



**SOCIETY OF TRAUMA NURSES**  
**Strategic Plan**  
**2010-2012**

## Table of Contents

Executive Summary .....	3
Mission Statement .....	4
Vision Statement .....	4
Core Values .....	4
STN History .....	4
STN Organization .....	5
STN Operations .....	6
STN Membership .....	6
STN Products .....	7
STN Primary Focus .....	7
STN Internal Analysis .....	7
STN Value Proposition .....	9
STN Industry Competition .....	9
Industry Overview .....	9
Consumer Analysis .....	10
Competitor Analysis .....	10
STN Marketing, Segmentation, Targeting, Positioning .....	12
Organizational Goals and Objectives .....	14

## Executive Summary

The Society of Trauma Nurses is a specialty nursing organization dedicated to advancing trauma nursing, trauma education, and the development of trauma nursing leadership. Formed in 1989, the society has grown tremendously over the past ten years with membership totaling just over 1200 nurses from across the United States and internationally. STN members represent a variety of clinical settings including pre-hospital, emergency department, perioperative, intensive care, surgical floors, rehabilitation and outpatient services. Member roles range from Trauma Nurse Coordinators and Trauma Program Managers to bedside clinicians, educators, prevention specialists, researchers, nurse managers, administrators, clinical nurse specialists and advanced nurse practitioners.

Areas of primary focus for STN include education, leadership and collaboration, research and clinical care, legislation and public policy, membership, and outreach/injury prevention. A number of committees and special interest groups work to strengthen STN's leadership and educational content.

One of STN's strengths lies in the superb guidance and organizational staying power of its voluntary board. The far reaching networks, insatiable drive and knowledge of the core leadership group have helped to grow the society in a relatively short period of time. Conversely, the ability to scale a voluntary group as well as the associated time limitations produce challenges for the board.

STN's strategic plan for the next two years include a number of goals focused on growing the organization, capturing and retaining membership, enhancing member benefits, assuring financial viability, and addressing board priorities and workload. Specifically, the organization will direct efforts towards the following goals:

- 1) Goal: Establish STN as the Recognized Leader and Premier Trauma Nursing Organization Worldwide.**
- 2) Goal: Establish the Highest Quality Educational Resources for Trauma Nurses.**
- 3) Goal: Diversify Communication Resources.**
- 4) Goal: Develop an organization wide leadership development track for STN**
- 5) Goal: Assure the Financial Viability of the STN Organization**

Delineated strategies and actions as well as performance metrics provide direction and detail progress towards each stated goal.

## **Mission Statement**

The Society of Trauma Nurses is a professional nonprofit organization whose mission is to ensure optimal trauma care to all people locally, regionally, nationally and globally through initiatives focused on trauma nurses related to prevention, education and collaboration with other healthcare disciplines. The Society of Trauma Nurses' advocates for the highest level of quality trauma care across the continuum. We accomplish this through an environment that fosters visionary leadership, mentoring, innovation and interdisciplinary collaboration in the delivery of trauma care.

## **Vision Statement**

The Society of Trauma Nurses will become the premiere nursing organization in the world for advancing the nursing care of injured patients.

## **Core Values**

The Society of Trauma Nurses exemplifies the following core values:

- Collaboration
- Education
- Innovation
- Leadership
- Mentoring
- Prevention

## **Areas of Primary Focus**

The Society of Trauma Nurses' areas of concentration include:

Membership  
Education  
Leadership and Collaboration  
Research and Optimal Clinical Care  
Legislation and Public Policy  
Outreach and Injury Prevention

## **STN History**

The Society for Trauma Nurses (STN) has a rich history dating back to 1983 when a group of nurses attending the Maryland Institute for Emergency Medical Service Systems (MIEMSS) National Trauma Symposium identified the need for a centralized information center as well as networking for trauma nurses. Through this realization, the Trauma Nurse Network (TNN) was established. MIEMSS supported the initial organization of the Trauma Nurse Network by providing staff support and meeting space for its annual meeting. In 1986 the TNN members supported formalizing the Network and creating a specialty organization. In 1988 members established the building blocks of trauma nursing by defining the role of the Trauma Coordinator and creating standards for trauma care. These principles and values were further defined through written documents including a consensus paper with the definition of a Trauma Nurse, a

