Lead: EMSC Foundation</p>	<p>(3.3) Courses to be completed by the end of 2017.</p>	



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<p><u>CoPEC:</u></p> <p>Strategy 4.1:</p> <p>National EMSC Performance Measures 71, 72, and 73, which have been achieved by Tennessee, are in the process of being revised nationally in 2016.</p>	<p>(4.1) Maintain current requirements of PM 71, 72 and 73.</p>	<p>(4.1) Identify PM 71, 72 and 73 and develop strategic plan by end of 2016.</p>	<p>(4.1) Obtain communication of newly revised Performance Measures 71, 72 and 73 in 2016.</p> <p>(4.1) Perform strategic planning by the end of 2016 to exceed these new performance measures.</p>	<p>(4.1) Update and implement the strategic plan.</p>	

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<p>CoPEC:</p> <p>PM 71: % of pre-hospital provider agencies in the state/territory that have on-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.</p>					



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<p>CoPEC:</p> <p>PM 72: The % of pre-hospital provider agencies in the state/territory that have off-line pediatric medical direction available from dispatch through patient transport to a definitive care facility.</p>					



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<u>CoPEC:</u> PM 73: The % of patient care units in the state/territory that have essential pediatric equipment and supplies as outlined in national guidelines.					



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<p>CoPEC:</p> <p>Strategy 4.2:</p> <p>PM 74 & 75: The percent of hospitals recognized through a statewide, territorial or regional system that are able to stabilize and/or manage pediatric Medical and trauma emergencies.</p>	<p>(4.2) Tennessee has a pediatric facility system in place for the care of pediatric medical and traumatic emergencies.</p>	<p>(4.2) Maintain 100% compliance with PM 74 and 75.</p> <p>(4.2) 90% of facilities will participate in mock Pediatric Readiness assessment in 2016.</p> <p>(4.2) Presentation of readiness data to the 8 regional Healthcare Coalitions by the end of March 2016.</p> <p>Metrics: 8 out of 8</p>	<p>(4.2) Partner with regional Healthcare Coalitions to present Pediatric Readiness Survey results.</p> <p>(4.2) Partner with regional Healthcare Coalitions to develop a PDSA for Pediatric Readiness for mock assessment in 2016 and National assessment in 2018.</p>	<p>(4.2) Collaborate with regional Healthcare Coalitions to eliminate gaps identified in 2016 assessment.</p>	<p>(4.2) Participate in National Pediatric Readiness assessment.</p>



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<p><u>CoPEC:</u></p> <p>Strategy 4.3:</p> <p>PM 76: The percentage of hospitals in the State/Territory that have written inter-facility transfer guidelines that cover pediatric patients and that include the following components of transfer: (see reference)</p>	<p>(4.3) Tennessee health care facilities will have transfer guidelines that include all the components required.</p>	<p>(4.3) Metric: >90% of facilities in TN will have the new guidelines incorporated into their transfer agreement by the end of 201.</p>	<p>(4.3) Obtain communication of newly revised Performance Measure 76 in 2016.</p> <p>(4.3) Perform strategic planning to meet the new transfer guideline requirements.</p> <p>(4.3) Educate facilities and Healthcare Coalitions on new PM 76 requirements.</p>	<p>(4.3) Follow-up with survey/data collection on new requirements of PM 76 in 2017.</p> <p>(4.3) Updated PECF Rule Interpretive Guidelines to include updated transfer guideline requirements in PM 76 in 2017.</p>	<p>(4.3) Perform follow-up with those facilities who have not met the new transfer guideline requirements of PM 76, in 2018.</p>



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<u>CoPEC:</u> Strategy 4.4: PM 77: The percentage of hospitals in the State/Territory that have written inter-facility transfer agreements that cover pediatric patients.	(4.4) TN facilities will have written inter-facility transfer agreements that cover pediatric patients.	(4.4) >90% of TN facilities will have written inter-facility transfer agreements. Metric: Completion of survey by 2018.			(4.4) Survey Tennessee facilities for PM 77 requirements in 2018.



