TN Health

July 1, 2017

The Honorable Rusty Crowe, Chair
Senate Health and Welfare Committee
301 6th Avenue North
Suite 8 Legislative Plaza
Nashville, TN 37243

Dear Senator Crowe:

As required by Tennessee Code Ann. §68-11-251 and §68-140-321(e), we are pleased to submit the annual report on the Emergency Medical Services for Children (EMSC) program; the Board for Licensing Health Care Facilities and the Emergency Medical Services Board collaborated with the Committee on Pediatric Emergency Care (CoPEC) in preparation of the report. The TN EMSC program focuses primarily on enhancing access to quality pediatric pre-hospital and hospital care, with consideration for injury prevention, disaster preparedness, and patient safety. This report reflects activities and accomplishments of the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in meeting national EMSC objectives.

Improving the availability and quality of children's health care is a major goal for the state of Tennessee and the Department of Health. Our boards help coordinate the role of Tennessee's medical facilities and emergency medical services in providing appropriate pediatric emergency care.

Respectfully submitted,

Rene Saunders MD

Rene Saunders, M.D., Chair
Board for Licensing Health Care Facilities

Sullivan K. Smith, MD, Chair
Emergency Medical Services Board

C: John J. Dreyzehner, MD, MPH, Commissioner
Tennessee Department of Health

July 1, 2017

The Honorable Cameron Sexton, Chairman
House Health Committee
301 6th Avenue North
Suite 114 War Memorial Bldg.
Nashville, TN 37243

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Joint Report to the
Health and Welfare Committee
Of the Senate and
Health Committee
Of the House of Representatives

Report On the Status of Emergency Medical Services for Children

A Report to the 110th Tennessee General Assembly

Tennessee Department of Health
July 2017

TENNESSEE DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
220 ATHENS WAY, SUITE 104
PLAZA 1 METROCENTER
NASHVILLE, TENNESSEE 37243
615.741.8402 office
615.741.5542 fax

BOARD FOR LICENSING HEALTH CARE FACILITIES
EMERGENCY MEDICAL SERVICES BOARD

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Tennessee Department of Health

Joint Annual Report of
The Board for Licensing Health Care Facilities
And the
Emergency Medical Services Board
To the
Tennessee General Assembly
General Welfare Committee of the Senate
Health and Human Resources Committee of the House of Representatives
On the Status of
Emergency Medical Services for Children

July 1, 2017

I. Requirement of the Report

Tennessee Code Annotated § 68-140-321(e) and 68-11-251 requires that the Board for Licensing Health Care Facilities and the Emergency Medical Services Board in collaboration with the Committee on Pediatric Emergency Care (CoPEC) shall jointly prepare an annual report on the current status of emergency medical services for children (EMSC) and on continuing efforts to improve such services beginning July 1, 1999.

The mission is "to ensure that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury."

The vision statement is "to be the foremost advocate for children throughout the continuum of care in Tennessee and the nation."

II. Executive Summary

The Committee on Pediatric Emergency Care (CoPEC) in partnership with the Tennessee Department of Health created access to quality pediatric emergency care through establishing regional networks of care to ill and injured children 24 hours a day, 365 days a year. Emergency medical and trauma care services are defined as the immediate health care services needed as a result of an injury or sudden illness, particularly when there is a threat to life or long-term functional abilities.

Prior to the establishment of CoPEC there were significant barriers to access quality emergency care for children. It is important to understand that the delivery of healthcare to children is much different than adult care. "Children are not small adults," and these differences place children at a disproportionate risk of harm. Examples include:

- Rescuers and other health care providers may have little experience in treating pediatric patients and may have emotional difficulty dealing with severely ill or injured infants and children.
- Providers not familiar with many of the unique anatomic and physiologic aspects of pediatric trauma, such as unique patterns of chest injury, head injury, cervical spine injury, and abdominal injuries, may make assessment and treatment errors.
- Medication dosing for children is based on weight and/or body surface area whereas with adults there is typically a standard dose for a medication regardless of age or weight. Children are therefore more prone to medication dosing errors by inexperienced health care providers who do not take weight based dosing into account. They many times do not fully understand the dangers inherent with metric conversion when weight is reported or documented in pounds. Children also require equipment specifically designed to meet their anatomic and physiologic requirements.
- Children can change rapidly from a stable to life-threatening condition because they have less blood and fluid reserves. Assessment of these patients can be challenging to inexperienced providers.
- Children have a smaller circulating blood volume than adults making them more vulnerable to irreversible shock or death. Children are particularly vulnerable to aerosolized biological or chemical agents because their more rapid respiratory rate may lead to increased uptake of an inhaled toxin. Also some agents (i.e. sarin and chlorine) are heavier than air and accumulate close to the ground – right in the breathing zone of smaller children.

A child's outcome depends on factors including:

- Access to appropriately trained health care providers including physicians, nurses and EMS professionals
- Access to properly equipped ambulances and hospital facilities
- Location of comprehensive regional pediatric centers and other specialized health care facilities capable of treating critically ill and injured children

CoPEC has spent two decades ensuring access to quality emergency care for all children in our state. This has been achieved through the institutionalization of pediatric specific rules and regulations that govern hospital facilities and EMS services. These rules and regulations now require different size equipment specific for children and personnel training. The rules and regulations for hospitals can be found at http://share.tn.gov/sos/rules/1200/1200-08/1200-08-30.20150625.pdf and EMS services at http://share.tn.gov/sos/rules/1200/1200-12/1200-12-01.20150401.pdf.

Approximately 3 out of 4 children less than 18 years of age were seen in Tennessee's emergency departments with approximately 23% being seen at one of the four Comprehensive Regional Pediatric Centers (CRPCs). These CRPCs include Le Bonheur Children's Hospital in Memphis, Monroe Carell Jr. Children's Hospital at Vanderbilt in Nashville, Children's Hospital at Erlanger in Chattanooga, and East Tennessee Children's Hospital in Knoxville.

Within each CRPC is a coordinator (or coordinators) charged with going out into the community to offer pediatric education opportunities to prehospital and hospital providers. These opportunities can be classified as simulation/mock codes, lectures, courses, hospital site visits and community engagement events. Throughout the last year, thousands of providers from across the state have been directly impacted by the efforts of the CRPC Coordinators. Coordinators play an integral role in ensuring the system of care of children is exceptional. Every child deserves to receive the best care possible, no matter where they live in the state. Below is a breakdown of how many opportunities for each type of engagement have occurred in Tennessee (July 1, 2016 to June 30, 2017):

- Simulation/Mock Codes – 260 – 3,830 providers impacted
- Lectures – 281 – 4,707 providers impacted
- Courses – 45 – 491 providers impacted
- Hospital Site Visits – 5 – 8 providers impacted
- Community Engagement – 242 – 232,111 people reached

A key role for CoPEC is to support the implementation of clinically appropriate evidence-based care for all children in Tennessee, regardless of what facility, EMS service or physician provider delivers that care. This is accomplished through the standardization of rules and regulations, education to all providers and continuous quality improvement activities. Additionally, this year a number of new national performance measures will be announced to move a few established measures to the next level, improving the care children received across Tennessee and the country.

TN EMSC is playing a vital role in offering feedback and input regarding the measures demonstrating that our state's program is highly regarded for its status as a leader in pediatric emergency care. Data collection as a quality improvement initiative is a key piece of enhancing the emergency medical services for children system in Tennessee. Each child whose care necessitates greater subspecialty pediatric care than their local community can provide, is transferred to one of the four CRPCs. Since 2011, the CRPC coordinators at each of the four locations review the patient's chart and records to identify opportunities for quality improvement. To address the needs of providers across the state, the coordinators use this information to offer educational outreach and trainings that cater to the various needs identified.

One of the most significant strengths of CoPEC is the involvement and participation of various stakeholders from across the state that advises the Tennessee Department of Health. These volunteers include EMS providers, doctors, nurses, parents of children with special needs, and professional organizations (Appendix 1).