philosophy statement for Trauma Nursing, as well as Mission and Standards for Trauma Nursing. All documents were published in the Trauma Nurse Network Newsletter (Vol. 2, No. 2) which set in motion the direction of the Society of Trauma Nurses. In 1990 STN shaped its foothold by electing officers and publishing bylaws in the STN newsletter (Vol. 2, No. 3). The next few years established STN as the premier nursing trauma organization with the inaugural issue of the Journal of Trauma Nursing (published in 1994), establishment of STN Regional Coordinator positions (1996), and recognition by national organizations to represent trauma nursing, for example assistance in writing the Trauma Coordinator section of the American College of Surgeons Committee on Trauma Resources for Optimal Care of the Injured Patient. In 1997 the society hired an executive director, developed the STN web site and home page and created a bylaws subcommittee to further develop the infrastructure necessary for growth. March 1998 commenced the 1<sup>st</sup> Annual STN Conference held in Las Vegas, Nevada and in 1999 STN membership totaled 303 members. STN's educational foundation was launched in 2000 when the proposal for the Advanced Trauma Care for Nurses (ATCN) course was accepted by the Committee on Trauma Executive Committee and Advanced Trauma Life Support (ATLS) Subcommittee. By 2003, STN membership grew 141% to 732 nurses and the listserve, established in 2002, provided global networking opportunities for all nurses with an interest in trauma. With expanded membership and program management needs, STN hired a management services firm in 2005. In 2007 the leadership decided to move the conference from Las Vegas, NV and hosted it in April 2008 in New Orleans, LA. The meeting was a great success and the organization has begun rotating the meeting geographically on an annual basis to attract members from across the United States. Additionally, in 2007 after 2.5 years with their first management services firm, the leadership decided to change providers and contracted with a new firm in June 2008. The first 6-12 months were a transition period featuring a new logo and web site for the organization. Also, in 2008 ATCN updated the program manual followed by a TOPIC manual revision in early 2009. The Senior Lifestyle Injury Prevention (SLIP) program was produced and made available to members in late 2009. Membership experienced a slight decrease during 2009 but started to recuperate in the second quarter of 2010 and is holding steady at between 1200-1250 members. Web site enhancements continue to be made with the addition of online forms for the conference abstract submissions, award nominations and general questions for staff. An interactive calendar for the association was implemented as well as a members' only section and special interest group listservs were launched in 2009. The October 2009 in person board meeting including a facilitated strategic planning session and resulted in a operations plan for the two years. The Journal of Trauma Nursing also launched an online version in 2010 and can be accessed from the main web site after logging in as a member. A core group of leaders came together and created an online Resource Library in 2010 featuring trauma job descriptions, checklists, flow charts, policies and procedures, etc for members to access and reference. The 2009-2010 fiscal year ended in the black and has allowed the organization to continue to contribute to their reserve fund so that long (and short) term goals and projects can be funded and met according to the timelines. The organization continues to prosper and experience successes while maintaining its vision and mission for all trauma professionals.

## **STN Organization**

The Society of Trauma Nurses, a non-profit 501C-3 status organization, was formed in 1989 and has seen tremendous growth in the last 10 years. The members, just over 1200, represent trauma nurses from across the United States and internationally (United Kingdom, United Arab Emirates, Switzerland, Sweden, Saudi Arabia, Qatar, Puerto Rico, Portugal, New Zealand,

Malta, Germany, Denmark, Canada, Brazil and Australia). The STN is governed by an elected board including President, President Elect, Treasurer, and Secretary positions along with seven directors at large and five appointed positions. STN membership structure spans 15 different regions and is supported by Region and State Chair positions. The organization is entirely volunteer based with the exception of the management firm. See the Society of Trauma Nurses webpage at <http://www.traumanurses.org/> for a current region/state chairs and the organizational chart.

## **STN Operations**

Symbiotix Management Strategies (SMS), located in Lexington, Kentucky provides organizational management and meeting services. Basic management includes maintenance of a central office, phone and mail communications, development and monitoring of management systems, policies, maintenance of computer-based fiscal management, monthly financial, membership and program reports, corporate record keeping and archiving, annual budget preparation and maintenance of trademarks, copyrights and STN status as CEU provider. Specific other services include; annual conference meeting management, educational program management for ATCN, TOPIC, Optimal Trauma Center Organization and Management Course and SLIP, membership services including maintenance of current membership database and annual invoicing and processing of membership dues. Communication services include webmaster and management of the STN Listserve, a monthly e-newsletter, conference alerts and special email announcements. Journal of Trauma Nursing responsibilities include coordinating the contract with publisher Lippincott, Williams and Wilkins.