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<p><u>CoPEC:</u></p> <p>Strategy 4.5:</p> <p>PM 78: The adoption of requirements by the State/Territory for pediatric emergency education for the license/certification renewal of basic life support (BLS) and advanced life support (ALS) providers.</p>	<p>(4.5) In 2014, Tennessee achieved this performance measure.</p>				



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<p><u>Joint Strategy:</u></p> <p>Strategy 4.6:</p> <p>PM 79: The degree to which Tennessee has established permanence of EMSC in the State EMS System.</p>	<p>(4.6) Permanence of the EMSC in the State System is defined as:</p> <ol style="list-style-type: none"> 1. EMSC Advisory Committee has the required members as per the EMSC PM Implementation Manual. 2. EMSC Advisory Committee meets at least 4 times a year. 	<p>(4.6) Continue to maintain compliance with all 5 objectives.</p> <p>(4.6) Establish succession planning for EMSC Manager by the end of 2017.</p>	<p>(4.6) Communicate with all stakeholders to develop a succession plan for the EMSC Manager.</p> <p>(4.6) Develop succession plan by end of year 2016.</p>	<p>(4.6) Present succession plan to EMSC program for review by 2016.</p> <p>(4.6) Revise succession plan as needed and complete by the end of 2017.</p>	



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<u>Joint Strategy:</u>	3. By 2011, pediatric representation will have been incorporated on the State EMS Board. 4. By 2011, Tennessee will mandate pediatric representation on the State EMS Board. 5. By 2011, one full time EMSC Manager that is dedicated solely to the EMSC program will have been established.				



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<p><u>CoPEC:</u></p> <p>Strategy 4.7:</p> <p>PM 80: The degree to which the State/Territory has established permanence of EMSC in the State/Territorial EMS system by integrating EMSC priorities into statutes and regulations.</p>	<p>(4.7) Maintain requirements of PM 80.</p>	<p>(4.7) This achievement will be included in the annual report submitted by CoPEC to the Tennessee Legislature.</p>	<p>(4.7) Monitor components of PM 80 and develop strategic planning as necessary.</p>		



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<p><u>CoPEC:</u></p> <p>Strategy 5:</p> <p>TN's Pediatric Emergency Care Facility (PECF) Rules will provide guidance to achieve the EMSC mission that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury.</p>	<p>(5) The PECF rules will be updated with the current standards of care for providing pediatric emergency care.</p>	<p>(5) Update PECF rules to current standards of care.</p> <p>Metric: Completion of Rule Revision by July 2016.</p> <p>Metric: Presentation to the TN Board for Licensing Healthcare Facilities (BLHCF) by end of 2016.</p>	<p>(5) Review PECF recognition programs in other States.</p> <p>(5) Perform gap analysis of AAP/ACEP/ENA Guidelines for Pediatric Care and the TN PECF rules.</p> <p>(5) Complete PECF rule revision and present for vote by CoPEC by Fall 2016.</p> <p>(5) Present new PECF rules to BLHCF by December 2016 meeting.</p> <p>(5) Further revise as per BLHCF.</p>	<p>(5) BLHCF rulemaking hearing in Spring 2017.</p>	



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<p><u>CoPEC:</u></p> <p>Strategy 6: Update of the surveyor interpretive guidelines for the Tennessee PECF rules.</p>	<p>(6) The surveyor interpretive guidelines for the Tennessee PECF rules will be updated with current standards of care such that Tennessee can achieve the EMSC mission that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury.</p>	<p>(6) Surveyor interpretive guidelines updated by the end of 2017.</p> <p>(6) Updates presented to the BLHCF at their first meeting in 2018.</p>		<p>(6) Review and revise the surveyor interpretive guidelines and present to CoPEC by August meeting in 2017.</p> <p>(6) Further revisions complete for presentation to CoPEC at November 2017 meeting.</p>	<p>(6) Present updated surveyor interpretive guidelines to the BLHCF at their first meeting in 2018.</p>