Key Accomplishments in Fiscal Year (July 1, 2016 to June 30, 2017)

A. 2015-2018 Strategic Plan (Appendix 2)

In November 2015 TN EMSC and CoPEC launched an intensive, three-year strategic plan that will guide the organizations into the future of healthcare in Tennessee. Prior to the implementation of the plan, dozens of interviews with a wide range of stakeholders were conducted to lay the foundation for establishing the plan's goals and strategies. This organizational assessment provided tremendous insight into the organization's strengths and opportunities for improvement. The three-year plan focuses on five key areas: Standardization, Data, Membership, Branding and Funding. Each priority has a dedicated work group moving forward the action items needed to realize each goal. The full strategic plan can be found here: https://www.tnemsc.org/documents/2015-2018%20Strategic%20Plan.pdf.

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.

Findings	Action
A quality improvement project noted that children with long bone fractures were not receiving adequate pain medication.	Launched an IRB approved research study on the use of pain medication for children with long bone fractures. Utilizing high fidelity manikins EMS providers are able to practice skills that can result in the "child" getting better or the condition worsening.
2013 PedsReadiness assessment in the State of Tennessee showed that 72% of EDs that responded do not weigh pediatric patients in kilograms, which could lead to medication errors.	Therefore, to obtain our goal in having all EDs to weigh and record pediatric patient exclusively in kilograms, a quality initiative was designed and launched May 2017.

Membership Goal: To develop and sustain membership quality and support to achieve optimal organizational mission delivery.

Findings	Action
New members unclear of history, organization relationship, goals and objectives for EMSC in Tennessee	Orientation provided three times in past year. Voice over presentation also on member site of www.tnemsc.org Welcome packet created for new members. Fun facts presented at 75% of meetings Picture directory updated Member attendance tracking system created

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

Findings	Action
EMS protocols update	Worked with EMS medical director to review and update 43/125 EMS protocols.
Standardization of educational outreach was lacking.	Developed and launched an IRB approved research study on the use of pain medication for children with long bone fractures that will be disseminated by comprehensive regional pediatric centers outreach teams.
Standardization of pain treatment protocol	Prehospital Protocol for the Management of Acute Traumatic Pain adopted
Lack of knowledge regarding pediatric needs during a disaster	FEMA Pediatric Disaster Response and Emergency Preparedness Course provided in 6/8 regions with remaining to regions 2017-2018
The inclusion of pediatric population in the State of Tennessee Disaster plan	Completed the Emergency Support Function (ESF) #8 to include pediatrics in the state disaster plan. Included as a topic at the 2017 Update in Acute and Emergency Care Pediatric Conference
Need to exercise the infrastructure of disaster response for the pediatric population.	Pediatric patients included in each of the eight healthcare coalition disaster drills.
BLHCF surveyors requesting orientation to pediatric emergency care facility rules and regulations	Webinar hosted for BLHCF surveyors.
Maintaining the National EMSC Performance Measures including • Percent of hospitals recognized through a statewide, territorial or regional system that are able to stabilize and/or manage pediatric Medical and trauma emergencies. • Percent of hospitals that have written interfacility transfer agreements and guideline components	Pediatric emergency care facility rules and regulations are in the process of being updated and will be presented in Board for Licensing Health Care Facilities this fall.

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.

Findings	Action
Gap in knowledge base for stakeholders regarding developing a marketing plan	Engaged a public relations firm to solidify branding
Website outdated	Engaged a public relations firm to develop new website. Website will be used to share availability of online as well as off line courses.
Proposed name change	The TN EMSC Foundation passed a name change – Children's Emergency Care Alliance (CECA) to be included as marketing plan is developed.

Funding goal: Increase revenue base

Findings	Action
President Trump's budget eliminates the federal EMSC program	The TN EMSC Foundation is developing a plan for advocacy.

B. Best evidence-based pediatric emergency care for every patient in every location of Tennessee.

In an ongoing effort to provide children in Tennessee with the most appropriate and correct care, Shelley Murphy, MD, Fellow at Monroe Carell Jr Children's Hospital reviewed a quality improvement registry to examine patient and transport characteristics associated with problematic transports to a tertiary children's hospital emergency department. Data was collected from a prospectively recorded registry of patient transports to our children's hospital ED during the years 2011 – 2016. A problematic transport was defined as a transport during which a preventable, potentially adverse event occurred during the transportation of a pediatric patient by ground EMS, helicopter, or fixed-wing aircraft. These events could be identified by any health care professional (RN, RT, Charge Nurse, ARNP, or MD) at which time patient and transport characteristics were entered into the registry database, including age, gender, method of transportation, type of problem, and severity of problem.

The results demonstrated during the study period, there were 668 problematic transports, 646 of which had complete data. Patient characteristics and details of the transport were recorded for each event. Amongst these 646 problematic transports, median [IQR] age was 4 [1, 11] years and age range was 2 d – 23 years, 59 % male gender, 48% trauma patients, and 2 EMTALA violations. The 5 most prevalent problems included "Patient should have come via EMS, POV (personal vehicle) was inappropriate" (9.29 %), "Improper immobilization" (8.2 %), "Failure to Completely Assess the Patient" (7.59 %), "Maintenance of IV/IO" (5.73 %), and " Patient

should have come via Specialty Care Team" (4.49 %). These top 5 problems totaled 35.5 % of all the problematic transports for a 6-year period. Age was associated with circulatory problems during transport after adjustment for gender and location of referring facility, such that each increase in age of 1 year was associated with a 10% increased odds of hemodynamic instability (aOR 1.1, 95% CI 1.0, 1.2). The conclusion derived was that problematic transports are not uncommon, occur approximately every 3 days, and involve predominantly young, male patients and the choice of mode of transport. The top five causes comprise 35.5 % of all the problems encountered. This knowledge will inform education by the Comprehensive Regional Pediatric Centers outreach teams to adult focused hospital facilities to improve transport safety.

C. 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.

Continuation of the TN EMSC website (www.tnemsc.org), which contains content to enhance access to quality pediatric emergency care, has resulted in 239,652 hits and 18,527 unique visitors.

Continuation of TN EMSC's efforts in reaching out to the Tennessee population, and beyond, through social media including both Facebook www.facebook.com/TNEMSC and Twitter accounts https://twitter.com/tnemsc.

D. National Performance Measures

Tennessee has demonstrated achievement with all previous HRSA/MCHB Performance Measures. These included:

- By 2022, 25 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized program that are able to stabilize and/or manage pediatric medical emergencies. Achieved

- By 2022, 50 percent of hospitals are recognized as part of a statewide, territorial, or regional standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric trauma. Achieved

- By 2021, 90 percent of hospitals in the state or territory have written interfacility transfer guidelines that cover pediatric patients and that include specific components of transfer. Achieved

- Goal: To increase the number of states and territories that have established permanence of EMSC in the state or territory EMS system.

- Each year: All Components Achieved

    - The EMSC Advisory Committee has the required members as per the implementation manual.
    - The EMSC Advisory Committee meets at least four times a year.
    - Pediatric representation incorporated on the state or territory EMS Board.
    - The state or territory requires pediatric representation on the EMS Board.
    - One full-time EMSC Manager is dedicated solely to the EMSC Program.

Spring 2017 New HRSA Performance Measures were added and a strategic plan to achieve these four measures is being developed and will be achieved by stated year.

- By 2027, EMSC priorities will be integrated into existing EMS, hospital, or healthcare facility statutes or regulations.
- By 2021, 80 percent of EMS agencies in the state or territory will submit NEMSIS version 3.x-compliant patient-care data to the State EMS Office for all 911-initiated EMS activations.
- By 2026, 90 percent of EMS agencies in the state or territory will have a designated individual who coordinates pediatric emergency care.
- By 2026, 90 percent of EMS agencies will have a process that requires EMS providers to physically demonstrate the correct use of pediatric specific equipment, which is equal to a score of 6 or more on a 0–12 scale.

E. Educational outreach, publications and presentations to promote the goal of deploying the best evidence-based pediatric emergency care for every patient in every location of Tennessee.

1. Education

16th Annual Update in Acute and Emergency Care of Pediatrics Conference hosted by Children's Hospital at Erlanger held March 31st & April 1st, 2017 in Chattanooga, TN. (Appendix 3)

This year the conference brought together more than 200 physicians, nurse practitioners, physician assistants, nurses and EMS providers. The attendees received continuing education in the latest urgent and emergent trends in pediatrics including pediatric disaster management, behavioral emergencies, toxicology and other evidence based lectures.