## **STN Membership**

STN members represent a variety of clinical settings including pre-hospital, emergency department, perioperative, intensive care, surgical floors, rehabilitation and outpatient services. Member roles range from Trauma Nurse Coordinators and Trauma Program Managers to bedside clinicians, educators, prevention specialists, researchers, nurse managers, administrators, clinical nurse specialists and advanced nurse practitioners. A 2009 membership survey revealed the majority of members are educated with 41% BSN's and 40% have an advanced degree – the majority being Clinical Nurse Specialists. Ninety percent of our membership have been members for ten years or greater. Fifty-two percent of the membership are Trauma Nurse Coordinators/Program Managers and Performance Improvement Coordinators. Fifty percent of the membership are greater than 50 years old, forty nine percent between the ages of 30 and 49 and only 1.7 percent less than 29 years old.

Members represent all 50 US states, DC and Puerto Rico and fourteen countries. Membership is further enhanced by participation in Special Interest Groups (SIGs) which include Pediatrics, Rural Trauma, Neurotrauma, Legislative, Advance Practice and Injury Prevention

**STN Products**

STN offers a variety of products and services to assist the trauma nurse. The flagship products of STN include the Annual Conference, Journal of Trauma Nursing (JTN), Advanced Trauma Care for Nurses Course (ATCN), Trauma Outcomes Performance Improvement Course (TOPIC), Optimal Trauma Center Organization & Management Course, Senior Lifestyle & Injury Prevention Program (SLIP), electronic library, webinars, resource library and the STN List Serve. All are highly rated services. However, from a financial perspective only ATCN, TOPIC, the electronic library and the Annual Conference sustain positive profit margin (exclusive of administrative overhead allocation) whereas the JTN has sustained a negative profit margin for the past 5 years.

**STN Areas of Primary Focus**

Education	Leadership Collaboration	Research & Clinical Care	Legislation/Public Policy	Membership	Outreach/Injury Prevention
-Annual Conference -JTN -Electronic Library -TOPIC -ATCN -Leadership courses -Optimal Course -SLIP -Webinars	-ACS/VRC collaboration -EAST -HRSA -ATS -Alliance -Pan American Trauma Society -Region / State Chair Structure -AAST -Hartford Institute	-Annual Conference -JTN	-Legislative committee -Legislative SIG -White Papers -Collaboration with ATS -ANSR	-Listserve -Networking opportunities -SIG opportunities -Region/State Chair Structure -Webinars -JTN -Resource Library -Career Center	-Injury Prevention SIG -Injury Prevention collaboration with ACS -SLIP -Trauma Awareness

**STN Internal Analysis**

STN’s strength lies in its superb leadership and organizational staying power. The society has grown quickly over a short period of time due to the insightful knowledge, far reaching networks and insatiable drive of the core leadership group. In contrast, the drain of ambition and energy of the leadership, as well as the diminished ability to scale a heavily volunteer organization has had its drawbacks as the organization experiences growth.

A niche organization for trauma nurses, STN has ample opportunity to expand membership and services however, the decisions for the future must be carefully considered to assure continued success and growth of the organization. In 2009, a SWOT analysis was conducted by the Board of Directors of STN and the APN special interest group. See figure 1 for details of STN strengths, weaknesses, opportunities and threats. Based on this analysis, an operational plan was developed and implemented. This plan can be found on the Society of Trauma Nurses webpage <http://www.traumanurses.org/>.