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<p><u>CoPEC:</u></p> <p>Strategy 7:</p> <p>Update the Operating Rules of CoPEC which were last revised in 2006.</p>	<p>(7) The Operating Rules of CoPEC guide the work of the committee and need to be reviewed and revised.</p>	<p>(7) Metric: Completion of review and revision to present at November 2016 CoPEC meeting.</p>	<p>(7) Consultation with legal representative from Tennessee Department of Health in the review and revision of the operating rules for presentation to CoPEC by the August meeting in 2016.</p> <p>(7) Follow-up revisions to be completed before November 2016 CoPEC meeting for final approval.</p>		



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<p><u>CoPEC:</u></p> <p>Strategy 8:</p> <p>Develop system for scheduled review and revision of Operational Programs of CoPEC to maintain current evidence based standards.</p>	<p>(8) System developed for routine review and revision of CoPEC operational programs.</p>	<p>(8) System in place for routine review and revision of CoPEC Operational programs. Metric:</p> <p>Completed by 2017: YES or NO</p> <p>(8) Further metrics to be determined based on operational programs identified and the determined review timelines for each program.</p>	<p>(8) Identify operational programs of CoPEC that require continuous review to maintain current evidence based standards (i.e. PECF Rules, Surveyor Interpretive Guidelines for the PECF Rules, Annual report to the legislature, TN EMS protocol guidelines, Disaster plans, Emergency Guidelines for Schools, ED wall Charts, CoPEC Operating Rules, etc.) by July 2016.</p>	<p>(8) Complete timeline for review of each operational item by 2017.</p>	



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<p>The Foundation:</p> <p>Strategy 9:</p> <p>Develop a system for scheduled review and revision of Operational Programs of the TN EMSC Foundation.</p>	<p>(9) System developed for routine review and revision of TN EMSC Foundation Operational programs.</p>	<p>(9) System in place for routine review and revision of TN EMSC Foundation Operational programs. Metric:</p> <p>Completed by 2017: YES or NO</p> <p>(9) Further metrics to be determined based on operational programs identified and the determined review timelines for each program.</p>	<p>(9) EMSC office to identify operational programs of the TN EMSC Foundation (i.e. Budget, Accounting, Bylaws, etc.) by February 2016 and present to the Board.</p>	<p>(9) Complete timeline for review of each operational item by 2017.</p>	



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Branding GOAL: All TN EMSC stakeholders will recognize the TN EMSC program as a resource and authority for providing the best emergency care information and guidance for caring for critically ill or injured children in Tennessee.

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<p><u>The Foundation:</u> (1) Define the stakeholders of the Foundation.</p>	<p>(1) A list of stakeholders is identified:</p> <ul style="list-style-type: none"> Hospitals (from Executive suite to the house keeping department) EMS Schools Legislative General public Consumers of pediatric care (ex: Parent of child that received care in a CRPC) 	<p>(1) Each stakeholder group is represented in the Foundation membership.</p> <p>(1) Prioritize stakeholders in regards to branding and where the efforts need to be allocated</p> <p>(1) Identify and recruit 5-7 stakeholder branding partners.</p>	<p>(1) Send email query using survey monkey. Ask all Foundation members to identify and send in contact info for potential key people to join the Foundation.</p> <p>These may include:</p> <ul style="list-style-type: none"> leaders in the field active members potential donors executive hospital admin Legislators 		



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<p>The Foundation: (2) Get expert advice to help formulate branding goals and develop marketing material to support each goal.</p>	<p>(2) Identify existing Foundation stakeholder branding resources (pro bono) (2) Hire a branding expert if necessary</p>	<p>(2) Produce and execute a marketing plan to support the identified branding goals.</p>	<p>(2) Gather quotes from marketing and branding professionals (2) Solicit input from current Foundation members regarding existing sources of branding support.</p>		



