GOAL #1: Exceed the National EMSC Performance Measures

Statement of Direction: EMSC performance measures are part of the foundation for providing quality pediatric emergency care.

Task Force Members: Kevin Brinkmann, Barbara Shultz, Deena Kail, Randall Kirby, Joel Dishroon, Joe Holley

<table>
<tr><th>STRATEGIES</th><th>LEADING INDICATORS OF SUCCESS</th><th>3 YEAR PERFORMANCE TARGETS</th><th>YEAR 1 (10-11) ACTION PLANS & LEAD</th><th>PROGRESS</th></tr>
<tr>
<td>PM 71: The percent 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.</td>
<td>PM 71Increase from 85% to >90% the number ALS and BLS pre-hospital agencies that will have on-line pediatric medical direction from dispatch through patient transport to a definitive care facility by 2011.</td>
<td>
<table>
<tr><th></th><th>09</th><th>10</th><th>Current</th></tr>
<tr><td>71</td><td>85%</td><td>>90</td><td>67/89</td></tr>
<tr><td>72</td><td>85%</td><td>>90</td><td>100/96</td></tr>
<tr><td>73</td><td>11%/ 29%</td><td>>90</td><td>59.3/59.1</td></tr>
<tr><td>74</td><td>96%</td><td>>90</td><td>100</td></tr>
<tr><td>75</td><td>96%</td><td>>90</td><td>100</td></tr>
<tr><td>76</td><td>96%</td><td>>90</td><td>68</td></tr>
<tr><td>77</td><td>96%</td><td>>90</td><td>98</td></tr>
<tr><td>78</td><td>NO</td><td>YES</td><td>On hold</td></tr>
<tr><td>79</td><td>100</td><td>100</td><td>100</td></tr>
<tr><td>80</td><td>7/8</td><td>8/8</td><td>7/8</td></tr>
<tr><td>CAH</td><td></td><td></td><td>YES</td></tr>
</table>

CAH-congenital adrenal hyperplasia.
</td>
<td>PM 71Obtain data of 2010 survey of ALS and BLS pre-hospital provider agencies. Work with EMS CIC and EMS regional consultants to educate/ensure the provision of on-line pediatric medical direction for pre-hospital providers that do not have a plan for this in place.</td>
<td>PM 71 100% of the EMS services have the ability to contact online medical control either locally or through the comprehensive regional pediatric center in their region. However, the question on this survey to determine this performance measure was only answered by EMS agencies that had transported a pediatric patient in the last year. Therefore, this diminished the number of agencies capable of reporting from 116 to 84. Results were:

BLS 67% National 87%
ALS 89% National 91%</td>
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<td>PM 72: The percent 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.</td>
<td>PM 72Increase from 85% to >90% the number ALS and BLS pre-hospital agencies that will have off-line pediatric medical direction from dispatch through patient transport to a definitive care-facility by 2011.</td>
<td></td>
<td>PM 72 Obtain data of 2010 survey of ALS and BLS pre-hospital provider agencies. Work with EMS CIC and EMS regional consultants to educate/ensure the provision of off-line pediatric medical direction for pre-hospital providers that do not have a plan for this in place.</td>
<td>Offline medical (protocols available on the ambulance) performance measure met:

BLS 100% National 63%
ALS 96% National 90%</td>
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</table>

PM 73: The percent of patient care units in the State / Territory that have the essential pediatric equipment and supplies as outlined in national guidelines.	PM 73 Increase from 11% to >90 the number of BLS and 21% to >90% ALS ambulances that will have all the essential pediatric equipment and supplies necessary to provide quality pediatric emergency care by 2011.		PM 73 1. Review the current National Guidelines and compare to current Tennessee equipment requirements for ALS and BLS ambulances. 2. Discuss/ approve equipment changes in Task Force conference calls. 3. Present proposed equipment changes to CoPEC in 2010. 4. Dr. Brinkman to make recommendations to the EMS CIC in 2010. Ensure pediatric rep on EMS Task Force rewriting rules and regs. 5. Dr. Holley to make recommendation for rulemaking changed at the Dec. 2010 or March 2011 Board meeting to be in compliance with the National EMSC Performance Measure.	PM 73 Results of the national performance measure for pediatric equipment is: BLS 59.3% National 22.5% ALS 59.1% National 34%
PM 74: The percent of hospitals recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manager pediatric medical emergencies. PM 75: The percent of hospitals recognized through a statewide, territorial or regional standardized system that are able to stabilize and/or manage pediatric traumatic	PM 74 All healthcare facilities that have the potential to stabilize and/or manage pediatric medical and/or traumatic emergencies are in compliance with their self-designated level of pediatric care as defined by the PECF Rules and Regulations. For PM 74 and 75, on the last survey 96% of Tennessee's health care facilities satisfy this requirement. The national goal is for 25% by 2017 for PM 74 and		PM 74 75Data will be collected utilizing the national EMSC performance measure survey from greater than 80% of facilities capable of PM 74 and PM 75. PM 75Data will be collected utilizing the national EMSC performance measure survey from greater than 80% of facilities capable of PM 76 and PM 77 by R. Phillippi and CRPC coordinators by Summer 2010.	PM 74 & 75 100% of the hospital facilities that have an emergency department are one of the four levels of pediatric emergency care for both trauma and medical needs. PM 75 100% of the hospital facilities that have an emergency department are one of the four levels of pediatric emergency care for both trauma and medical needs.