2. TN EMSC Impact to National EMSC program

TN EMSC Executive Director Rhonda Phillippi served as a core faculty member for the HRSA"EMSC Medical Facility Recognition Quality Improvement Collaborative." Rhonda

presented on the "Lessons from the Field" panel at the EMSC Medical Facility Recognition Quality Improvement Collaborative in Bethesda, Maryland in May. As a core faculty member, Rhonda serves as a credible expert on facility recognition. She is looked to provide information on facility medical recognition as well as guidance and feedback to participating teams and to serve as an expert on behalf of the National EMSC Program.

Ms. Phillippi also serves on the Board of Directors for the National EMS for Children Data Analysis Resource Center (NEDARC) in Salt Lake City, Utah. She lends her expertise to the initiative which is a national resources center that assists EMSC managers and state EMS offices to develop their capabilities to collect, analyze and utilize EMS data.

3. Conference Presentations

TN Athletic Trainers Society's 2017 Annual Meeting and Clinical Symposium Keynote Address Co-Presenters **Paula Denslow** & Jennifer Rayman with Project BRAIN *Working to Improve Educational Outcomes for Students with Traumatic Brain Injury, January 14, 2017, Nashville TN.*

"60 Seconds to Survival" Video Game: A Multi-Site Study to Improve Prehospital Pediatric Disaster Triage. **Laurie Lawrence.** Poster: Tennessee Simulation Alliance Annual Conference October 2016

Dr. S. David Bhattacharya, Pediatric Trauma Surgeon (will replace Dr. Carr as Pediatric Trauma Medical Director October 2017) and Dr. Allan Kohrt, Chief Medical Officer Children's at Erlanger presented to the Transportation Sub-Committee on March 22,2017.

Injury Free Coalition for Kids- Ft. Lauderdale- Dec 2016 *BEST ABSTACT: "*A multi-year assessment of a hospital-school program to promote teen motor vehicle safety" **Purnima Unni, MPH, CHES, Cristina M. Estrada, MD**, Emily B. Riley, BA, Dai Chung, MD

2017 Lifesavers National Conference on Highway Safety Priorities- North Carolina- March 2017: Community Partnerships to Work on Teen Traffic Safety: Brag, Borrow, Steal Session-**Purnima Unni, MPH, CHES**

K Ivey, M Longjohn, J Jacobs, M Meredith, A.M. Berg, R. Regen, B Gilmore, R Hanna, W. Rainbolt, T O'Connor, M Smeltzer **R Kink** "The Safety and Efficacy for Co-Administration of Intranasal Fentanyl and Midazolam in the Pediatric Emergency Department". Poster/Abstract Presentation May 2017 Pediatric Academic Society

J Chang, T Anderson, B Gilmore, R Hanna, J Jacobs, M Longjohn, W Rainbolt, T O'Connor, A Greeley, M Edwards, C Cunningham, J Williams, K Ivey, L Hubbar, S Schuman, A Berg, M Smeltzer**, R Kink** "An Evaluation of the Use of Intranasal Fentanyl and Midazolam in Children 3 Years of Age and Younger". Poster/Abstract Presentation May 2017 Pediatric Academic Society

T Anderson, R Hanna, A Berg, R Regen, M Meredith, A Greeley, J Chang, M Edwards, C Cunningham, K Ivey, S Schuman, M Smeltzer, B Gilmore, W Rainbolt, J Jacobs, M Longjohn,

T O'Connor, **R Kink** "The Safety of High-Dose Intranasal Fentanyl in the Pediatric Emergency Department". Poster/Abstract Presentation May 2017 Pediatric Academic Society

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A Moshref, **R Kink**, K Savoie, R Williams "Finding the Right Target: Identifying Patients with Intussusception Who Can Safely be Discharged Home From the Emergency Department". Poster/Abstract Presentation May 2017 Pediatric Academic Society

T Anderson, R Hanna, A Berg, R Regen, M Meredith, A Greeley, J Chang, M Edwards, C Cunningham, K Ivey, S Schuman, M Smeltzer, B Gilmore, W Rainbolt, J Jacobs, M Longjohn, T O'Connor, **R Kink** "The Safety of High-Dose Intranasal Fentanyl in the Pediatric Emergency Department". Poster/Abstract Presentation March 2017 Le Bonheur Children's Hospital Research Symposium

J Williams, T Anderson, J Chang, K Ivey, J Raju, M Meredith, B Gilmore, M Longjohn, J Jacobs, W Rainbolt, T O'Connor, R Hanna, **R Kink.** "Intranasal Fentanyl and Midazolam for Analgesia and Anxiolysis in Pediatric Urgent Care Centers". Poster/Abstract Presentation March 2017 Le Bonheur Children's Hospital Research Symposium

W Rainbolt, **R Kink**, K Savoie J William, A Wise "Predicting Cervical Spine Injury in Children" Poster/Abstract Presentation March 2017 Le Bonheur Children's Hospital Research Symposium

A Moshref, **R Kink**, K Savoie, R Williams "Finding the Right Target: Identifying Patients with Intussusception Who Can Safely be Discharged Home From the Emergency Department". Poster/Abstract Presentation March 2017 Le Bonheur Children's Hospital Research Symposium

W Rainbolt, **R Kink** K Savoie J William, A Wise "Predicting Cervical Spine Injury in Children" November 2016 Nashville, TN Platform Presentation 3rd Annual Pediatric Trauma Society

4. <u>Journal Publications</u>

A multi-year assessment of a hospital-school program to promote teen motor vehicle safety- **Purnima Unni, MPH,CHES, Cristina M. Estrada, MD**, Dai H. Chung, MD, Emily B. Riley, BA, Lesley Worsley-Hynd, MSN, RN, CCRN, Neil Stinson, RN, EMT- *Journal of Trauma and Acute Care Surgery-Awaiting publication*

Mendiondo C, Thurman TL, Holt SJ, Bai S, **Heulitt, MJ**, Courtney SE. Reliability of displayed tidal volume in healthy and surfactant-depleted piglets. Respir Care 61(12); 2016

Lowe GR, Willis R, Bai S, **Heulitt MJ**. Implementation of a *B*-Agonist/airway clearance protocol in a pediatric ICU. Respir Care Respir Care 2017 Mar 62(3):259-267. (Note was editors choice)
Wood SM, Thurman TL, Holt, SJ, Bai S, **Heulitt MJ**, Courtney SE. Effect of Ventilator Mode on Patient-Ventilator Synchrony and Work of Breathing in Neonatal Pigs. Pediatric Pulmonology 2017 March 7 doi:10.1002/ppul23682 (Epub ahead of print)

Brown SA, Hayden TC, Randell, KA, Rappaport L, Stevenson MD, Kim IK. Improving Pediatric Education for Emergency Medical Services Providers: A Qualitative Study. 2016 June 21.

G. Star of Life Awards Ceremony and Dinner

This year was the 9th annual Star of Life Awards ceremony held to honor the accomplishments of EMS personnel from all regions of Tennessee who provide exemplary life-saving care to adult and pediatric patients. The ceremony includes the presentation of the actual adult or pediatric patient scenarios and reunites the EMS caregivers with the individuals they treated. Recipients were chosen from seven of the EMS regions in the state. This is the premier event within the state to recognize and honor our excellent pre-hospital providers.

Overall State Winner:

Morristown Hamblen EMS and Hamblen County 911

EMS Region 1: Greene County EMS, Greeneville Fire Department, Green County 911 and Wings Air Rescue
EMS Region 2: Claiborne E911, Claiborne EMS and UT Lifestar
EMS Region 3: Franklin Consolidated Communications, Franklin County EMA, Grundy EMS, Crow Creek Valley Volunteer Fire Department, Franklin County Sheriff's Department and Life Force Air Medical Services
EMS Region 4: Fentress County 911, Fentress County EMS and Air Evac Lifeteam
EMS Region 5: Williamson County Emergency Operations, Williamson County Rescue Squad, Williamson Fire & Rescue and Williamson Medical Center EMS
EMS Region 6: Marshall County 911, Marshall County EMS, Air Evac Lifeteam and Farmington Volunteer Fire Department
EMS Region 7: Gibson County EMS, Gibson County E911, Air Evac Lifeteam 007 – Jackson, Gibson County Fire Responders – Station 4 Gann Fire & Rescue, Gibson County Sheriff Department and Tennessee Highway Patrol
EMS Region 8: No nominations received

H. Awards

The TN EMSC Joseph Weinberg, MD, Leadership Award is bestowed upon an individual who displays the attributes of a leader that can bring together diverse stakeholders and organizations to improve the care of critically ill and injured children. This year's award was presented to **Rita Westbrook, MD, FAAP** for her dedication to Tennessee's children and moving forward the system of pediatric care within disaster preparedness. Dr. Westbrook consistently demonstrates the leadership skills of Dr. Weinberg including pediatric expertise, advocacy, and civic duty.