Together
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<p>The Foundation:</p> <p>(3) Educate healthcare providers, especially EMS, about the resources and training available for pediatric emergency services through the Foundation.</p>	<p>(3) Educate healthcare providers about the vast pediatric emergency resources available on TNEMSC.org</p> <p>(3) Enhance the annual conference as the premier event for pediatric emergency education</p> <p>(3) All presentations include a slide on the Foundation as a resource for pediatric emergency services and training</p>	<p>(3) 10% increase in the views of educational resources on the website.</p> <p>(3) 10% increase in attendees for conference.</p>	<p>(3) Establish this strategy as an ongoing campaign over the course of the next 3 years. Include:</p> <ul style="list-style-type: none"> Local events in each member's local vicinity Coordinated multi-county event <p>(3) Create slides to include in presentations across the state</p>	<p>(3) Update slides to include in presentations across the state</p>	<p>(3) Update slides to include in presentations across the state</p>



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<p>The Foundation: (4) The Foundation will be the go-to organization (education source - not lobbyists) for elected officials when unbiased information and expertise regarding child safety and pediatric emergency care is needed.</p>	<p>(4) Develop a plan to educate state legislators of the resources and expertise available through the Foundation</p>	<p>(4) The Foundation office is contacted ___ times during the year for advice, input and testimony involving pediatric emergency care issues.</p>	<p>(4) See number 3 as it is a similar goal just with a different audience. Both are resource and information driven.</p>		



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<p><u>The Foundation:</u> (5) Define the TN EMSC program and the TN EMSC Foundation. Ensure that the relationship and differences are clear to members.</p> <p><u>CoPEC:</u> (5a) Define CoPEC. Ensure that the relationship and differences of the three entities are clear to members.</p>	<p>(5) Produce a written explanation of each.</p> <p>(5) Construct an organizational chart defining roles and responsibilities for The Foundation as well as CoPEC (respective committees within each organization will lead this project).</p>	<p>(5) 100% of Foundation and CoPEC members can articulate the definition of and connections between the three entities.</p>	<p>(5) Create written definitions for TN EMSC, CoPEC and the Foundation.</p> <p><u>Joint:</u></p> <p>(5) Create a diagram utilizing imagery to define these three entities.</p>		



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<p><u>The Foundation:</u></p> <p>(1) Develop financial plan for the TN EMSC Foundation</p>	<p>(1) Financial plan, approved by the Foundation Board, will successfully guide the Foundation to annual increases in revenue by ___%</p> <p>(1) Content management system will lend itself to annual increase in revenue</p>	<p>(1) Financial plan outlining current state of finance for the Foundation and financial forecast completed and evaluated on an annual basis</p>	<p>Year 1:</p> <p>(1) Compile a list of the organizations that have donated previously through Star of Life sponsorships and PEM conference support</p> <p>(1) Develop funding source diagram</p> <p>(1) Financial plan evaluated by Q116</p>	<p>Year 2:</p> <p>(1) Maintain list of organizational supporters</p> <p>(1) Financial plan evaluated and adjust as needed</p>	<p>Year 3:</p> <p>(1) Maintain list of organizational supporters</p> <p>(1) Financial plan evaluated and adjust as needed</p>