emergencies.	50% for PM 75.			
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).	PM 76 Tennessee health care facilities will have transfer agreements that cover pediatric patients and will have transfer guidelines that include all the components of transfer as recommended by National ESMC.		PM 76 Identify the health care facilities that currently do not have all the necessary components of the transfer agreement. Communicate with those facilities the needed components for their written transfer guidelines. Barbara and Deena to contact CRPC Coordinators for facilities with agreements that don't have all guidelines. CRPC Coordinators to educate those facilities in 2010 and 2011. Further identify if the 4% of Tennessee health care facilities that did not meet these PM in the last survey are capable of meeting these PM. Provide support to these facilities if they are able to meet these PM, otherwise document that Tennessee has met these PM to the greatest ability.	PM 76 98% of the hospitals have the required transfer guidelines. However, two components were added to the guidelines which decreased the compliance to 68%. Nationally, on 38% contain all components. The two components missing in TN are a map with directions to the CRPC being available to the family and that the patients belongings were transferred with the child.As each transfer agreement is renewed between a CRPC and hospital facility these two components will be added.
PM 77: The percentage of hospitals in the State/Territory that have written inter-facility transfer agreements that cover pediatric patients.	PM 77Currently 96% of Tennessee health care facilities meet both of these performance measures.			PM 77 Percentage was increased from 96% to 98%. Nationally the rate is 59.4%
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	PM 78 Approval by the EMS Board for this requirement.		PM 78 Collaborate with TEMSEA, EMS CIC and EMS Education committee/Scope of Practice Committee on adoption of requirements for pediatric emergency education for license renewal of BLS and ALS providers. At 8/9/07 CoPEC meeting, motion was passed	PM 78 Scope of practice changes are on hold due to a moratorium on changes to rules and regulations at this time.

(ALS) providers. PM 79: The degree to which Tennessee has established permanence of EMSC in the State EMS System.	PM 79: Permanence of EMSC in the State system is defined as: a. EMS Advisory Committee has the required members as per the implementation manual. b. EMSC Advisory Committee meets at least 4 times a year. c. By 2011, pediatric representation will have been incorporated on the State EMS Board. d. By 2011, TN will mandate requiring pediatric representation on the EMS Board. e. By 2011, one full time EMSC Manager that is dedicated solely to the EMSC Program will have been established. TN EMS will have understanding of the National EMSC Performance measures and the need for establishing permanence of EMSC in Tennessee's EMS system by integrating EMSC priorities into statutes/ regulations.		that 20% of EMS CEUs for recertification be in pediatrics – communicate this to above stakeholders. This is benchmarked to be completed in 2010 with a deadline for completion in 2011. Plan to follow-up with the EMS Board and provide support as needed to ensure this change in rules. Consider having the CRPC Coordinators invite EMS Board Members to attend a mock code at one of their local EMS agencies. Continue to maintain compliance with all 5 objectives.	PM 78 Continue to comply with 5/5 requirements.

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/ regulations.			PM 80 EMS Performance Assessment: 1. Annual report card of TN achievement of EMSC performance measures to key stakeholders. Color coded, easy to read report card distributed to each region ends a statewide goal. This PM 80 will be complete with the completion of PM 78. Committee will then work on an annual report card. This report card will be sent to CoPEC. 2. Emphasize performance measures that TN does not currently meet. Information will be gathered from CARES as well as other states regarding plans for children with CAH – task force members. Action plan will be presented to CoPEC at August 2010 meeting. If approved, action plan proposed to Clinical Issues Committee of EMS Board by Dr. Brinkman at September 2010 meeting.	PM 80 Compliance for 7/8 maintained. Will be 100% compliant once pediatric continuing education is required for the re licensure of EMT and EMTPs.