Figure 1

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<p><u>STN Leadership</u>: knowledge, productivity, and networking capability (5)  <u>International Growth</u> through ATCN (5)  <u>Collaboration</u> with military, EAST, AAST (4)            Strong <u>surgeon</u> support (3)  <u>Membership</u> (3)  <u>Trauma Program Manager</u> role, predominance and influence (2)            Emphasis on <u>trauma system management</u> (2)  <u>STN listserv</u> for networking and communication (5)  <u>Productivity</u> of leadership (3)  <u>Annual conference</u> is premier trauma nursing conference (2)  <u>Educational offerings</u> of TOPIC and ATCN  <u>SMS Management Group</u>  <u>Website redesign</u>  <u>Many special interest groups</u></p> <p><u>Injury Prevention</u>  <u>Program Development</u>  <u>Continuum of Care</u> experience  <u>Only trauma nursing organization in the world</u></p>	<p><u>Volunteer based organization</u> (5) one international board member  <u>Work load imbalance</u> (3)  <u>Availability of funds</u> for multiple projects, data(5)  <u>Lack of grant writing</u> expertise (3)  <u>Geography</u> of leadership (3)  <u>Ability to respond to rapid growth</u>/diverse membership (3)  <u>SIG communication</u>            Lack of <u>marketing expertise</u> among BOD            Lack of a <u>certification process</u> for trauma RN's  <u>Lack of clarity</u> as to who is the customer (staff nurse vs TNC vs manager) (2)            Heavy reliance on "<u>paper products</u>" with admin costs rather than web based products  <u>Crisis oriented</u> (3) – need to prioritize opportunities via strategic plan and utilize to guide planning and decisions            Difficulty <u>matching work to diverse skill</u> sets of members and board (2)  <u>Membership #'s</u> (2)  <u>Information Technology</u>: Web Site updates, SIG communication, customer ease of use (4)  <u>Lots of programs</u>, not enough research on effectiveness  <u>Time</u> by STN leadership and wide variety of members            BOD has <u>limited experience in Finance Management</u> (2)  <u>Project management leadership and accountability</u>  <u>Limited STN budget</u> to support work of board and organization (2)  <u>Journal</u> is not as robust as other journals – not as scientific/evidence based  <u>Board is very insular</u> – very small locus of control  <u>Responsiveness</u> of SMS            Presence in development of <u>health policy</u>  <u>Lack of role clarity (state chairs)</u></p>
<b>OPPORTUNITIES</b>	<b>THREATS</b>
<p>Development of <u>web based</u> products            Development of <u>entry level products</u> aimed at basic trauma nurses both in the US and abroad            Development of <u>advanced level products</u> aimed at NP's            Expand <u>membership</u> and retain membership (2)  <u>Develop levels of leadership</u>, realize geographic opportunities, identify and incorporate different types of trauma nursing leaders (2)  <u>Succession Planning/Create R&amp;R plan</u>  <u>Expand collaboration</u> among new organizations (3)  <u>Partner with other organizations</u> (ENA, AACN) (2)  <u>International growth</u> (educational products, membership, ATCN) (3)            Obtain <u>more grant funding/fed grants</u> (4)            Increased electronic communication, newsletters,</p>	<p>Lack of <u>web based products</u>  <u>Low volume of membership</u> (3)  <u>Low retention</u> (3)  <u>Economy</u> (3)  <u>Health care reform</u>            Other <u>larger organizations</u> (AACN, ENA) (3)  <u>Growth opportunities</u> may be limited due to targeted membership, need to define market potential (3)            Increased competition from other organizations (3)            Size and <u>work load demands</u> of organization may limit interest in future leadership roles (3)  <u>Lack of membership invitation and involvement</u> on projects (3)  <u>Lack of interest</u> by Gen Y and millennials            May lose other <u>nonTPM members</u> if nothing offered for them</p>

education, CEU's, etc. (2)/Offer member on-line p/p <u>Develop more leadership and business training for leaders (4)</u> Increase <u>image/mission/vision</u> to corporate sponsors <u>Revise vision</u> <u>Aggressive advertising</u> of product lines such as the e-library, SLIPS, conference presentations <u>CE's for sigs Pre-conferences</u> <u>Health Policy Reform</u> (wellness, injury prevention) (2) Trauma Nurse Orientation Manual <u>Strengthen SIG and state Chair capabilities</u>	<u>Many other networking opportunities overshadow ours</u> <u>Straying from core competencies</u> <u>Stratification and competition by member subgroups for organization support</u> <u>Leadership vs Management</u> style of governance <u>Lack of focus</u>
--	---

## STN Value Proposition

STN's differentiation from other competing organizations is the trauma program manager orientation of its leaders and membership. This role in turn has fostered collaborative relationships with national and surgical trauma organizations. STN has formed collaborative relationships with the American College of Surgeons (ACS), Eastern Association for Surgical Trauma (EAST), and American Trauma Society (ATS) to name a few. STN's core competencies include the advancement of trauma nursing through education, advocacy, policy development and collaboration.

## STN Industry Competition

Membership in competing organizations is available to trauma nurses in a variety of forms. There are professional nursing organizations that are specialty based such as Emergency Nurses Association, American Association of Critical Care Nurses, Association of Operating Room Nurses and the American Association of Neuroscience Nurses. Additional organizations are multidisciplinary in focus such as the Society of Critical Care Medicine and the American Trauma Society. Benchmarking with these organizations, one sees that STN provides the sole professional society for nurses who specialize in trauma. Many of the STN members belong to more than one of the previously listed organizations.