The TN EMSC Advocate for Children Award is given to an individual(s) who has made an outstanding contribution of major significance to the Tennessee Emergency Medical Services for Children program. This year's award was presented to **Amy Cox, EMT-IV, CHEP, BS; Donita Woodall, CHEP; and James E. Tabor, Jr., MSM, CHEP** for their exemplary dedication to the well-being of children.

III. The Needs of the State Committee on Pediatric Emergency Care met by the Tennessee Department of Health since last year's annual report.

- Department of Health, Division of Health Care Facilities reported at the Board for Licensing Health Care Facilities reinstituted the site surveys of pediatric emergency care rules and regulations.
- Participation and input from Tennessee Department of Health staff implementing the strategic plan.

IV. The Needs of the State Committee on Pediatric Emergency Care

- Ongoing support to achieve the goals of the 2015-2018 Strategic Plan.
- Ongoing statistical support to assist in defining outcomes of emergency care for pediatrics

V. Conclusion

The mission of CoPEC is *to ensure that every child in Tennessee receives the best pediatric emergency care in order to eliminate the effects of severe illness and injury.* That mission draws people together, and has brought out the very best in our healthcare system.

The Board for Licensing Health Care Facilities and the Emergency Medical Services Board work cooperatively with other programs of the Tennessee Department of Health to improve the quality of health care and medical services available to the citizens of Tennessee.

We will further describe the impact of the rules on pediatric emergency care by utilizing data collected in our next report on July 1, 2018.

This report was reviewed by the respective boards on _____ and _____ and approved for presentation to the designated committees of the Tennessee General Assembly.
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Appendix 1

Baptist Memorial Hospital for Women

Children's Hospital at Erlanger

Children's Hospital at TriStar Centennial

East Tennessee Children's Hospital

Family Voices of Tennessee

Hospital Corporation of America (HCA)

Jackson-Madison County General Hospital

Le Bonheur Children's Hospital

Monroe Carell, Jr. Children's Hospital at Vanderbilt

Project B.R.A.I.N.

Niswonger Children's Hospital

Rural Health Association of Tennessee

TN Academy of Family Physicians

Tennessee Ambulance Service Association

Tennessee Association of School Nurses

TN Chapter of the American Academy of Pediatrics

TN Chapter of the American College of Emergency Physicians

TN Chapter of the American College of Surgeons

TN Congress of Parents and Teachers

Tennessee Department of Health

TN Disability Coalition

Tennessee Emergency Nurses Association

Tennessee Emergency Services Education Association

TN Hospital Association

UT Medical Center

Williamson Medical Center

Appendix 2

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)
CoPEC: 1) Identify external and internal sources of pediatric emergency care performance data	• 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	• 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	Standards Committee will: • 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)	Committee will: • 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	Data Analyst will: • 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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CoPEC: 2) Identify an adequate resource for data analysis	• 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	• 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	Committee will: • 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.	• Identify potential collaborative projects **The Foundation:** • Explore opportunities for securing additional extramural funding for dedicated epidemiology support	• Identify potential collaborative projects • Review and update

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CoPEC: 3) Identify gaps in both outcomes and the care delivery process.	• Prioritize gaps identified to help reach metrics of success • Focus areas and opportunities for growth	• List of identified gaps • Prioritize list of gaps • Two Indicators for each gap	• 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	• Standards Committee will create of a quality improvement dashboard and/or report By end of Q117	• Review and update

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CoPEC: 4) Plan appropriate interventions based on data.	• Prioritization of identified interventions • Design testable, evidence based interventions that would be used for studies to look at the effectiveness of interventions.	• 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	• 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	Committee will: • 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	Completion of initiated projects by Q218 Committee will: • 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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CoPEC: 5) Evaluate effectiveness of proposed interventions	• Development of key questions • Creation of an evaluation plan for proposed interventions	• Evaluation plan for interventions • %of interventions deployed with a completed evaluation • # of publications and presentation (dissemination is a key part of evaluation)	• Review proposed evaluation plan with analytic staff • Develop any additional data collection tools that may be needed • Conduct analysis of effectiveness		• Review and update

Membership Goal: To develop and sustain membership quality and support to achieve optimal organizational mission delivery.					
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<u>CoPEC:</u> 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	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.	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.	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	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.	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

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CoPEC:	Annual calendar of new members available and utilized for orientation and placement with a mentor. Establish a tracking system for members coming and going from CoPEC	Survey to existing membership to establish current knowledge baseline (possibly done in conjunction with the funding committee).	Update CoPEC directory. Establish and clearly define mentor/mentee program: • link new members w/ a mentor not from their institution • call both pre- and post-CoPEC meetings. Solicit volunteers from CoPEC to serve as mentors.	Incorporate Q&A session into CoPEC meeting structure for live interaction Update CoPEC directory as needed Develop/refine formal orientation curriculum that will be offered twice annually Include in meeting evaluation a question to ascertain areas of confusion.	Incorporate Q&A session into CoPEC meeting structure for live interaction Update CoPEC directory as needed Develop/refine formal orientation curriculum that will be offered twice annually Include in meeting evaluation a question to ascertain areas of confusion.

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CoPEC:			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	
CoPEC:			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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<u>The Foundation:</u> 1) Development of effective orientation curriculum for the Foundation that includes: a. Organizational history b. Mission, Vision c. Overview of Foundation bylaws d. Introduction to the board e. Any existing committees f. Accomplishments g. Projects	Foundation 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.	100% of new members will complete the orientation curriculum in the first 6 months of joining the Foundation. 100% of current Foundation members will complete an educational session that includes components of the orientation curriculum.	Year 1: Update org chart 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) Update orientation as needed Develop a short quiz to document completion and understanding.	Year 2: Develop voice-over video available on the TN EMSC website for new Foundation member orientation/current member refresher. Develop/refine organizational chart and handout for Foundation. Update orientation as needed	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 Foundation. Update orientation as needed

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

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

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

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

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The Foundation:		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.			

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
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CoPEC: Strategy 1: Increase the knowledge of EMS providers in the care of the pediatric patient (EMS Assessment Phase of Care)	(1.1) Review TN EMS protocol guidelines and update as needed with current evidence based updates.	(1.1) %of TN EMS protocol guidelines updated. Metric: 2016: 43 of 125 2017: 41 of 125 2018: 41 of 125	(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. (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.	(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.	(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.

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CoPEC:		(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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CoPEC:	(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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CoPEC: Strategy 2: Standardize Emergency Department Treatment Protocol Guidelines.	(2) Pediatric Patients will receive standardized emergency treatment to reduce morbidity and mortality.	(2) Develop treatment protocol guidelines for 1 disease. Metric: Completed in 2017: YES or NO (2) Further Metrics to be determined in collaboration with CoPEC Data work group.	(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).	(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.	(2) Communicate treatment protocol guideline to all facility emergency department medical directors in 2018. (2) Schedule operational review of Emergency Department treatment protocol guidelines every 4 years (and as needed based on availability of new evidence).
CoPEC:			(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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CoPEC: Strategy 3.1: The inclusion of the pediatric population in the State of Tennessee Disaster plan.	(3.1) Completion of the ESF#8 Pediatric Annex.	(3.1) CoPEC will adopt the ESF#8 Pediatric Annex at February 2016 meeting	(3.1) Verify with the Disaster Committee integration of a School Disaster Plan. (3.1) Verify with the Disaster Committee formation of TEMA Plan with interagency connections and contact information for each agency.	(3.1) If needed then present to EMS CIC. (3.1) Develop a communication plan regarding ESF #8 Pediatric Annex. (3.1) Include a Disaster presentation in the 2017 Update in Acute and Emergency Care Pediatric Conference	
CoPEC:			(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 15th 2016. (3.1) Present to CoPEC February 2016.		

