



Minutes February 11, 2010

**Mission** - To ensure that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury.

**Vision** - To be the foremost advocate for children throughout the continuum of care in Tennessee and the nation.

MEETING     CONFERENCE CALL

**MEMBERS PRESENT:** Lee Blair, Angie Bowen, Kevin Brinkmann, Sue Cadwell, Michael Carr, Eric Clauss, Christy Cooper, Kate Copeland, Paula Denslow, Yvette DeVaughn, Donna Graham, Joel Dishroon, Diana Eckroth, Barry Gilmore, Marvin Hall, Anne Haston, Ken Holbert, Carolyn Jackson, Deena Kail, Randall Kirby, Mark Meredith, Gregg Mitchell, Leslie Phelps, Rhonda Phillippi, Joe Phillips, Jennifer Radtke, Bob Roth, Kristi Rush, Patti Scott, Barbara Shultz, Sheri Smith, Kaye Stewart, Brad Strohler, Donna Tidwell, Debi Tuggle, Michael Wallace, Rita Westbrook, Stan Whiteway

**GUESTS:** Brad Gray, Strategic Planning Consultant

**MEMBERS ABSENT:** Tom Abramo, Laura Barnes, Stephen Beasley, Lucy Bond, Rose Boyd, Beth Broering, Sandra Castro, Joe Childs, Chris Clarke, Richard Collier, Katharine Cox, Trey Eubanks, Teresa Hendricks, Joe Holley, Paulette Johnson, Betsy Landers, Nick Molinaro, Marisa Moyers, James O'Donnell, Mark Ottens, Eric Powell, Ann Rutherford Reed, Keri Scott, Susan Veale, Alan Waddell

**CALL TO ORDER:**    **Time:** 12:00  AM  PM

**PLACE:**                    **Mid Cumberland Regional Health Office**  
710 Hart Lane  
Nashville, TN 37216

**MINUTES OF PREVIOUS MEETING:** Previous Meeting Date October 22, 2009

Minutes:  Approved     Not Approved     Distributed prior to Meeting     Not Submitted – Not Completed



Overall Lead	Topic	Summary / Decisions	Assignments / Next Steps	Responsible Person	Time Frame
Barry Gilmore, MD, MBA	Introductions		Please review the CoPEC photo directory and submit any contact information changes to Kristi Rush. Everyone will receive a color photo directory in May.	Kristi Rush	May 11, 2010
Barry Gilmore	Review of Oct. 22, 2009 minutes	CoPEC minutes from October 22, 2009 approved.			
Barry Gilmore	Committee Reports	Deferred a. Update on Data Task Force b. Update on Disaster Task Force Planning c. Update on Education Task Force d. Update on Standards Task Force			
Brad Gray, PhD	Continuation of Strategic Planning	At the strategic planning retreat at Montgomery Bell, we laid out a process by which we would carry out the strategic planning that included establishing the fundamentals of the organization consisting of the values, mission, and vision. We utilized the survey to engage in an environmental scan, gaps analysis, and SWATS analysis to identify the strategic issues facing TN EMSC in the next three years, and then how to set the strategic goals in order to execute your preferred future (in the vision).  Today we are in the process of finalizing the detailed execution of the goals of the strategic			



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Brad Gray, PhD	Continuation of Strategic Planning	<p>plan. Each task force will have a goal document to complete. Today you should have completed the 1.action plans for the next 3 years and 2. review your metrics.</p> <p>The strategic planning document is simply a record of where a group of people want to go together. If the document is where it ends, so does the execution. This document is not the goal; it is just the reporting of what you want to do.</p> <p>There are two strategic documents that will come out of this process: 1. the Management document – the detailed document that TN EMSC will use to govern with, execute with, coordinate 2. the Public Relations document – shorter document that includes a letter from the chair and the executive director that is one page. There is an executive summary of the planning process and what it intended to achieve, a historical background of the organization, the values, mission, vision and goals that the organization intends to achieve in the next three years. An appendix to that document will be the Management document. It will not be attached, but available upon request.</p>	<p>The DRAFT of the strategic plan will be delivered at the next meeting. The committee will review the plan and vote on it to approve it as the FINAL strategic plan.</p>		May 11, 2010



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Brad Gray, PhD	Continuation of Strategic Planning	<p>Dr. Michael Carr introduced ERIK, the picture that is supposed to represent all of the children of Tennessee. ERIK represents the mission that ideal medical care be available anywhere, anytime for every child in Tennessee. Not only would the appropriate people be at the scene, but they would be appropriately educated and have the right equipment. Our goal is that all of the ERIKs of Tennessee receive the care that we would want one of our own family members to receive. The name ERIK came from an actual patient whose rescue team won the state award for the Star of Life in 2009. He was the little boy that fell in the well and nearly drowned. Every part of his care throughout the continuum of care was exemplary for ERIK. However, not all children have such an extraordinary outcome because they do not receive the same level of care. The goal is that every child in Tennessee has an ERIK experience. So ERIK is the symbol of the TN EMSC mission.</p> <p>A review of the goals in the strategic plan and Task Forces formed around each goal include:</p> <ol style="list-style-type: none"> <li>1. Expand membership, orientation, and leadership capacity to address the components of TN EMSC. (Rita Westbrook and Debi Tuggle is the co-chair.)</li> <li>2. Develop and integrate a statewide disaster plan</li> </ol>			



