

# **NCTTRAC Strategic Plan**

**2008-2010**

**Developed  
May 22-23, 2008**

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## I. INTRODUCTION

Members of the Board and staff of NCTTRAC met to determine the strategic plan for the next three (3) years. The strategic framework within this document communicates our missions and guiding philosophy; our distinctive capabilities; and how we measure success. NCTTRAC is an integrated system and must be governed and managed as such.

This plan represents a disciplined effort to produce decisions and actions that guide and shape what our organization is, what we do, and why we do it. During the plan formation, participants discussed a wide range of issues and ideas, including past accomplishments, mandates we are obliged to meet, issues we must face, and how our role must change, in a past vs. future sense.

Our plan is built around this conceptual model:

- Patient outcomes
- Organization and governance
- Communications
- Member participation
- Systems development
- Program operations

The planning group determined priorities, both immediate and across the three years covered by this plan, 2008-2010.

Last, the planning group developed a set of measurable objectives; if they are met then we will have implemented our plan successfully.

## II. MISSION

Our mission statement is our reason for being. Organizational acceptance of this statement will help eliminate unnecessary conflict and channel our discussions and activity.

**Our Mission:** To support and improve emergency healthcare through prevention, education, advocacy, preparedness and operational support.

**Our Philosophy:**

- To be recognized and accepted by entities in TSA-E as the leading advocacy resource in emergency healthcare
- To create and sustain a broad stakeholder base with authority, responsibility and resources in emergency healthcare in TSA-E
- To organize, coordinate or support the development of healthcare education, injury prevention, rehabilitation, advocacy and emergency preparedness

### **III. OUR ACCOMPLISHMENTS**

While we are a growing and changing organization with many challenges, we should recognize that we have been successful in the past in many regards; our past record of success includes:

- The level of recognition and acceptance by our members is growing.
- A new set of Bylaws reflecting our changed mission and purpose are nearing final approval and adoption.
- We have substantial resources and commitment by volunteers and members.
- We won the OASPR grant.
- We are a freestanding organization with the necessary freedom to act independently.
- We hired our Executive Director, who has built the staff to its current level of readiness.
- We maneuvered through a difficult time during our staff growth and grant contract period—and we succeeded.
- We have strong representation at GETAC.
- We have increased the number of education instructors.
- We implemented a highly successful Trauma Fest.
- The RMOC is underway.
- We are developing regionally based assets.
- We are now positioned to move forward with strong leadership and a clear vision.

#### **IV. MANDATES**

If these mandates are not met, we face serious sanctions, including the inability to operate or generate funds. Some mandates are formal, some less so.

- OASPR Grant compliance
- Tobacco Grant compliance
- Combo Grant compliance
- Pass-through grant compliance
- Obligations to members as a result of charging dues
- Board Bylaws
- Standard Operating Procedures
- Staff obligations to the Board

## V. OUR TASK—TRADITIONAL vs. NEW

Because we are in the midst of significant change, we must recognize both what is already in place and must be conserved, as well as what must be changed and added to an already full slate.

A. These components are reasonably well-executed at this time:

- Regional Trauma Registry
- Professional Development Committee
- Acute Care System Development (cardiac, stroke, etc.)
- SPI
- Medical Advisory Committee
- Bypass Treatment Protocols
- Pediatric Committee
- Public Education/ Injury Prevention
- Trauma Hotline

B. These components are either just now in development or have not been addressed:

- Communications with Zones
- Joint planning between Disaster Planning Committee and
- Trauma transfer agreements
- EM System oversight
- Trauma System Support

C. These are new roles or tasks that must receive attention from both Board and staff:

- OASPR contract
- Resource coordination
- Regional pooling and cache management
- Logistics
- Operationalizing the RMOC
- Strike teams
- Revenue generation

## VI. SWOT ANALYSIS

This is a key part of strategic planning because it examines the organization itself and the external and future environment of NCTTRAC. Strengths and weaknesses refer to our organization itself; opportunities and threats exist outside the organization and /or they refer to the future.

The following list was generated and discussed. The additional table includes only those that the planning group deemed as most important.

