November 13 – 14, 2014 CoPEC Meeting SWOT Analysis

STRENGTHS:

1. Common, core values
2. Diversified experts
3. Statute for EMSC System
4. Advocacy and outreach
5. Legacy, longevity and accomplishments
6. Star of Life
7. 501(c)(3) designation
    a. Fundraising
    b. Legislative voice
    c. Tax exemption
8. Organizational assessment
9. National recognition
10. Website

Continuum of Care:

"As you are well award the Emergency Medical Services for Children Program has always addressed the entire continuum of care from its inception. This emphasis continues today as evidenced by the following graphic which was again presented in the IOM report, Growing Pains, 2006, p. 36:

The Tenn. Code also seems to address the continuum of emergency care as stated in section 1, b. 'It is the intent of this section that the entire spectrum of emergency pediatric medical and critical care services, including primary prevention of illness and injury, a statewide pediatric trauma system, disaster planning and management, acute care, data analysis, evaluation of potential standards of care, and rehabilitation be incorporated into the rules and into any services and equipment provided or required to be furnished pursuant to this section or any grant or contract awarded hereunder."

Complete list of strengths as reported by each group:

- Successes in past
  - Reputation
  - Legacy
- Longevity
- Courageous
- Advocacy
- Regionalization/organized statewide
- New energy
- Financial stability
- Result oriented
- Dedicated team and leadership
- Synergy
- Institutionalization by state rules and regulations
- National recognition
- Honor EMS providers through the Star of Life
- Outside strategic planner to help see our weaknesses and plan for the future
- Historical and new people
- Expertise and diverse team members
- All children's hospitals
- Compassion
- Recognized by state government
- Power/strength as a group
- Networks
- National collaboration/national organization
- Need for training
- Eager to meet those needs
- Partnerships
- Reputation within the medical community and recognized

- Dedicated, passionate, participate multi-disciplinary group
- State mandated advisory group – enhances existence and opportunities
- New and old members – longevity, fresh ideas
- Everyone has a voice
- Diversity in expertise, background, experience and geography
- Organized
- Collaboration
- Meets a diversity of needs: disaster, prevention, education to multiple communities
- Personal and professional support
- Ongoing need for our service
- Member diversity
- Comprehensive knowledge and skillsets
- Proven track record
- Passion and commitment
- Strong core values
- Increased awareness in the community
- Full of change agents
- Statewide representation (ENA, PTA, TN Dept. of Health)
- Strong alliances
- 501c3 allows greater ability and eligibility to reach goals and core values
- Perseverance of the group and persistence
- Flexible and adaptability

- 4 strong CRPCs that are spread out geographically across the state
- Resourceful, innovative
- Strong leadership
- Star of Life program
- Longevity of the EMSC program
- Continued strategic planning
- Everyone has a voice
- Dedication
- Innovation
- Diversity in role, continuum of care, expertise
- National recognition, reputation and collaboration
- Statewide alliance
- CRPC support
- Legislation, lobbying, advocacy
- Branded logo
- Past successes
- Introspective – outside facilitation to help see our weakness and plan
- Common goal and values
- Knowledge base and resources
- Traditions
- Committees
- Platform for education
- Passion, leadership
- Stable, committed operations staff
- Focus
- Stable funding
- Legislative identity
- Website

WEAKNESSES:
1. Lack of sustainable funding
2. Lack of name recognition
3. EMSC Infrastructure
    a. Expertise in fundraising, marketing, technology, grants, research
4. Lack of research and data (QI/PI)
5. Lack of public champion (legislator, celebrity)
6. Competition among institutions
    a. Trust and transparency issues
7. Lack of engagement and accountability (complacency)
8. Appropriate stakeholder inclusion
    a. Basic/primary, family, daycare, sports, physicians, CEOs
9. Succession planning and new member orientation/integration (consistent)
10. Lack of state hospital surveys

    Other Weaknesses
11. Internal communication challenges
    a. Medical v nonmedical, EMS v. non-EMS (pre-hospital), Government v. non, etc.
12. Lack of focus on basic training in facilities
13. Challenge of travel throughout Tennessee (time and money)

Complete list of weaknesses as reported by each group:

- Complacency
- Access to timely data
- Goals too broad
- Need an EMSC champion – public/celebrity champion
- Transparency – can become a threat
- Majority of funding comes from a sole source
- Need larger/added support dedicated full time to leadership
- Individual's time
- Funding
- Intensity of requirements
- Communication challenges
- Lack of incentives
- Lack of public awareness
- Personal agendas, competition
- Technology – use it!
- Changes in technology and social media
- Poor data analysis and collection
- Lack of "face time"
- Accountability
- Geography
- Changes in leadership, structured leadership planning
- DST
- Language barriers
- Transparency
- Lack of responsibility and stability at the "O" level
- Lack of role clarity
- Clearing "dead weight"
- Lack of integration of purpose and influence
- Unequal representation of primary and basic facilities
- Limited infrastructure (operational personnel)
- Size may be a limitation

OPPORTUNITIES:
1. Data collection and mining to produce measurable outcomes to show and evaluate effectiveness
2. Increased funding from multiple sources --- public, private grants, trauma fund
3. Increased marketing and media (star of life, social media, blog)
3. Education to improve care
   - Increase education across the continuum
   - Early recognition of emerging pediatric trends
   - Formalize and share best practices – white papers?
   - Present state and local research at annual meeting
4. Increased partnerships – corporate, consumers, grad students (diversify)
5. Assimilation of new members into the group for productivity (new member packet prior to their first meeting)
6. Completion of state wide disaster plan
7. Legislative policy and involvement - Greater legislative presence
8. Promotion of telemedicine for rural communities

Complete list of opportunities as reported by each group:

- Additional stakeholders with same/similar expertise
- Corporate partners outside of healthcare
- Consumer partners – get healthcare consumer impact (Family Advisory Council)
- Greater legislative presence through individuals and institutions
- Publish white papers and collaborate with other government agencies to produce white papers on safety issues
- Bring members on board with other expertise (marketing research, graduate students)
- Improve data analysis and collection (mining) across all systems (ED, trauma registry, hospital data, etc.)
- Improve education training across the continuum

- Sustainable funding
- Leverage positive outcomes of the readiness surveys to increase funding
- Health community events
- Faster assimilation of new members into the group to increase productivity
  o New member packet prior to the first meeting
- Develop measures and metrics to optimize goals
- Promote telemedicine for rural areas
- Early recognition emerging pediatric trends
- Complete the disaster plan
- Grow star of life – make it more public through TV, media, social media, live stream, radio
- Use PEM conference to present state and local research
- Formalize and share best practices

- Erin's education and expertise
- Untapped donor base within the group
- Leverage more information from general level hospitals
- TNCare payment structure for asthma
- Improved data collection across the state
- Increased communication of outcomes and successes
- Move from qualitative to quantitative program
- Increase sustainable funding from the outside
- General public education --- savvy consumer
- Partnerships with agencies with common goals
- Assimilation of new members faster into the group

- Organized membership drive and marketing campaign
- Social media to share message
- Advocacy and sharing of info on legislation
- Specific educational resources for families – CPR, AAP EIF, SHIP/SKIP, where to seek care for families
- Health community events to increase awareness
- Early recognition and resource for emerging pediatric trends (i.e. cleaning pods)
- Strategic planning
- Build on our national reputation
- Recruitment of new members and leaders
- New partnerships

- o Quality care "Blue Cottage" – tying medical needs to the community
- Community based partnerships
- Completion of disaster plan
- Better communication and public relations for CoPEC and EMSC. What we do and tell our story.
- Infrastructure for funding from state programs
- Continue open door for legislative advocacy
- Think of things beyond the national level and beyond the ED doors
- People don't know what they don't know
- Generational cultural shift
- o Me v. Service
- o What motivates them?
- o How do we engage?
- Grow Star of Life

- Opportunity to collect data
- Develop metrics and measures to validate our work
- Articulate at a state level the successes we've had and the changes we've made
- Use state of "National Leader" to leverage our needs
- Validate the mission
- Educational training
- Optimize branding/brand recognition
- Diverse funding sources
- Opportunity to bring in additional resources
- Research opportunities
- Telemedicine promotion
- Peds is Popular again
- EMSC's voice in representation on TNCare
- Finalize and share best practices