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Dr. Rita Westbrook	Goal #1	<p>for children. (James O'Donnell and Angie Bowen are co-chairs)</p> <ol style="list-style-type: none"> <li>3. Secure diverse funding sources and increase revenues by 50% by moving the bottom line from \$150,000 to \$240,000. (Michael Carr and Bob Roth are the co-chairs)</li> <li>4. Develop specific communication tools to drive and promote TN EMSC's mission to our members and communities. (Sue Cadwell and Paula Denslow)</li> <li>5. Use education including publications to support, develop, and disseminate current best practices for emergency medical services for children. (Lee Blair and Marisa Moyers co-chairs subcommittee on Data – Brad Strohler)</li> <li>6. Exceed National EMSC performance measures (Kevin Brinkmann and Barbara Shultz)</li> </ol> <p>Goal #1: Membership Orientation and Leadership</p> <ul style="list-style-type: none"> <li>• We will have a brief orientation every quarter</li> <li>• We will have ongoing education for our membership every quarter</li> <li>• Develop a mentoring program for new members</li> <li>• Offer leadership training</li> <li>• Engage our members</li> </ul>			
Angie Bowen	Goal #2	<p>Goal #2: Disaster</p> <ul style="list-style-type: none"> <li>• Integrate and interface TN EMSC into the existing disaster plan – educate our committee</li> </ul>			



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Dr. Michael Carr	Goal #3	<p>on the existing disaster plan</p> <ul style="list-style-type: none"> <li>• 5 strategies ending in a statewide pediatric drill</li> </ul> <p>Goal #3: Secure Diverse Funding</p> <ul style="list-style-type: none"> <li>• Fall conference and fundraiser is an important profit for TN EMSC - need to maximize the number of vendors and put a cap on spending</li> <li>• We're considering letter writing and corporate grants</li> <li>• Everyone must pay their dues and we need to solicit donations – the rules of thumb: You must have 100% participation from the organization regarding giving to be considered for outside contributions. Dues are not considered donations. If the Board contributed .2-.5% of the TN EMSC budget in donations, that would make a statement</li> <li>• Considering additional fundraising activities</li> <li>• Get a vendor pool to commit to the educational conference for multiple years rather than asking the same vendors over and over each year</li> </ul>			
Sue Cadwell	Goal #4	<p>Goal #4: Communication Tools</p> <ul style="list-style-type: none"> <li>• Develop a marketing plan to focus awareness on TN EMSC. Secure a marketing group willing to do this pro bono.</li> <li>• Communicate the strategic plan to our member organizations and the public.</li> <li>• Get member commitment to the strategic plan</li> </ul>			



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Sue Cadwell	Goal #4 cont.	by signing the ERIC wall of commitment. <ul style="list-style-type: none"> <li>• Recognition of strategic plan and review of the plan at every meeting to keep track of the progress of each goal</li> </ul>			
Dr. Ken Holbert	Goal #5	Goal #5: Education <ul style="list-style-type: none"> <li>• Develop QI tool to be used statewide in identifying problematic interfacility transfers</li> <li>• Develop pediatric simulation scenarios that will provide consistency in educational training</li> <li>• Survey education tool for EMS</li> <li>• Basic peds emergency care presentations ABCs</li> </ul>			
Dr. Kevin Brinkmann	Goal #6	Goal #6: Exceed National EMSC performance measures <ul style="list-style-type: none"> <li>• Increase from 85% to 90% the number of 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.</li> <li>• Increase 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.</li> <li>• 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</li> </ul>			



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Dr. Kevin Brinkmann	Goal #6 cont.	<p>emergency care by 2011.</p> <ul style="list-style-type: none"> <li>All healthcare facilities that have the potential to stabilize and/or manage pediatric medical emergencies are in compliance with their self-designated level of pediatric care as defined by the PECF Rules and Regulations.</li> <li>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 50% for PM 75.</li> <li>PM 76 and PM 77 Maintain 96% or greater the number Tennessee health care facilities that have transfer agreements that contain the national components.</li> <li>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.</li> <li>Create a report card that reflects all performance measures to communicate this.</li> <li>They will work on the Right of Refusal project</li> </ul>			
Barry Gilmore, MD	Old Business	None			
Barry Gilmore, MD	New Business	None			
Adjourn					

CoPEC



Committee on  
Pediatric Emergency Care

**ADJOURNMENT: 2:00 [ ] AM [X] PM**

**NEXT MEETING: May 11, 2010 Mid-Cumberland Regional Health Office, 11am to 3pm CST**

**RECORDED BY: Kristi Rush**

**APPROVED BY: Ken Holbert, MD and 2<sup>nd</sup> Bob Roth, DO**

**2<sup>nd</sup> Annual EMS Star of Life  
Tuesday, May 11, 2010  
6pm to 9pm CST  
Sheraton Nashville Downtown Hotel  
[www.tnemsc.org/StarofLife](http://www.tnemsc.org/StarofLife)**

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