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<p><u>The Foundation:</u></p> <p>(2) Increase Foundation membership support through annual dues in an easy online giving process</p> <p>2(a) Educate all members about donating to the Foundation</p>	<p>(2) Foundation members understand work and purpose of the Foundation</p> <p>(2) Process for online donation is simplified</p> <p>(2) Communicate the difference to all members between dues, donations and conference tickets</p> <p>(2) Survey administered to members of CoPEC and the Foundation</p>	<p>(2) Member survey is distributed and at least 75% of CoPEC and Foundation members responded</p> <p>(2) 100% of Foundation members pay their annual dues starting in summer 2016</p>	<p>Year 1:</p> <p>(2) Rose completes member survey by October</p> <ul style="list-style-type: none"> • Send survey week of November 16th with additions from other committees • Results of survey shared after CoPEC <p>(2) Foundation Office discuss with Atnip simplifying the payment process for paying dues</p> <p>(2) 100% of members pay annual dues</p> <p>(2) Increase membership dues by 10%</p>	<p>Year 2:</p> <p>(2) Ensure 100% of members pay annual dues</p> <p>(2) Ongoing monitoring of dues process and adjust as needed (link with Branding group)</p> <p>(2) Increase membership dues by 15%</p>	<p>Year 3:</p> <p>(2) Ensure 100% of members pay annual dues</p> <p>(2) Ongoing monitoring of dues process and adjust as needed (link with Branding group)</p> <p>(2) Increase membership dues by 20%</p>



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<p><u>The Foundation:</u></p> <p>(3) Increase donor revenue to the Foundation over the life of this strategic plan</p>	<p>(3) Donations by the Board of Directors will increase</p> <p>(3) Increase donations by the Foundation members</p> <p>(3) Clear definition of donation will be established for both Board and Foundation members</p>	<p>(3) 100% of Foundation members donate some amount above their annual dues amount by the end of year three</p> <table border="1" data-bbox="583 852 1031 966"> <tr><td></td><td>2015</td><td>2016</td><td>2017</td><td>2018</td></tr> <tr><td>%</td><td>11</td><td>25</td><td>50</td><td>100</td></tr> <tr><td>\$</td><td>1200</td><td>2000</td><td>3000</td><td>5000</td></tr> </table> <p>(3) 100% of Foundation Board members donate some amount above their annual dues by the end of year two</p> <table border="1" data-bbox="583 1107 1031 1221"> <tr><td></td><td>2015</td><td>2016</td><td>2017</td><td>2018</td></tr> <tr><td>%</td><td>50</td><td>75</td><td>100</td><td>100</td></tr> <tr><td>\$</td><td>4000</td><td>5000</td><td>6500</td><td>8000</td></tr> </table>		2015	2016	2017	2018	%	11	25	50	100	\$	1200	2000	3000	5000		2015	2016	2017	2018	%	50	75	100	100	\$	4000	5000	6500	8000	<p>(3) Include donation definition in Foundation member orientation</p> <p>(3) Include fundraising commitment in Board orientation (and new Board member expectations). Engage open discussion about what Board giving looks like</p> <p>(3) Formalization of a letter writing end of year campaign</p> <p>(3) Thank and communicate with donors on ongoing basis</p>	<p>(3) Resend definition of donation</p> <p>(3) Survey members to re-identify barriers to giving</p> <p>(3) Letter writing end of year campaign (EMSC Office)</p> <p>(3) Thank and communicate with donors on ongoing basis</p>	<p>(3) Resend definition of donation</p> <p>(3) Letter writing end of year campaign (EMSC Office)</p> <p>(3) Thank and communicate with donors on ongoing basis</p>