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CoPEC: Strategy 3.2: Exercise the infrastructure of disaster response for the pediatric population.	(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.	(3.2) Metric: Performance of regional disaster drills by end of fiscal year 2017.	(3.2) Identify Pediatric Care Consultant Group members for each region by 2016. (3.2) Develop role and responsibilities for Pediatric Care Consultants. (3.2 Develop Pediatric Care Consultant orientation (3.2) Delivery of Pediatric Care Consultant orientation.	(3.2) Coordinate with FEMA, TEMA, TDH and regional CRPC to have a disaster drill in each of the service areas of the CRPC. (3.2) Due to the scope of these drills, they may extend into FY 2018 depending on funding and planning. (3.2) List what is involved in having a drill.	

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CoPEC:				(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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CoPEC: Strategy 3.3: Increase the knowledge base of disaster response in the pediatric population through the FEMA Pediatric Disaster Response and Emergency Preparedness Course. **Foundation:** Scheduling courses with the CRPCs and TN Healthcare Coalitions	(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.	(3.3) Metric: Each CRPC will host this course by the end of 2017. Memphis: YES or NO Nashville: YES or NO Chattanooga: YES or NO Knoxville: YES or NO (3.3) Increase post-test score to greater than 90% Memphis: YES or NO Nashville: YES or NO Chattanooga: YES or NO Knoxville: YES or NO	(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	(3.3) Courses to be completed by the end of 2017.	

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

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CoPEC: 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.					

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CoPEC: 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.					
CoPEC: 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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CoPEC: Strategy 4.2: 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.	(4.2) Tennessee has a pediatric facility system in place for the care of pediatric medical and traumatic emergencies.	(4.2) Maintain 100% compliance with PM 74 and 75. (4.2) 90% of facilities will participate in mock Pediatric Readiness assessment in 2016. (4.2) Presentation of readiness data to the 8 regional Healthcare Coalitions by the end of March 2016. Metrics: 8 out of 8	(4.2) Partner with regional Healthcare Coalitions to present Pediatric Readiness Survey results. (4.2) Partner with regional Healthcare Coalitions to develop a PDSA for Pediatric Readiness for mock assessment in 2016 and National assessment in 2018.	(4.2) Collaborate with regional Healthcare Coalitions to eliminate gaps identified in 2016 assessment.	(4.2) Participate in National Pediatric Readiness assessment.

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
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CoPEC: Strategy 4.3: 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)	(4.3) Tennessee health care facilities will have transfer guidelines that include all the components required.	(4.3) Metric: >90% of facilities in TN will have the new guidelines incorporated into their transfer agreement by the end of 201.	(4.3) Obtain communication of newly revised Performance Measure 76 in 2016. (4.3) Perform strategic planning to meet the new transfer guideline requirements. (4.3) Educate facilities and Healthcare Coalitions on new PM 76 requirements.	(4.3) Follow-up with survey/data collection on new requirements of PM 76 in 2017. (4.3) Updated PECF Rule Interpretive Guidelines to include updated transfer guideline requirements in PM 76 in 2017.	(4.3) Perform follow-up with those facilities who have not met the new transfer guideline requirements of PM 76, in 2018.

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
CoPEC: 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.

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
CoPEC: Strategy 4.5: 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.	(4.5) In 2014, Tennessee achieved this performance measure.				

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
<u>Joint Strategy:</u> Strategy 4.6: PM 79: The degree to which Tennessee has established permanence of EMSC in the State EMS System.	(4.6) Permanence of the EMSC in the State System is defined as: 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.	(4.6) Continue to maintain compliance with all 5 objectives. (4.6) Establish succession planning for EMSC Manager by the end of 2017.	(4.6) Communicate with all stakeholders to develop a succession plan for the EMSC Manager. (4.6) Develop succession plan by end of year 2016.	(4.6) Present succession plan to EMSC program for review by 2016. (4.6) Revise succession plan as needed and complete by the end of 2017.	

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
Joint Strategy:	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.				

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
CoPEC: Strategy 4.7: 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.	(4.7) Maintain requirements of PM 80.	(4.7) This achievement will be included in the annual report submitted by CoPEC to the Tennessee Legislature.	(4.7) Monitor components of PM 80 and develop strategic planning as necessary.		

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
CoPEC: Strategy 5: 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.	(5) The PECF rules will be updated with the current standards of care for providing pediatric emergency care.	(5) Update PECF rules to current standards of care. Metric: Completion of Rule Revision by July 2016. Metric: Presentation to the TN Board for Licensing Healthcare Facilities (BLHCF) by end of 2016.	(5) Review PECF recognition programs in other States. (5) Perform gap analysis of AAP/ACEP/ENA Guidelines for Pediatric Care and the TN PECF rules. (5) Complete PECF rule revision and present for vote by CoPEC by Fall 2016. (5) Present new PECF rules to BLHCF by December 2016 meeting. (5) Further revise as per BLHCF.	(5) BLHCF rulemaking hearing in Spring 2017.	

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
CoPEC: Strategy 6: Update of the surveyor interpretive guidelines for the Tennessee PECF rules.	(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.	(6) Surveyor interpretive guidelines updated by the end of 2017. (6) Updates presented to the BLHCF at their first meeting in 2018.		(6) Review and revise the surveyor interpretive guidelines and present to CoPEC by August meeting in 2017. (6) Further revisions complete for presentation to CoPEC at November 2017 meeting.	(6) Present updated surveyor interpretive guidelines to the BLHCF at their first meeting in 2018.
CoPEC: Strategy 7: Update the Operating Rules of CoPEC which were last revised in 2006.	(7) The Operating Rules of CoPEC guide the work of the committee and need to be reviewed and revised.	(7) Metric: Completion of review and revision to present at November 2016 CoPEC meeting.	(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. (7) Follow-up revisions to be completed before November 2016 CoPEC meeting for final approval.		

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
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<u>CoPEC:</u> Strategy 8: Develop system for scheduled review and revision of Operational Programs of CoPEC to maintain current evidence based standards.	(8) System developed for routine review and revision of CoPEC operational programs.	(8) System in place for routine review and revision of CoPEC Operational programs. Metric: Completed by 2017: YES or NO (8) Further metrics to be determined based on operational programs identified and the determined review timelines for each program.	(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.	(8) Complete timeline for review of each operational item by 2017.	

Standardization Goal : Best evidence-based pediatric emergency care for every patient in every location of Tennessee					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
<u>The Foundation:</u> Strategy 9: Develop a system for scheduled review and revision of Operational Programs of the TN EMSC Foundation.	(9) System developed for routine review and revision of TN EMSC Foundation Operational programs.	(9) System in place for routine review and revision of TN EMSC Foundation Operational programs. Metric: Completed by 2017: YES or NO (9) Further metrics to be determined based on operational programs identified and the determined review timelines for each program.	(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.	(9) Complete timeline for review of each operational item by 2017.	

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.					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
<u>The Foundation:</u> (1) Define the stakeholders of the Foundation.	(1) A list of stakeholders is identified: • 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)	(1) Each stakeholder group is represented in the Foundation membership. (1) Prioritize stakeholders in regards to branding and where the efforts need to be allocated (1) Identify and recruit 5 -7 stakeholder branding partners.	(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. These may include: • leaders in the field • active members • potential donors • executive hospital admin • Legislators		

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.					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
The Foundation: (2) Get expert advice to help formulate branding goals and develop marketing material to support each goal.	(2) Identify existing Foundation stakeholder branding resources (pro bono) (2)Hire a branding expert if necessary	(2) Produce and execute a marketing plan to support the identified branding goals.	(2) Gather quotes from marketing and branding professionals (2) Solicit input from current Foundation members regarding existing sources of branding support.		

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.					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
<u>The Foundation:</u> (3) Educate healthcare providers, especially EMS, about the resources and training available for pediatric emergency services through the Foundation.	(3) Educate healthcare providers about the vast pediatric emergency resources available on TNEMSC.org (3) Enhance the annual conference as the premier event for pediatric emergency education (3) All presentations include a slide on the Foundation as a resource for pediatric emergency services and training	(3) 10% increase in the views of educational resources on the website. (3) 10% increase in attendees for conference.	(3) Establish this strategy as an ongoing campaign over the course of the next 3 years. Include: • Local events in each member's local vicinity • Coordinated multi-county event (3) Create slides to include in presentations across the state	(3) Update slides to include in presentations across the state	(3) Update slides to include in presentations across the state

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.					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
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.	(4) Develop a plan to educate state legislators of the resources and expertise available through the Foundation	(4) The Foundation office is contacted __ times during the year for advice, input and testimony involving pediatric emergency care issues.	(4) See number 3 as it is a similar goal just with a different audience. Both are resource and information driven.		