<table>
<tr><th colspan="5">GOAL #2: To expand membership orientation and leadership capacity to address the various components of TN EMSC including CoPEC
Committee: Rita Westbrook, and Debi Tuggle Co-Chairs, Carolyn Jackson, Diana Eckroth, Kate Copeland, Debi Tuggle, Jennifer Radtke</th></tr>
<tr><th>STRATEGIES</th><th>LEADING INDICATORS OF SUCCESS</th><th>3 YEAR PERFORMANCE TARGETS</th><th>YEAR 1 (10-11) ACTION PLANS & LEAD</th><th>PROGRESS</th></tr>
<tr><td>2.1Develop member orientation to increase knowledge capacity of CoPEC and TN EMSC.</td><td>2.1 100% participation in orientation of existing (EM) and new members (NM).</td><td><table><tr><td></td><td>10</td><td>11</td><td>12</td></tr><tr><td>EM</td><td>100</td><td>100</td><td>100</td></tr><tr><td>NM</td><td>100</td><td>100</td><td>100</td></tr></table></td><td>2.1 a Orientation provided to entire CoPEC body and will continue to provide every 6 months to new members. Content included the history, funding structure, organizational structure, and expectation of members.

2.1b. Development of a Big Brother / Sister program – guideline to assist new member in understanding and engaging activities of CoPEC/TN EMSC.</td><td>2.1a Seventy six percent of committee attending orientation.

2.1b. Delayed. Implementation of Big Brother/Sister scheduled for August 2011.</td></tr>
<tr><td>2.2 Member development.</td><td>2.2Completion of all training sessions by 80% of the members.</td><td><table><tr><td></td><td>10</td><td>Current</td></tr><tr><td>LE</td><td></td><td>66%</td></tr><tr><td>RR</td><td>50</td><td>66%</td></tr><tr><td>Civic</td><td>50</td><td>95%</td></tr><tr><td>***</td><td>%</td><td>%</td></tr><tr><td>Call</td><td></td><td></td></tr><tr><td>Letter</td><td></td><td></td></tr><tr><td>Visit</td><td></td><td></td></tr></table>
*LE: leadership exercise
RR: Roberts Rules of Order
Baseline from survey</td><td>2.2Education Robert Rules of Order.
4 sessions:
1. Definitions/call to business-Jennifer Radtke, RN.
2. Classifications of motions-Kate Copeland, RN.

Sessions to be given over 1 year and repeated every 2 years. To be given at quarterly</td><td>Completed the first two sessions and plan to continue Robert Rules of Order regarding Sessions 3 and 4.

66% of members attended Robert Rules of Order session.

95% of members attended Civic course on how a bill becomes a law and advocacy.

Encouragement of increased civic participation through call, letters and legislative visits.</td></tr>
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<td>meetings by task force.

Development of education on the legislature process; provided by Maureen O’Connor.

Evaluate sessions by Bi-Annual survey.

Civic/Law Assessment: Obtain base line on current members’ knowledge with survey.</td>
<td></td>
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<td>2.3Professional update.</td>
<td>90% of members attend 75% of quarterly meetings.

100% of quarterly meetings have legislative updated from Executive Director.</td>
<td>
<table>
<tr><th></th><th>10</th><th>Current</th></tr>
<tr><td>Attendance</td><td>85</td><td>72%</td></tr>
</table>

<table>
<tr><th></th><th>10</th><th>Current</th></tr>
<tr><td>EDR</td><td>100</td><td>100%</td></tr>
</table>

EDR – Ex. Director Report</td>
<td>2.3 Send nomination letters for membership to each professional org. or CEO represented on CoPEC – completed and return date is May 1, 2010.

Present nominations to nominating committee and BLHCF and EMS Board August 2010.