THREATS:
1. Internal threats
    a. Membership engagement
    b. Apathy
    c. Dead weight
2. Lack of brand recognition/awareness
    a. Internal
    b. External
    c. Community
    d. Legislative
3. Current competitive environment
    a. Patients, people, recognition, dollars
4. Lack of data/outcomes
    a. Usable and actionable
5. Keeping up with technology
    a. Social media, technology people in the field/hospitals are doing. We need to be able to comment and advise
6. Funding cuts
7. Lack of transparency
    a. Ongoing, internal

7. Political climate and legislative support
   b. Ongoing threat
   c. Proving our worth and aligning with their own interests
8. Leadership succession planning
   a. Executing the plan (previous strategic plan)
9. Competing orgs working on pediatric issues

Complete list of threats as reported by each group:

- Funding cuts
- Limited resources
- Impact of the Affordable Care Act
- EMSC "unfunded mandate" state reg.
- Managed care contracts
- Individual institutional agendas
  o Buy in internal to EMSC
- Current competitive environment – patients, dollars, recognition
- Lack of transparency
- Closing of rural facilities
- Population growth – increased demand
- Internal threats
  o Membership engagement, schedules, executing leadership succession
  o Burnout and apathy
  o Dead weight
  o Lack of trust
  o Lack of data
- Maintaining relevance
- Keeping up with new technology
- Competing organizations working on pediatrics not vetted through EMSC
- Legislative support/political climate change
- Standards are for minimal requirements
- Regulatory restrictions (state and regional)
- Constant change and unknown threats (Ebola)
- Human error
- Lack of brand recognition

- Cultural shift from me to service oriented
- Loss of funding
- Delusion of passion as we move away from mission and visionaries
- Lack of succession planning
- Politics – legislation
  o Safety measures
  o Loss of funding
  o Institutional discord
  o Bureaucracy and red tape
- Lack of support from government
- Shifting market shares
- Managed care contracts
- Changes in reimbursements
- Impact of the Affordable Care Act
  o Impact to care
  o Will we see negative evolution of national healthcare model?
- Maintain relevancy of the organization
- New product industry
- What else do we do?
- Lack of trust
- Lack of data
- Data not standardized
- Healthcare survival threats – budgets tighter
- Individual institutional agendas – "no buy in"
- Affordable Care Act – how will the future look?
- Standards are only for minimal pediatric standards

- Funding – will government funding be taken away?
- Funding
  - No change in tactics in completely new environment
- Current competitive environment
  - For pts, money, recognition
- Declining reimbursements to hospitals and EMS and we are an unfunded mandate
- Stagnation of strategy
- Trying to find a champion
- Lack of engagement

- "has to be here" or burn out/complacency of older members
- Lack of name recognition
- Funding cuts
- Membership turnover
- Dead weight
- Apathy of members to our audience
- Competing facilities (goals and motives)
  - Losing members due to institutional funding
- Rural facilities closing
- Regulatory restrictions

Strategic Issues

1. Funding – to initiate projects (new resources, diverse, sustainability)
2. Data
3. Competition and transparency
4. Brand recognition (marketing)
5. Measurable outcomes
6. Internal issues

- Marketing: increase visibility
- Funding: if we have no money, we have no means to promote projects/ourselves/initiatives. A champion to do so would help.
  - To support the mission
- Data: the world turns on outcomes. We need data to support #1. This will also help us target and allocate
- Competition and transparency: competition is healthy. However when trust is not developed and resources aren't shared, the organization will devolve.
- Data: robust data analysis supports funding and helps quantify the efficacy of our intervention
- Brand recognition: internal and external awareness increases overall organization support and our credibility
- Internal issues: unresolved internal issues will hinder future organizational growth and development.

Original Notes (previously sent)

EMSC Top Accomplishments
- EMSC Readiness Survey
- Hospital Standards for Pediatric Readiness
- EMSC Ambulance Standards
- Disaster Toolkit

- Trauma Center Funding
- EZ IO to EMS units
- Redcap database
- Family presence during resuscitation
- Pediatric conferences
- Star of Life Awards
- 9/9 national performance measures
- Emergency drug cart charts

- Right drug dosing
- Problematic transfers
- Posters for education
- Website
- Training for EMS recertification
- Education for state surveyors
- State injury prevention grant
- Increased transparency within org

- Erik chart
- Legislative advocacy safety issues
- First aid for school nurses manual
- Climate control for ambulances
- Adrenal insufficiency protocol
- DXA Protocol
- D50 shortage