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.					
STRATEGY(IES)	**LEADING INDICATORS OF SUCCESS (Milestones)**	**PERFORMANCE INDICATORS (Metrics)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**	**ACTIONS Person/Committee Responsible (NAME) By When (DATE)**
The Foundation: (5) Define the TN EMSC program and the TN EMSC Foundation. Ensure that the relationship and differences are clear to members. **CoPEC:** (5a) Define CoPEC. Ensure that the relationship and differences of the three entities are clear to members.	(5) Produce a written explanation of each. (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).	(5) 100% of Foundation and CoPEC members can articulate the definition of and connections between the three entities.	(5) Create written definitions for TN EMSC, CoPEC and the Foundation. **Joint:** (5) Create a diagram utilizing imagery to define these three entities.		

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

Funding Goal: Increase revenue base					
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)**
The Foundation: (2) Increase Foundation membership support through annual dues in an easy online giving process 2(a) Educate all members about donating to the Foundation	(2) Foundation members understand work and purpose of the Foundation (2) Process for online donation is simplified (2)Communicate the difference to all members between dues, donations and conference tickets (2) Survey administered to members of CoPEC and the Foundation	(2) Member survey is distributed and at least 75% of CoPEC and Foundation members responded (2) 100% of Foundation members pay their annual dues starting in summer 2016	Year 1: (2) Rose completes member survey by October • Send survey week of November 16th with additions from other committees • Results of survey shared after CoPEC (2) Foundation Office discuss with Atnip simplifying the payment process for paying dues (2) 100% of members pay annual dues (2) Increase membership dues by 10%	Year 2: (2) Ensure 100% of members pay annual dues (2) Ongoing monitoring of dues process and adjust as needed (link with Branding group) (2) Increase membership dues by 15%	Year 3: (2) Ensure 100% of members pay annual dues (2) Ongoing monitoring of dues process and adjust as needed (link with Branding group) (2) Increase membership dues by 20%

Funding Goal: Increase revenue base

<table>
<tr><th>STRATEGY (IES)</th><th>LEADING INDICATORS OF SUCCESS (Milestones)</th><th>PERFORMANCE INDICATORS (Metrics)</th><th>ACTIONS Person/Committee Responsible (NAME) By When (DATE)</th><th>ACTIONS Responsible (NAME) By When (DATE)</th><th>ACTIONS Responsible (NAME) By When (DATE)</th></tr>
<tr>
<td><u>The Foundation:</u>

(3) Increase donor revenue to the Foundation over the life of this strategic plan</td>
<td>(3) Donations by the Board of Directors will increase

(3) Increase donations by the Foundation members

(3) Clear definition of donation will be established for both Board and Foundation members</td>
<td>(3) 100% of Foundation members donate some amount above their annual dues amount by the end of year three
<table>
<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>$</td><td>1200</td><td>2000</td><td>3000</td><td>5000</td></tr>
</table>
(3) 100% of Foundation Board members donate some amount above their annual dues by the end of year two
<table>
<tr><td></td><td>2015</td><td>2016</td><td>2017</td><td>2018</td></tr>
<tr><td>%</td><td>50</td><td>75</td><td>100</td><td>100</td></tr>
<tr><td>$</td><td>4000</td><td>5000</td><td>6500</td><td>8000</td></tr>
</table>
</td>
<td>(3) Include donation definition in Foundation member orientation

(3) Include fundraising commitment in Board orientation (and new Board member expectations). Engage open discussion about what Board giving looks like

(3) Formalization of a letter writing end of year campaign

(3) Thank and communicate with donors on ongoing basis</td>
<td>(3) Resend definition of donation

(3) Survey members to re-identify barriers to giving

(3)Letter writing end of year campaign (EMSC Office)

(3) Thank and communicate with donors on ongoing basis</td>
<td>(3) Resend definition of donation

(3) Letter writing end of year campaign (EMSC Office)

(3) Thank and communicate with donors on ongoing basis</td>
</tr>
</table>

Funding Goal: Increase revenue base

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)
The Foundation:		(3) Donations from people unaffiliated with the Foundation will increase over the next three years | | 2015 | 2016 | 2017 | 2018 | | $ | $100 | $500 | $1500 | $3000 | (3) Content management system utilization will lead to XX% donor retention, XX% increase in donor revenue	(3) By Feb 2016, definition of donation to be determined, definition distributed to members of CoPEC and EMSC (3) Research different content management systems to track giving to the Foundation (EMSC Office) (3) Secure a vendor (EMSC Office) (3) Compile list of donors from the past year (EMSC Office)	(3) Evaluate effectiveness of management system – adjust as needed	(3) Evaluate effectiveness of management system – adjust as needed

Funding Goal: Increase revenue base

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)
The Foundation: (4) Increase Foundation funding support through grant procurement	(4) Complete grant applications as applicable to other strategic goals and priorities (at least one new one annually) (4) Identification of project, registration, submission of application (4) Maintain system to track due dates for grant applications	(4) Grant acceptance and implementation ‘16 ‘17 ‘18 # of apps 2 4 6 # awarded 1 2 3 Amount TBD TBD TBD	(4) Methodology, objectives and evaluation must be submitted to TN EMSC office if funding is needed for a project (4) Pursue funding for medication dosing system for EMS agencies (4) Connect with the data committee to identify funding needs related to securing statistical analysis	((4) Connect with each committee to identify funding needs (4) Methodology, objectives and evaluation must be submitted to the TN EMSC office if funding is needed for a project (4) Maintain system to track due dates for grant applications	(4) Connect with each committee to identify funding needs related to securing statistical analysis (4) Methodology, objectives and evaluation must be submitted to the TN EMSC office if funding is needed for a project (4) Maintain system to track due dates for grant applications

Funding Goal: Increase revenue base					
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)**
The Foundation:			(4) Connect with committees to gauge potential upcoming funding needs. Committees must provide: • Goal • Objectives • Methodology • Evaluation (4) Apply for TDOT application in Spring 2016 (4) Maintain system to track due dates for grant applications		

Funding Goal: Increase revenue base

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)
The Foundation: (5) Increase sponsorship revenue from Star of Life Awards Ceremony leading to a more profitable event	(5) The next three Star of Life ceremonies will increase sponsorship revenue (5) The next three Star of Life ceremonies will increase in overall profit	(5) Increased sponsorship revenue (5) Increased profit from Star of Life	(5) Create a list of candidates for possible celebrity host (5) Recruit a celebrity to host the event, attracting new audiences (5) Procurement of a celebrity host (5) Secure new event sponsors from previous years (5) Increased sponsorship revenue	(5) Maintain relationships throughout the year with event sponsors (5) Retain celebrity host for event (5) Increased sponsorship revenue (5) Increased profit from Star of Life	(5) Create a list of candidates for possible celebrity host (5) Increased sponsorship revenue (5) Increased profit from Star of Life

	'15	'16	'17	'18
Revenue	$28250	30k	35k	40k
#	17	20	22	25

	'15	'16	'17	'18
Profit	16k	18k	22k	25k

Funding Goal: Increase revenue base

<table>
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<tr>
<td><u>The Foundation:</u>

(6) Increase revenue from the annual conference through sponsorships</td>
<td></td>
<td>(6) Increased number of attendees by 25% annually

<table>
<tr><td></td><td>‘15</td><td>‘16</td><td>‘17</td><td>‘18</td></tr>
<tr><td>Overall Profit</td><td>$47,7000</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>

(6) Increase revenue and diversify exhibitors/sponsors through the procurement of new companies such as medical evacuation companies</td>
<td>(6) Reach goal of 50 physicians/NP, 60 EMS and 90 other healthcare practioners (i.e. respiratory therapist)

(6) Reach goal of $56,000 in sponsorship

(6) Investigate opportunities to partner with universities to make the conference more accessible through technology</td>
<td>(6) Reach goal of XX physicians/NP, XX EMS and XX other healthcare practioners (i.e. respiratory therapist)