See attached list of members.</td>
<td>2.372% of members attended 75% of quarterly meetings.
100% of quarterly meetings have legislative update from Executive Director.</td>
</tr>
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GOAL #3: To develop and integrate a statewide disaster plan for children

Co-Chairs: James O'Donnell, Angie Bowen Members: Marvin Hall, Anne Haston, Joe Holley, Mark Meredith, Gregg Mitchell, Rob Seeholtz, Ann Rutherford Reed, Sheri Smith

STRATEGIES	LEADING INDICATORS OF SUCCESS	3 YEAR PERFORMANCE TARGETS	YEAR 1 (10-11) ACTION PLANS & LEAD	PROGRESS
3.1 Integrate and interface TN EMSC disaster issues into Tennessee's established disaster system. Lead: Angie Bowen	3.1a. Complete by July 1, 2010. 3.1b. Begin July 1, 2010 with completion by Dec. 31, 2010. **Opportunities to share information with various agencies / organization may present themselves and sharing information will be ongoing.	2010: Obtain written state plan (ESF 8) and other pertinent existing information, and disseminate to committee. (Angie Bowen). Done	3.1a. Develop graph of agencies involved in disaster management in Tennessee and the relationship between each. Obtain contact information for each agency. (Angie Bowen) **Patti Scott to obtain School Disaster Plan. Joe Phillips to obtain TEMA Plan with graph of interagency connection. 3.1.b. Utilize above information to share information about TN EMSC and inquire as to needs of each agency in relation to pediatrics. (All committee members based on specialty and geographic region, coordinated by Angie Bowen and James O'Donnell). • Include RMCC/CRPC	3.1Parts done/Parts still pending. Graph of what we have is complete, but still missing stakeholders.

3.2 Write pediatric disaster addendum to Tennessee's state disaster plan. Lead: James O'Donnell	3.2 Completion of written plan by December 11, 2012. Initial step: Obtain previous work done by Dr. Abramo by December 31, 2009. (James O'Donnell) Done Review of other state plans and work previously completed by December 31, 2011.	2010: Review of plans and work previously completed. Include altered standards of care. 2012: Completion of written plan. 2012: Submission of plan to state for acceptance into existing state disaster plan. 2010: Material gathering and review.	3.2Obtain copies of other state plans and begin review. Sheri Smith James O'Donnell • Reference: Karen Ketchie All committee members to review and submit feedback.	3.2 Other state plans that include pediatrics not available. Completion of written plan. James O'Donnell Angie Bowen
3.3 Compile information and resources for dissemination/ready availability. Lead: Angie Bowen	3.3 Material review by December 31, 2010. Resource compilation by December 201.	3.3 2011: Resource compilation.	3.3 Materials gathered and reviewed. See assignments year 2.	3.3 Compilation of resources to include: -Pediatric treatment guidelines (Gregg Mitchell: Private Practice, Joe Holley: EMS/ED) -Educational modules (Pattie Scott, Marvin Hall, Anne Haston) -Clearinghouse for classes with disaster / pediatric care components (PALS, PEPP, PITLS) (Angie Bowen) -References (books, web/web-based links, DVD) (James O'Donnell) -State and regional conferences (Mark Meredith)

3.4 Develop tool for local pediatric disaster resources across the state. Lead: James O'Donnell	3.4. Survey tool completed by December 31, 2010. 3.4b. HURTZ information obtained by May 31, 2010. 3.4c. Map developed county by county by December 31, 2011.	3.4. Develop survey tool for: -EMS (Joe Holley, Angie Bowen) -Hospitals (Mark Meredith, Sheri Smith, Anne Rutherford Reed) -Private practitioners (Greg Mitchell, Patti Scott) 3.4b. Obtain information regarding HURTZ system from state EMS office (James O'Donnell to obtain from Joe Phillips or Donna Tidwell by May 31, 2010). • Mark Meredith to present to committee on SMART triage next meeting. Donna Tidwell or Joe Phillips to present on HURTZ system. 5. 2012: Statewide disaster drill completed with data collected regarding performance.		3.4a. Develop survey tool for: -EMS in process, awaiting final approval -Hospitals Sheri working on, data gathered from previous surveys (scanty at best). 3.4b. Presentation of HURTZ system by Donna Tidwell. Completed. Mark Meredith presented to committee the SMART triage system.
3.4 Organize statewide pediatric disaster drill. Lead: James O'Donnell	3.4Completion of drill by December 31, 2012.			