### STRENGTHS

- Experienced, educated and educated staff
- Diversity within—of pre-hospital, hospital and financial experience
- Experienced leadership, and leads to being endorsed by major employers
- Volunteer spirit of professionals involved
- Engaged in state activities
- Opportunity to build from scratch
- Desire to grow to the next level
- Proactive—able to articulate vision and not fearful of speaking out
- Ability to work together

### WEAKNESSES

- Lack of definite goals, vision, evaluation of what we do
- Communication strategies
- Lack of transactional agility
- Dependence on volunteers and not being able to enforce accountability on volunteers
- Stagnant leadership cultivation—same people do everything
- No authority to resolve needs/vacuums of institutions within the TSA
- Dependence on funds for operations, lack of diverse funding

### OPPORTUNITIES

- Regional disaster preparedness will support state leadership role
- Take advantage of this chance to restructure and re-brand to secure quick win/win strategies
- Regional influence and impact on EM healthcare
- Organizational flexibility and cohesiveness
- Take advantage of opportunity to be a national leader based on growth and position
- Use successes to identify/pursue other funding
- Availability of diverse, experienced stakeholders at one table
- Empowerment to do the right thing at the right time
- To grow trauma progress with NFTC and state trauma activities

### THREATS

- Continuing to allow non-participant or minimally participating members to thwart forward progress of the collective body
- Cumbersome steps for daily operation, if not changed, continue to limit our future

- Poor communication or lack of transparency prevent growth and understanding
- Reluctance to change or lack of vision will stunt growth
- Growing discontent
- Non-compliance with grant requirements
- Loss of focus on traditional RAC activities endanger funding and support

### **SWOT Analysis—Greatest Priorities**

<p style="text-align: center;"><b><u>Strengths</u></b></p> <ul style="list-style-type: none"> <li>• <i>Experienced, educated and educated staff</i></li> <li>• <i>Diversity within—of pre-hospital, hospital and financial experience</i></li> <li>• <i>Experienced leadership, and leads to being endorsed by major employers</i></li> <li>• <i>Volunteer spirit of professionals involved</i></li> </ul>	<p style="text-align: center;"><b><u>Weaknesses</u></b></p> <ul style="list-style-type: none"> <li>• <i>Lack of definite goals, vision, evaluation of what we do</i></li> <li>• <i>Communication strategies</i></li> <li>• <i>Lack of transactional agility</i></li> <li>• <i>Dependence on volunteers and not being able to enforce accountability on volunteers</i></li> </ul>
<p style="text-align: center;"><b><u>Opportunities</u></b></p> <ul style="list-style-type: none"> <li>• <i>Regional disaster preparedness will support state leadership role</i></li> <li>• <i>Take advantage of this chance to restructure and re-brand to secure quick win/win strategies</i></li> </ul>	<p style="text-align: center;"><b><u>Threats</u></b></p> <ul style="list-style-type: none"> <li>• <i>Continuing to allow non-participant or minimally participating members to thwart forward progress of the collective body</i></li> <li>• <i>Cumbersome steps for daily operation, if not changed, continue to limit our future</i></li> <li>• <i>Poor communication or lack of transparency prevent growth and understanding</i></li> <li>• <i>Reluctance to change or lack of vision will stunt growth</i></li> </ul>

## **VII. GOALS, STRATEGIES, AND ACTION STEPS**

We discussed the most important planning themes to be considered and sorted ideas into general areas, which became goal statements. The planning group worked through the goals, strategies to achieve goals, and in some cases even the action steps necessary to achieve strategies.

The accepted goal statements for NCTTRAC for the next year are:

Goal #1: NCTTRAC will improve patient outcomes in TSA-E.

Goal #2: The Board, committees and staff of NCTTRAC will be a cohesive, well-coordinated group that is organized to reach the desired results.

Goal #3: NCTTRAC will have a positive image through the region and state through improved internal and external communications.

Goal #4: NCTTRAC will have a wide level of participation in its activities from among its members and various stakeholders.

Goal #5: NCTTRAC will have a strong presence in the development of the EMS/Trauma System.

Goal #6: NCTTRAC will have effective plans enabling optimal program operations.