(6) Reach goal of $60,000 in sponsorship</td>
<td>(6) Reach goal of XX physicians/NP, XX EMS and XX other healthcare practioners (i.e. respiratory therapist)

(6) Reach goal of $65,000 in sponsorship</td>
</tr>
</table>

Funding Goal: Increase revenue base					
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)**
The Foundation: (7) Cultivate an organizational corporate sponsor partnership that can be leveraged	(7) Foster and solidify at least one new corporate relationship annually (Need to define how we know the relationship is solidified)	(7) Three meetings with potential corporate sponsorships will be set up by the funding committee each year (7) At least one of these meetings annually will be converted into a new funding source into the Foundation	(7) Identify list of potential corporate donors (consider university partnerships) (7) Solidify what the target is, what they are funding and supporting when making the ask of corporate (7) Three corporate relationship building meetings – one converted	(7) Three corporate relationship building meetings – one converted	(7) Three corporate relationship building meetings – one converted

Funding Goal: Increase revenue base

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)
The Foundation: (8) Utilize various avenues of general public fundraising contingent on the needs of projects identified by CoPEC.	(8) By the end of year three, the Foundation will have supported at least three projects through funding secured from a new funder	(8) ‘16 ‘17 ‘18 Application # (8) 1st year – secure funding from at least one source from list contingent on the needs of organizational projects	(8) Identify opportunities, to begin this list may include: • 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**	(8) 2nd year – secure funding from at least one additional source from list contingent on the needs of organizational projects	(8) 3rd year – secure funding from at least one additional source from list contingent on the needs of organizational projects

Appendix 3

The 16th Annual Update
Acute & Emergency Care Pediatrics

March 31 – April 1, 2017

The Chattanoogan Hotel | Chattanooga, Tennessee

Monroe Carell Jr. Children's Hospital at Vanderbilt

Tennessee EMSC Emergency Medical Services for Children

East Tennessee Children's Hospital

children's Hospital at Erlanger

LeBonheur Children's Hospital

OVERVIEW

The 16th Annual Update in Acute and Emergency Care Pediatrics is a result of collaboration between Children's Hospital at Erlanger, East Tennessee Children's Hospital, Le Bonheur Children's Hospital, Monroe Carell Jr. Children's Hospital at Vanderbilt, Tennessee Emergency Medical Services for Children (TN EMSC), and the East Tennessee State University Quillen College of Medicine Office of Continuing Medical Education.

TARGET AUDIENCE

This conference is designed for pediatricians, nurses, emergency physicians, family practitioners, intensivists, nurse practitioners, physician assistants, respiratory care practitioners, EMS professionals, fellows, residents, health care students and others involved in the care of pediatric emergencies.

ACTIVITY DIRECTORS

Marvin Hall, MD, CPE
Associate Medical Director
Children's Hospital at Erlanger
Assistant Professor, Pediatrics
University of Tennessee College of Medicine Chattanooga
Division of Pediatric Critical Care

Darwin Koller, MD, MSCE
Medical Director, Pediatric Emergency Department
Children's Hospital at Erlanger
Assistant Professor, Pediatrics and Emergency Medicine
University of Tennessee College of Medicine Chattanooga

Paige Klingborg, MD, FAAP
Pediatric Intensivist
Children's Hospital at Erlanger
Assistant Professor, Pediatrics
University of Tennessee College of Medicine Chattanooga

CONFERENCE OBJECTIVES

As a result of participating in this activity, the attendee should be able to:

1. Understand new and emerging issues relevant to acute and emergency pediatric care
2. Be better prepared to detect and manage complications which may occur in the process of emergency care of pediatric patients
3. Improve acute care systems so that pediatric patients will experience best practices and achieve optimal outcomes

FACULTY DISCLOSURE

East Tennessee State University's Quillen College of Medicine, Office of Continuing Medical Education (OCME) holds the standard that its continuing medical education programs should be free of commercial bias and conflict of interest. It is the policy of the OCME that each presenter and planning committee member of any CME activity must disclose any financial interest/arrangement or affiliation with corporate organizations whose products or services are being discussed in a presentation. All commercial support of an educational activity must also be disclosed to the learners prior to the start of the activity.

Each individual with influence over content has completed a disclosure form indicating that they or members of their immediate family do not have a financial interest/arrangement or affiliation that could be perceived as a real or apparent conflict of interest related to the content or supporters involved with this activity.

ACCREDITATION

Office of Continuing Medical Education, Quillen College of Medicine, East Tennessee State University

Accreditation and Designation: This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Quillen College of Medicine, East Tennessee State University and Tennessee Emergency Medical Services for Children (TN EMSC), Children's Hospital at Erlanger, East Tennessee Children's Hospital, Le Bonheur Children's Hospital, and Monroe Carell Jr. Children's Hospital. The Quillen College of Medicine, East Tennessee State University is accredited by the ACCME to provide continuing medical education for physicians. The Quillen College of Medicine, East Tennessee State University designates this live activity for a maximum of *10.25 AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

College of Nursing, East Tennessee State University

CNE Credit 10.33 continuing nursing education contact hours and 1.0 pharmacology contact hour have been approved for this conference. East Tennessee State University College of Nursing is an approved provider of continuing nursing education by the Tennessee Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. This event is presented by the College of Nursing Office of Continuing Education at East Tennessee State University, and the Quillen College of Medicine Office of Continuing Medical Education.

The ETSU College of Nursing implements a $15 certificate fee per conference. This fee covers the following: cost for being a provider of nursing contact hours, supplies, and nursing education coordinator's time for completing necessary paperwork for each conference, reports, study for renewal of being a provider, and attending meetings. Questions? Contact ETSUCNE@etsu.edu.

COURSE ALTERATIONS

The Office of CME reserves the right to change topics/speakers if necessary.

REGISTRATION

The registration fee for the Update in Acute & Emergency Care Pediatrics Conference includes course materials, continental breakfasts, lunch on Friday and snacks during breaks. Confirmation of your registration will be sent upon receipt of payment.

Registration fees will be refunded, less a $50.00 administrative fee, for cancellations received in writing a minimum of 14 days prior to the activity date. No refunds will be given when the registration fee is $50.00 or less, or when a cancellation request is received less than 14 days prior to the start of the activity.

ETSU Quillen College of Medicine reserves the right to cancel CME activities. If an activity is canceled, then a full refund of registration fees paid will be given.

FEES

	On or Before March 10th	After March 10th
Physicians, PAs, and APNs	$250	$275
Nurses	$165	$190
Fellows/Residents	$150	$175
Allied Health*	$150	$175
EMS Providers	$125	$125
Non-Licensed Students**	$100	$125

** Examples include RRT, MHA, PT, OT, etc. If you are unsure of your registration type, please contact 423-439-8027 for assistance.*

***Student fee includes medical nursing, APN, PA, and EMS students from any University/College*

Pre-registered attendees must pay registration fees in full no later than March 10, 2017 to retain registration status. Registration fees will be refunded, less a $50.00 administrative fee, for cancellations received in writing a minimum of 14 days prior to the activity date. No refunds will be given when the registration fee is $50.00 or less, or when a cancellation request is received less than 14 days prior to the start of the activity. ETSU Quillen College of Medicine reserves the right to cancel CME activities. If an activity is canceled, then a full refund of registration fees paid will be given.

To register or for more information, visit www.etsu.edu/com/cme/pam2017.php www.TNEMSC.org

HOTEL ACCOMMODATIONS

The Chattanoogan Hotel
1201 South Broad Street, Chattanooga, TN 37402
Phone: 423-756-3400 | Fax: 423-756-3404

Welcome to Chattanooga, Tennessee..... In the heart of downtown Scenic City, the Chattanoogan Hotel offers remarkable views of Lookout Mountain.

Participants can contact the hotel directly by telephone at 1-800-619-0018 to make room reservations and ask for the room rate associated with **Group ID #601373** to receive the conference room rate of $149.00. Attendees may also go to www.chattanooganhotel.com to reserve online using this group number. All rooms are subject to applicable taxes. Reservations must be received by **March 8, 2017**. After that date, reservations will be taken on a space available basis and may revert to a higher rate. The hotel check-in begins at 4 p.m. and check-out is 12 noon. Individual cancellations must be received no later than 4 PM eastern time at least 24 hours prior to date of arrival to avoid one night room and tax charge as cancellation penalty.