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<u>The Foundation:</u>		<p>(3) Donations from people unaffiliated with the Foundation will increase over the next three years</p> <table border="1" data-bbox="583 852 1066 925"> <tr> <td></td> <td>2015</td> <td>2016</td> <td>2017</td> <td>2018</td> </tr> <tr> <td>\$</td> <td>\$100</td> <td>\$500</td> <td>\$1500</td> <td>\$3000</td> </tr> </table> <p>(3) Content management system utilization will lead to XX% donor retention, XX% increase in donor revenue</p>		2015	2016	2017	2018	\$	\$100	\$500	\$1500	\$3000	<p>(3) By Feb 2016, definition of donation to be determined, definition distributed to members of CoPEC and EMSC</p> <p>(3) Research different content management systems to track giving to the Foundation (EMSC Office)</p> <p>(3) Secure a vendor (EMSC Office)</p> <p>(3) Compile list of donors from the past year (EMSC Office)</p>	<p>(3) Evaluate effectiveness of management system – adjust as needed</p>	<p>(3) Evaluate effectiveness of management system – adjust as needed</p>
	2015	2016	2017	2018											
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<p><u>The Foundation:</u></p> <p>(4) Increase Foundation funding support through grant procurement</p>	<p>(4) Complete grant applications as applicable to other strategic goals and priorities (at least one new one annually)</p> <p>(4) Identification of project, registration, submission of application</p> <p>(4) Maintain system to track due dates for grant applications</p>	<p>(4) Grant acceptance and implementation</p> <table border="1" data-bbox="583 815 995 1000"> <thead> <tr> <th></th> <th>'16</th> <th>'17</th> <th>'18</th> </tr> </thead> <tbody> <tr> <td># of apps</td> <td>2</td> <td>4</td> <td>6</td> </tr> <tr> <td># awarded</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Amount</td> <td>TBD</td> <td>TBD</td> <td>TBD</td> </tr> </tbody> </table>		'16	'17	'18	# of apps	2	4	6	# awarded	1	2	3	Amount	TBD	TBD	TBD	<p>(4) Methodology, objectives and evaluation must be submitted to TN EMSC office if funding is needed for a project</p> <p>(4) Pursue funding for medication dosing system for EMS agencies</p> <p>(4) Connect with the data committee to identify funding needs related to securing statistical analysis</p>	<p>((4) Connect with each committee to identify funding needs</p> <p>(4) Methodology, objectives and evaluation must be submitted to the TN EMSC office if funding is needed for a project</p> <p>(4) Maintain system to track due dates for grant applications</p>	<p>(4) Connect with each committee to identify funding needs related to securing statistical analysis</p> <p>(4) Methodology, objectives and evaluation must be submitted to the TN EMSC office if funding is needed for a project</p> <p>(4) Maintain system to track due dates for grant applications</p>
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<u>The Foundation:</u>			(4) Connect with committees to gauge potential upcoming funding needs. Committees must provide: <ul style="list-style-type: none"> • Goal • Objectives • Methodology • Evaluation (4) Apply for TDOT application in Spring 2016 (4) Maintain system to track due dates for grant applications		