**Goal #1: NCTTRAC will improve patient outcomes in TSA-E.**

Strategy	Action Step	Target Year	Responsibility
A. Evaluate products of committee work, including its plans for future activities	Require quarterly reports of committees to the Board	2008	Committee Chairs, Executive Director, Comptroller / Compliance, Prog Managers
B. Use outcome data to design education, training and staff development	[Redacted]	2009	Committee Chairs, Executive Director, Comptroller / Compliance, Prog Managers
C. Re-evaluate what we are studying and close the loop	[Redacted]	2010	Executive Committee, Committee Chairs, Executive Director, Comptroller / Compliance, Prog Managers

**Goal #2: The Board, committees and staff of NCTTRAC will be a cohesive, well-coordinated group that is organized to reach the desired results.**

Strategy	Action Step	Target Year	Responsibility
A. Change the role of the board from management to governance	<ol style="list-style-type: none"> <li>1. Design board policies and activities so that the board becomes a governance and policy-oriented body</li> <li>2. Define specific issues to be decided upon by the board (examples: new funding or revenue opportunities to pursue; major or unbudgeted expenses)</li> <li>3. Provide formal orientation for new board members</li> </ol>	2008	Executive Officers, Executive Director, Comptroller/Compliance Officer
B. Provide committees with tools and support	<ol style="list-style-type: none"> <li>1. Train chairpersons in their roles</li> <li>2. Create charge/scope for each committee, including goals</li> <li>3. Standardize how meetings are run, including set of meeting rules to be followed</li> <li>4. Require standardized quarterly reports to the Board</li> <li>5. Standardize format of meeting minutes</li> <li>6. Set specific level of staff support for committees</li> </ol>	2008	Executive Officers, Executive Director, Comptroller/Compliance Officer, Committee Chairs
C. Provide staff with resources and direction	<p><i>Human Resources</i></p> <ol style="list-style-type: none"> <li>1. Develop complete job descriptions for all staff positions</li> </ol>	2008—all	Executive Director, Comptroller/Compliance Officer



**Goal #3: NCTTRAC will have a positive image through the region and state through improved internal and external communications.**

Strategy	Action Step	Target Year	Responsibility
A. Develop resources to assist with Public Information program	<ol style="list-style-type: none"> <li>1. Utilize Public Relations and Marketing expertise available; consider brand refinement and the message of RAC value</li> <li>2. Use network available through member institutions</li> <li>3. Develop media releases for appropriate news stories and begin developing media relations</li> </ol>	2008—all	Executive Director, Comptroller/Compliance Officer, Program Managers, Executive Officers
B. Develop communication tools	<ol style="list-style-type: none"> <li>1. Website enhancements</li> <li>2. Use of SharePoint</li> <li>3. Emergency Notification System</li> <li>4. Video conferencing network</li> </ol>	2008—all	Executive Director, Communications and Information Services Program Manager, Committee Chairs
C. Communicate when new tools and activities are developed	<ol style="list-style-type: none"> <li>1. Establish awards within stakeholder community</li> <li>2. Add class registration component to website</li> <li>3. Make legislative/government relations issues well-known</li> <li>4. Become known as an advocate within the region and state</li> </ol>	2009—all	Executive Officers, Executive Director, Communications and Information Services Program Manager

**Goal #4: NCTTRAC will have a wide level of participation in its activities from among its members and various stakeholders.**

Strategy	Action Step	Target Year	Responsibility
A. Define and communicate opportunities for member participation	1. Revise By-Laws 2. Create/update SOPs 3. Establish committee charges	2008	Chair-Elect, Executive Director, Committee Chairs
B. Determine criteria for voting and non-voting member categories to encourage more participation	1. Revise By-Laws 2. Create/update SOPs 3. Establish committee charges	2008	Executive Director, Committee Chairs, Executive Committee
C. Develop mentorship program to encourage higher level of participation	TBD	2009	TBD
D. Survey membership about how we can assist them and/or their institutions or companies, improve patient care, etc.	1. Update Annual Needs Assessment & Support Survey	2009	Executive Director, Communications & Information Services Program Manager, Committee Chairs