GOAL #4: Use education (including publications) to support, develop and disseminate current best practice for emergency medical services for children

Marisa Moyers and Lee Blair, Co-Chairs Kaye Stewart, Lee Blair, Yvette DeVaughn, Donna Tidwell , Michael Wallace, Trey Eubanks, Christy Cooper, Sandra Castro, Rick Collier, Ken Holbert, Data co-chair Paulette Johnson, Brad Strohler

STRATEGIES	LEADING INDICATORS OF SUCCESS	3 YEAR PERFORMANCE TARGETS	YEAR 1 (10-11) ACTION PLANS & LEAD	PROGRESS
4.1 Explore the implementation of a QI tool to be used statewide in identifying problematic EMS and inter-facility transports.	4.1a. Increase participation and possible utilization of the QI process by CRPC facilities by 200% before July 2012. 1b. Decrease number of problematic transports by 50% before July 2013.	(see tables below)	4.1a. Coordinators and nurse managers to gather current QI data elements utilized at their CRPC institution. b. Establish general standards for problematic transfers. c. Establish rating score for problematic transports. d. Review RedCap database to identify problematic transfers and cross-reference with transfers from identified hospitals by June 2010. e. Identify patients that received resuscitative measures at a non-CRPC hospital and was not subsequently transferred from identified hospitals by June 2010. f. IRB generated between Vanderbilt and identified hospitals by June 2010.	4.1a.-f. 100% of Comprehensive Regional Pediatric Centers (LeBonheur Children's Hospital, Monroe Carell Jr. Children's Hospital at Vanderbilt, East TN Children's, and Children's Hospital at Erlanger have established the quality improvement data elements and a rating system. Each CRPC institution has begun entering problematic transports to a secure website called RedCap. Vanderbilt developed and tested the RedCap project and decreased their problematic transports from 10% to 3.11%. The other CRPCs have gathered preliminary data and is instituting the project this fiscal year. Publication regarding problematic transports to peer reviewed journal by January 2011 as well as 1 e. and f. is delayed due to the start date of gathering QI data was postponed.

3 Year Performance Targets:

	10	Progress
# of CRPC participation	1	4/4

	10	11	12
ETCH	10%	7	2
LeB	6%	4%	2
MCCH	3.11 %	3%	2
Childrens Erlanger	10%	7%	2

Baseline by CRPC region

ETCH	10%
Le Bonheur	6%
MCCH@V	3.11%
Childrens Erlanger	10%

<table>
<tr>
<td>4.2 Develop Pediatric Simulation scenarios that will provide consistency in educational training.</td>
<td>4.2 Each hospital facility that has an emergency department and each EMS agency will be offered a pediatric simulation annually by CRPC Coordinators.</td>
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<table>
<tr><td></td><td>10</td><td>11</td><td>12</td></tr>
<tr><td>ETCH</td><td></td><td></td><td></td></tr>
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Baseline by CRPC region
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<tr><td>Le Bonheur</td><td></td></tr>
<tr><td>MCCH@V</td><td></td></tr>
<tr><td>Childrens Erlanger</td><td></td></tr>
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</td>
<td>4.2a. Task force members and CRPC coordinators, review materials from Susan Hohenhaus that were emailed by Rhonda.
b. CRPC Coordinators identify scenerios problematic for all regions.
c. Develop uniform curriculum used by each CRPC Coordinator for scenario education that includes recognition of ill child, preparation for transfer, and appropriate handoff (CRPC Coordinators and this task force) February 2011.
d. Develop standardize evaluation tool to critic scenario (CRPC Coordinators and this task force). First draft October 2010. Final February 2011.
e. Develop evaluation tool for EMS and emergency department to complete following educational experience (CRPC Coordinators and this task force). First draft October 2010. Final February 2011.</td>
<td>4.2a Incomplete, we have the case presentations that we feel will meet the needs of all, but we have not developed the test this is in process.</td>
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<tr>
<td>4.3 Survey education tool for EMS.</td>
<td>4.3 The CoPEC education / data task force's pre hospital education survey will be disseminated to 100% of ambulance services in TN with a 50% response to survey.</td>
<td><table>
<tr><td colspan="3">Survey Response Rate</td></tr>
<tr><td>June
20%</td><td>July
30%</td><td>Aug
50%</td></tr>
</table></td>
<td>4.3a Develop EMS education survey and distribute survey through the EMS consultants.
Develop basic pediatric emergency care presentations (ABC) in the format requested in survey by October 2010.</td>
<td>4.3 Survey completed and the results demonstrated a need for on line training courses. (8/2010)</td>
</tr>
<tr>
<td>4.4 Basic pediatric emergency care presentations ABC.</td>
<td>4.4 Basic pediatric emergency care presentation will be viewed by 75% of EMS agencies by 2012.</td>
<td><table>
<tr><td colspan="4">Basic Care Presentation</td></tr>
<tr><td></td><td>10</td><td>11</td><td>12</td></tr>
<tr><td>Goal</td><td>25%</td><td>50%</td><td>75%</td></tr>
<tr><td>ETCH</td><td></td><td></td><td></td></tr>
<tr><td>LeB</td><td></td><td></td><td></td></tr>
<tr><td>MCC
H</td><td></td><td></td><td></td></tr>
<tr><td>TC T</td><td></td><td></td><td></td></tr>
</table></td>
<td>4.4 Develop pre and post test standardized presentations (all members of committee).</td>
<td>4.4 Incomplete, we have the case presentations that we feel will meet the needs of all, but we have not developed the test this is in process.</td>
</tr>
<tr>
<td>4.5 Surveyor education.</td>
<td>4.5 An orientation to the BLHCF surveyors regarding the pediatric emergency care rules and regulations will be attended by 75% of surveyors in 2011.</td>
<td><table>
<tr><td>% Attended</td></tr>
<tr><td>2011</td></tr>
<tr><td>75%</td></tr>
</table></td>
<td>4.5 An offer to assist with orientation will be made to the BLHCF by the chair of the Exceeding the Performance Measure task force and/or CoPEC chair at the September 2010 meeting.</td>
<td>4.5 Presentation by Dr. Gilmore to BLHCF surveyors regarding pediatric emergency care rules and regulations with greater than 75% in attendance. Department of Health and surveyors very complimentary of presentation and the information gained.</td>
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<td>4.6 EMS and BLHCF invited to observe mock code.</td>
<td>4.6 100% of (EMS Board), EMS Directors and Trainers and BLHCF will be offered to observe a mock code and 75% will observe mock code.</td>
<td>
<table>
<tr><td></td><td>11</td><td>12</td></tr>
<tr><td>Goal Invite</td><td>100</td><td>100</td></tr>
<tr><td>ETCH</td><td></td><td></td></tr>
<tr><td>LeB</td><td></td><td></td></tr>
<tr><td>MCCH</td><td></td><td></td></tr>
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<tr><td>TC T</td><td></td><td></td></tr>
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</td>
<td>4.6 Invitation will be made to EMS Board members that are not retiring June 2010 by CRPC Coordinator for the region in which the EMS Board member resides and 50% will observe a mock code by September 2010.</td>
<td>4.6a. Invitations have been made to EMS Board members that are new since June 2010 by CRPC Coordinator for the region in which the EMS Board member resides and 50% will observe a mock code by December 2011.