FACULTY

Jacob Avila, MD, RDMS
Program Co-Director
Ultrasound Fellowship
Department of Emergency Medicine
University of Tennessee College of Medicine Chattanooga

Michael G. Carr, MD, FAAP
Associate Professor of Surgery and Pediatrics
University of Tennessee College of Medicine Chattanooga

Jason Clark, FP-C, CCEMT-P, NRP, C-NPT, CMTE
Clinical Educator
Erlanger LIFE FORCE

Eric Clauss, MSN, RN, EMT-P
Director
EMS Center for Excellence
Vanderbilt University Medical Center

Deanna Doran, LCSW
Specialized Crisis Services

Katherine A. Goudelocke, MD, FAACAP
Child and Adolescent Psychiatry
UT Erlanger Behavioral Health

Mark J. Heulitt, MD, FCCM, FAARC, FCCP
Medical Director of PICU and Hospitalist Program
Spence and Becky Wilson Baptist Children's Hospital

Rudy Kink, MD
Pediatric Emergency Specialist
Le Bonheur Children's Hospital

Paige Klingborg, MD, FAAP
Pediatric Intensivist
Children's Hospital at Erlanger
Assistant Professor, Pediatrics
University of Tennessee College of Medicine Chattanooga

Darwin Koller, MD, MSCE
Medical Director, Pediatric Emergency Department
Children's Hospital at Erlanger
Assistant Professor, Pediatrics and Emergency Medicine
University of Tennessee College of Medicine Chattanooga

Carole Lazorisak, MA; RID: RSC, CDI; ASLTA
Master Mentor and Workshop Facilitator
Certified ASL Instructor and Interpreter

Mike McKeever, CFI-I, CFPS, CHEP, AEMT
Communications Technology Professional and Emergency Manager
Erlanger Medical Center

Marisa Moyers, RN, AD
CRPC, Disaster Preparedness, Injury Prevention, Pediatric Trauma
Children's Hospital at Erlanger

Shelley Murphy, MD
Pediatric Hospitalist
Monroe Carell Jr. Children's Hospital Vanderbilt at Williamson Medical Center

Erin P. Reade, MD, MPH, FAAP
Associate Professor of Pediatrics
University of Tennessee College of Medicine Chattanooga
Division of Pediatric Critical Care
Children's Hospital at Erlanger

Mark A. Rowin, MD
Pediatric Critical Care Medicine
Children's Hospital at Erlanger
Associate Professor
University of Tennessee College of Medicine Chattanooga

Donna Tidwell
Director
Emergency Medical Services
Tennessee Department of Health

Michele Walsh, M.D.
Medical Director, Pediatric Emergency Department
Medical Director, Pediatric LifeFlight/Critical Care Transport
Assistant Professor of Pediatrics and Emergency Medicine
Monroe Carell Jr. Children's Hospital at Vanderbilt

Rita Westbrook, MD, FAAP
Emergency Department Physician
East Tennessee Children's Hospital

Kenneth D. Wicker, MD, FAAP
Emergency Department Physician
East Tennessee Children's Hospital

Regan Williams, MD, FACS, FAAP
Pediatric Specialist and General Surgeon
Le Bonheur Children's Hospital

The 16th Annual Update Acute and Emergency Care Pediatrics Agenda

FRIDAY			
8:00 a.m. - 8:30 a.m.	**Breakfast and Registration**		
8:30 a.m. - 8:45 a.m.	**Welcome and Opening Remarks**		
8:45 a.m. - 9:45 a.m. General Session	**Out of the Box Tox** Michele Walsh, MD		
9:45 a.m. - 10:45 a.m. General Session	**Evaluation and Management of Pediatric Behavioral Health Emergencies** Katherine A. Goudelocke, MD, FAACAP Deanna Doran, LCSW		
10:45 a.m. - 11:00 a.m.	Break		
11:00 a.m. - 11:45 a.m. Breakout Session #1	**GROUP A** **Ultrasound... You Can Do It!** Jacob Avila, MD, RDMS	**GROUP B** **Dazed and Confused: Current Sedation Medications** Rudy Kink, MD	**GROUP C** **Care of the Technology Dependent Child** Erin Reade, MD, MPH, FAAP
11:50 a.m. - 12:35 p.m. Breakout Session #2	**GROUP D** (Repeat Session) **Ultrasound... You Can Do It!** Jacob Avila, MD, RDMS	**GROUP E** (Repeat Session) **Care of the Technology Dependent Child** Erin Reade, MD, MPH, FAAP	**GROUP F** **Noninvasive Ventilation in Pediatrics: History and Applicability** Mark Rowin, MD
12:35 p.m. - 1:50 p.m.	**Lunch**		
1:50 p.m. - 2:35 p.m. Breakout Session #3	**GROUP G** **EMS Case Scenarios** Mark J. Heulitt, MD, FCCM, FAARC, FCCP	**GROUP H** **To Be BRUE-tally Honest...** Darwin Koller, MD, MSCE	**GROUP I** (Repeat Session) **Noninvasive Ventilation in Pediatrics: History and Applicability** Mark Rowin, MD
2:35 p.m. - 3:20 p.m.	**Sweet and Sour: When Diabetes Goes Bad: How to Manage DKA in the Acute Care Setting** Kenneth Wicker, MD, FAAP		
3:20 p.m. - 3:35 p.m.	**Break**		
3:35 p.m. - 4:35 p.m.	**Disaster Surge Plan** Mike McKeever, CFI-I, CFPS, CHEP, AEMT Donna Tidwell, Director of Emergency Medical Services Rita Westbrook, MD, FAAP		

SATURDAY			
7:30 a.m. - 8:00 a.m.	**Breakfast, Registration, and Welcome**		
8:00 a.m. - 9:00 a.m.	**The Pursuit of Balance** Eric Clauss, MSN, RN, EMT-P		
9:05 a.m. - 9:50 a.m. Breakout Session #4	**GROUP J** **Every Child Matters: Trauma Case Reviews** Regan Williams, MD, FACS, FAAP	**GROUP K** **Jeopardy** Michael G. Carr, MD, FAAP	**GROUP L** **Simulation** EMS Providers Jason Clark, FP-C, CCEMT-P, NRP, C-NPT, CMTE Marisa Moyers, RN, AD Paige Klingborg, MD, FAAP
9:55 a.m. - 10:40 a.m. Breakout Session #5	**GROUP M** (Repeat Session) **Every Child Matters: Trauma Case Reviews** Regan Williams, MD, FACS, FAAP	**GROUP N** (Repeat Session) **Jeopardy** Michael G. Carr, MD, FAAP	**GROUP O** (Repeat Session) **Simulation** EMS Providers Jason Clark, FP-C, CCEMT-P, NRP, C-NPT, CMTE Marisa Moyers, RN, AD Paige Klingborg, MD, FAAP
10:45 a.m. - 11:30 a.m. Breakout Session #5	**GROUP P** **Using Visual-Gestural Communication with Individuals in Disaster** Carole Lazorisak, MA; RID: RSC, CDI; ASLTA	**GROUP Q** **Problematic EMS Transports** Shelley Murphy, MD	**GROUP R** (Repeat Session) **Simulation** EMS Providers Jason Clark, FP-C, CCEMT-P, NRP, C-NPT, CMTE Marisa Moyers, RN, AD Paige Klingborg, MD, FAAP
11:35 a.m. - 12:35 p.m. General Session	**Deaf in a Disaster: A Hurricane Sandy Survivor Story** Carole Lazorisak, MA; RID: RSC, CDI; ASLTA		
12:35 p.m. - 12:40 p.m.	**Closing Remarks**		

Laughter is Good Medicine: A Benefit for Tennessee's Children

Join us Friday, March 31st, 2017 at 6 PM at The Camp House bistro and venue for a night of laughter, dinner, live and silent auctions and hilarious amusement by a nationally known hypnotist. All proceeds go for the benefit of every child living in or visiting Tennessee.

Laughter is Good Medicine

Friday, March 31st, 2016 at 6 PM

Tickets $75/Table sponsorship (seats 10): $1,000

Registration information can be found at www.tnemsc.org

Tennessee EMSC Emergency Medical Services for Children