- Influence, collaboration, impact
- Tomorrow is still coming despite all that we've accomplished, there are still things left undone
- 4/10 NPs make it past 5 years
- Environmental shifts, every org goes through a process through which it peaks, go down or re-engage onto the maturing cycle towards institutionalization
- EMSC is making significant impacts but resting just on our laurels will lead to our decline
- The org analysis will inform the creation and implementation of our strategic plan
- Not just a document, it's a direction where minds and hearts move together
- Strategic plans are malleable; strategy has to be continually readdressed. Plan to be strategic; don't just have a strategic plan

A group will convene to look at the following questions:
1. Did we reach target?
2. Did we exceed targets? Why?
3. Is there anywhere we didn't reach the target?
   a. What were the barriers? How do we remove them?
4. Review on an annual basis, adjust for the following years
5. Fosters a strategic culture within the organization
   a. Keeps us relevant

Our path over the next several months:
- 3 year strategic plan
- Fundamentals
  - Core values determine our mission
  - What is our purpose?
    - Our mission statement
  - What is our preferred future?

EMSC's Identity: does not exists in a vacuum but rather within a context

- ▪ Our vision statement
- Contextualization
  - o Existing environment and the strategic issues that are relevant for us to move forward
- Move the ID through a series of tools
  - o SWOT analysis
  - o Environmental scan
    - ▪ Legislative impact, social impact, demographic impact, technical impact
  - o Organizational analysis
  - o Gaps analysis
    - ▪ Gaps of service, gaps of funding
    - ▪ Can encourage strong collaborations
  - o Surveys
  - o Focus groups
- Technicals
  - o Strategic goals
    - ▪ Have been vetted through the previous process
  - o Strategies that we need to achieve those goals
  - o Leading indicators of success
    - ▪ AKA Milestones
  - o Performance indicators
    - ▪ AKA Metrics
  - o Year 1 action plan
  - o Year 2 action plan
  - o Year 3 action plan
    - ▪ Whose responsibility is it to determine the action plans?
- If the product reflects the core values, then the org is in an upward spiral (growth)
- Process is not linear but systemic
- The organization comes from its core values, mission and vision

STEP 1: SWOT ANALYSIS
- Strengths: can be leveraged to realize mission
- Weaknesses: if not mitigated will threaten the mission
- Opportunities: when seized can take us to the next level
- Threats: cannot always be eliminated, but can be managed

STRENGTHS:
***Based upon our mission, advocacy and outreach are the overall strength of our system as executed in the following:
1. Common, core values
2. Diversified experts
3. Statute for EMSC System
4. 501(c)(3) designation
   a. Fundraising
   b. Legislative voice
   c. Tax exemption

5. Organizational assessment
6. Advocacy and outreach
    a. What does this entail?
    b. We do this well but let's define it
7. National recognition
8. Star of Life
9. Legacy, longevity and accomplishments
10. Website

WEAKNESSES:
1. Lack of sustainable funding
2. EMSC Infrastructure
    a. Expertise in fundraising, IT,
3. Competition among institutions
    a. Distrust
4. Lack of research and data (QI/PI)
5. Appropriate statewide inclusion
6. Lack of engagement and accountability
7. Lack of name recognition
8. Lack of state hospitals surveys
9. Succession planning and new member orientation
10. Lack of public champion
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4. Increased partnerships – corporate, consumers, grad students (diversify)
5. Education for the improvement of care across the continuum of care
    a. Formalize best practices – white papers?
    b. Present state and local research
6. Assimilation of new members into the group for productivity (new member packet)
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100% mission fulfillment (unattainable in organizations)
We have made steps towards the maturing stage, for us to get half as far; we need to engage twice as much…financially, in our influence and staff
The importance of membership orientation comes from the need to know where we've been to get to where we are going.

- Top strategic priorities:

    o Angie's Group
        ▪ Funding
        ▪ Data
        ▪ Transparency
    o Rhonda's Group
        ▪ Funding
        ▪ Data
        ▪ Brand recognition
    o Rob's Group
        ▪ Data
        ▪ Marketing
        ▪ New resources
    o Sue's Group
        ▪ Effective data analysis
        ▪ Internal/external awareness
        ▪ Internal issues