4.6b. Invitation will be made to BLHCF that are not retiring June 2010 by CRPC Coordinator for the region in which the board member resides and 50% will observe a mock code by December 2011.</td>
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GOAL #5: Develop specific communication tools to drive and promote TN EMSC's mission to our members and communities Committee members: Sue Cadwell, and Paula Denslow Co-Chairs, Barry Gilmore , Eric Clauss				
STRATEGIES	**LEADING INDICATORS OF SUCCESS**	**3 YEAR PERFORMANCE TARGETS**	**YEAR 1 (10-11) ACTION PLANS & LEAD**	**PROGRESS**
5.1 Develop a marketing plan with a focus on public awareness of CoPEC/TN EMSC.	5.1 A marketing plan has been secured, implemented, increased awareness and has sustained funding for continue public relations.	**5.1** Increased awareness of the public to the existence and function of CoPEC/TN EMSC.	5.1a. The committee will secure marketing group that will provide pro bono services for purposes of: -Determining Baseline Awareness of TN EMSC by the Public, propose marketing plan, and estimated cost.	5.1a A marketing firm had been secured to assist in increasing awareness and sustain funding for TN EMSC. However, with the downturn in the economy, the marketing firm had to eliminate a portion of their in-kind services. Currently, a university Assistant Professor of Marketing is volunteering his expertise by guiding the marketing plan. Early Spring 2011, conference planning calls took place to outline the plan. The initial phase will be on assessing baseline awareness about TN EMSC as well as the association/perceptions that partners have about TN EMSC. This will be accomplished using an online survey. After analyzing the survey and establishing baseline awareness levels, communication objectives will be developed. The goal is to have the plan presented and implemented by September 30, 2011.
			5.2b. The TN EMSC / CoPEC staff will create, post, and have members sign "Eric Wall of Commitment" on May 11, 2010.	5.2b. Completed.
			5.2c. Kristi and Rhonda will seek permission to post "Meet Eric" (the TN Star of Life story about Eric) on youtube.com by April 30, 2010.	5.2c. Eric's parents provided media permission.