**Goal #5: NCTTRAC will have a strong presence in the development of the EMS/Trauma System.**

Strategy	Action Step	Target Year	Responsibility
A. Encourage and assist hospitals to achieve Trauma designation	1. Develop clean list of undesignated hospitals 2. Work with hospital POC to understand issues	2008-2009	Executive Officers, Executive Director, Systems Development Chair
B. Add Regional Registry report to each Executive Committee meeting agenda	1. Develop reporting template	2008	Executive Director, Communications & Information Services Program Manager, Systems Performance Committee and System Development Chairs
C. Make sure our role in Emergency Preparedness is understood at all levels	1. Attend REM/DH meetings 2. Coordinate/integrate into regional exercises/real events	2008	Executive Director, Hospital Preparedness Program Manager, Regional Emergency Preparedness Chair
D. Support existing designated trauma centers	1. Turnover of coordinators in TTCF participation	2009	TBD
E. Develop Treatment Guidelines	Assign each of these areas to Medical Advisory Committee and educate the region: stroke, Cardiac, Pediatrics, Bypass, Airway Management, Emergency/disaster, Air Medical	2009	TBD
F. Provide national course for coordinators	TBD	2010	TBD

**Goal #6: NCTTRAC will have effective plans enabling optimal program operations.**

Strategy	Action Step	Target Year	Responsibility
A. Continue to improve current Trauma/System development efforts	1. Support hospital trauma designation	2008	Executive Director, Systems Performance Improvement Chair, System Development Chair, EMS Chair
	2. Use performance improvement tools to determine actions	2008	
	3. Establish functions for long-term strategic planning and projections	2008	
	4. Develop standard-of-care guidelines	2009	
B. Continue to improve Regional Medical Emergency Management System	1. Develop Strike Teams	2008	Executive Director, Hospital Preparedness Program Manager, Regional Emergency Preparedness Chair
	2. Establish method to record/understand surge capacity (caches and acute care facilities)	2008	
	3. Manage mobile medical units	2008	
	4. Establish policies and procedures for RMOC operations	2008	
	5. Communicate horizontally and vertically throughout RAC and region		
	6. Establish functions for long-term strategic planning and projections	2009	
	7. Use performance improvement tools to determine actions	2010	

## VIII. MEASURABLE OBJECTIVES

These areas are taken directly from our mission statement and philosophy. Our activities and efforts should be determined by what we value rather than by those things that might more easily absorb our time and focus, i.e. we must maintain focus on these objectives.

AREA	OBJECTIVE	EVIDENCED BY
<b>Prevention</b>	Increase by 5% each year the number of hospitals and EMS companies participating in the Regional Registry	Registry participation
<b>Education</b>	Provide 2 educational offerings per zone per year	Schedule of offerings and rosters of attendees
<b>Advocacy</b>	Have an assigned liaison for each of GETAC, TETAC and GDEM	Reports from liaisons to NCTTRAC Executive Committee
<b>Preparedness</b>	<ul style="list-style-type: none"> <li>• All RAC-participating EMS and Hospitals will collaborate in at least one functional exercise per year</li> <li>• RAC will train 1 clinical team per zone and 1 regional ICS logistic support team per mobile medical unit</li> </ul>	<ul style="list-style-type: none"> <li>• Recorded participant list</li> <li>• Reports to Executive Committee</li> </ul>
<b>Operational Support</b>	Drill monthly on Emergency Notification System	Response reports to operational participants

## **IX. ACCOUNTABILITY PLAN**

We discussed ways to hold ourselves accountable for performance against this plan, and generated these ideas; the Strategic Plan needs to be reviewed by the entire Board and adopted after consideration, revisions, etc.

- Every RAC member is responsible for moving the plan forward.
- The first line of accountability is at the Executive Director level, who along with the Board Chairperson needs to place the Strategic Plan on Board agendas as agreed.
- The Board will assign 1 board officer and 1 staff member to each of the five measurable objective themes.

## **EXTRA NOTES**

### **BOARD HAND-OFFS TO STAFF:**

During the planning session the Board members present agreed that these tasks should be delegated to the staff:

1. Employee evaluations
2. Operational accountability: authority to sign checks; who can sign contracts and otherwise represent the organization; execution of a board-approved plan with checks and balances
3. What staff work does each committee want—needs to have board approval to be fair and equitable

### **STANDING BOARD MEETING AGENDA:**

These are issues that the Board and staff agreed should be standing agenda items for future board meetings:

1. Budget/financial status of internal operations with Finance Committee's preview and approval
2. Contracts and proposals considered or approved
3. New grant/funding opportunities
4. Creation of new staff positions
5. Formal performance measures, with goals, benchmarks and Quarterly updates