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<p>The Foundation:</p> <p>(5) Increase sponsorship revenue from Star of Life Awards Ceremony leading to a more profitable event</p>	<p>(5) The next three Star of Life ceremonies will increase sponsorship revenue</p> <p>(5) The next three Star of Life ceremonies will increase in overall profit</p>	<p>(5) Increased sponsorship revenue</p> <table border="1" data-bbox="583 815 1054 938"> <tr> <td></td> <td>'15</td> <td>'16</td> <td>'17</td> <td>'18</td> </tr> <tr> <td>Revenue</td> <td>\$28250</td> <td>30k</td> <td>35k</td> <td>40k</td> </tr> <tr> <td>#</td> <td>17</td> <td>20</td> <td>22</td> <td>25</td> </tr> </table> <p>(5) Increased profit from Star of Life</p> <table border="1" data-bbox="583 1079 1018 1144"> <tr> <td></td> <td>'15</td> <td>'16</td> <td>'17</td> <td>'18</td> </tr> <tr> <td>Profit</td> <td>16k</td> <td>18k</td> <td>22k</td> <td>25k</td> </tr> </table>		'15	'16	'17	'18	Revenue	\$28250	30k	35k	40k	#	17	20	22	25		'15	'16	'17	'18	Profit	16k	18k	22k	25k	<p>(5) Create a list of candidates for possible celebrity host</p> <p>(5) Recruit a celebrity to host the event, attracting new audiences</p> <p>(5) Procurement of a celebrity host</p> <p>(5) Secure new event sponsors from previous years</p> <p>(5) Increased sponsorship revenue</p>	<p>(5) Maintain relationships throughout the year with event sponsors</p> <p>(5) Retain celebrity host for event</p> <p>(5) Increased sponsorship revenue</p> <p>(5) Increased profit from Star of Life</p>	<p>(5) Create a list of candidates for possible celebrity host</p> <p>(5) Increased sponsorship revenue</p> <p>(5) Increased profit from Star of Life</p>
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<p>The Foundation:</p> <p>(6) Increase revenue from the annual conference through sponsorships</p>		<p>(6) Increased number of attendees by 25% annually</p> <table border="1" data-bbox="571 852 1096 1036"> <tr> <td></td> <td>'15</td> <td>'16</td> <td>'17</td> <td>'18</td> </tr> <tr> <td>Overall Profit</td> <td>\$47,700</td> <td>\$60k</td> <td>\$70k</td> <td>\$80k</td> </tr> <tr> <td>Sponsor Revenue</td> <td>\$53,300</td> <td>\$56k</td> <td>\$60k</td> <td>\$65</td> </tr> <tr> <td>Attendees</td> <td>160</td> <td>200</td> <td>250</td> <td>300</td> </tr> </table> <p>(6) Increase revenue and diversify exhibitors/sponsors through the procurement of new companies such as medical evacuation companies</p>		'15	'16	'17	'18	Overall Profit	\$47,700	\$60k	\$70k	\$80k	Sponsor Revenue	\$53,300	\$56k	\$60k	\$65	Attendees	160	200	250	300	<p>(6) Reach goal of 50 physicians/NP, 60 EMS and 90 other healthcare practioners (i.e. respiratory therapist)</p> <p>(6) Reach goal of \$56,000 in sponsorship</p> <p>(6) Investigate opportunities to partner with universities to make the conference more accessible through technology</p>	<p>(6) Reach goal of XX physicians/NP, XX EMS and XX other healthcare practioners (i.e. respiratory therapist)</p> <p>(6) Reach goal of \$60,000 in sponsorship</p>	<p>(6) Reach goal of XX physicians/NP, XX EMS and XX other healthcare practioners (i.e. respiratory therapist)</p> <p>(6) Reach goal of \$65,000 in sponsorship</p>
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<p><u>The Foundation:</u></p> <p>(7) Cultivate an organizational corporate sponsor partnership that can be leveraged</p>	<p>(7) Foster and solidify at least one new corporate relationship annually (Need to define how we know the relationship is solidified)</p>	<p>(7) Three meetings with potential corporate sponsorships will be set up by the funding committee each year</p> <p>(7) At least one of these meetings annually will be converted into a new funding source into the Foundation</p>	<p>(7) Identify list of potential corporate donors (consider university partnerships)</p> <p>(7) Solidify what the target is, what they are funding and supporting when making the ask of corporate</p> <p>(7) Three corporate relationship building meetings – one converted</p>	<p>(7) Three corporate relationship building meetings – one converted</p>	<p>(7) Three corporate relationship building meetings – one converted</p>



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<p><u>The Foundation:</u></p> <p>(8) Utilize various avenues of general public fundraising contingent on the needs of projects identified by CoPEC.</p>	<p>(8) By the end of year three, the Foundation will have supported at least three projects through funding secured from a new funder</p>	<p>(8)</p> <table border="1" data-bbox="583 816 1026 964"> <thead> <tr> <th></th> <th>'16</th> <th>'17</th> <th>'18</th> </tr> </thead> <tbody> <tr> <td>Application #</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		'16	'17	'18	Application #								<p>(8) Identify opportunities, to begin this list may include:</p> <ul style="list-style-type: none"> Fan Fair (June) Assisi Foundation in Memphis HCA Donation List TN Highland Coalition – member on each of the coalitions Nashville group for organization’s with less than \$250,000 CFMT Economic Development Group <p>(8) 1st year – secure funding from at least one source from list contingent on the needs of organizational projects</p>	<p>(8) 2nd year – secure funding from at least one additional source from list contingent on the needs of organizational projects</p>	<p>(8) 3rd year – secure funding from at least one additional source from list contingent on the needs of organizational projects</p>
	'16	'17	'18														
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