## Industry Overview

"Trauma" is defined as any severe or life-threatening injury. The national Center for Health Statistics lists trauma among the five leading causes of death in the United States. Trauma kills more people between the ages of 1 and 44 years than any other disease or illness. Nearly 100,000 people of all ages in the United States die from trauma each year, roughly half of them in automobile crashes.

A number of organizations have developed to address the many aspects of trauma care. Topics of concern include injury prevention, legislative advocacy, clinical care issues, and research. Such organizations span the trauma care continuum with multidisciplinary members involved in the pre-hospital, inpatient, outpatient and rehabilitation arenas. Organizations such as the American Trauma Society are strictly trauma focused where as other organizations such as the Emergency Nurses Association have trauma as a niche subspecialty within the scope of emergency care.

## Consumer Analysis

Nursing is the largest health care workforce with 1.4 million nurses based in a hospital setting. Of these, 202,000 nurses staff the Intensive Care Unit, 70,000 nurses work in Step Down, 100,000 staff the Emergency Department and 37,000 nurses are located in the Post Operative setting.

The Nursing profession is changing dramatically. Nurse demographics reveal the average age of a nurse is 45 years with 93% of the workforce predominantly female. Currently, nurse vacancy rates are 13-14% nationally and impending workforce shortages are predicted to be 29% by 2020<sup>1</sup>. Due to baby boomers and increased life expectancy, the nurse shortage will be compounded by an increase in demand of 36% by 2020<sup>2</sup>. Technology innovations, increased patient acuity and complexity and explosions of new medical knowledge have led to a care delivery environment that is morphing at a rapid pace. As well, there is growing concern of quality and safety issues from the public as a whole.

## Competitor Analysis

STN's competitors include the American Association of Critical Care Nurses (AACN), Emergency Nurses Association (ENA), American Trauma Society (ATS) and the Society of Critical Care Medicine (SCCM)<sup>3</sup>. A brief summary of each organization is provided:

- *American Association of Critical Care Nurses*  
AACN is the world's largest specialty nursing organization and very global in scope. Their focus is to educate critical care nurses across a wide variety of medical specialties. Based in Aliso Viejo, California, the membership is over 400,000 with 50 states and two foreign countries represented. The association is governed by an appointed board of directors which includes two outside directors and AACN's CEO. AACN's annual conference, National Teaching Institute (NTI), draws 10,000 nurses for a week long educational experience. AACN is strong in its educational mission offering three certification exams, two journals, email alerts and a number of educational resources for Advanced Practice, Intensive Care Unit, career development, clinical practice, Emergency Department, ethics and a variety of other topics. AACN has approximately 100 paid professional staff to run the corporation. Trauma is a subspecialty focus within the nursing Critical Care arena.
- *Society for Critical Care Medicine*  
SCCM targets the critical care domain with 11,000 multidisciplinary members representing 75 countries. It is the only organization that embodies all professional components of the critical care team including patient care, education, research and advocacy. Members include nurses, physicians, pharmacists, respiratory therapists and other health care professionals. The management structure is governed by an eighteen member council, five

---

<sup>1</sup> US Department of Commerce, Census Bureau

<sup>2</sup> US Department of Commerce, Census Bureau

<sup>3</sup> Data compiled from websites and association members, 2009

of which reside on the executive council. The organization is headquartered in Chicago with a paid professional staff of 40 people. SCCM offers an annual conference with an attendance of over 5,000. Additionally they have a foundation to secure funding for research and education. Their product offerings are numerous including books, three journals, electronic news email alerts, CD's, slides, and tapes. Educational offerings include a Fundamental Critical Care Support Course. Trauma is a subspecialty in the overall focus of Critical Care.

- *American Trauma Society*

The American Trauma Society (ATS) exists to serve trauma professionals and community members whose focus is eradication and management of trauma as a disease. There are 2,000 members who represent the entire spectrum of trauma providers including trauma surgeons, trauma nurse coordinators, trauma registrars, trauma social workers, pre-hospital personnel, trauma survivors and corporations interested in trauma care. ATS focus is injury prevention, advocacy and awareness and is located in Upper Marlboro, Maryland. There are 26 board members. Their educational framework resides in a variety of formats and is heavily weighted towards injury prevention materials and programs. ATS offers courses for trauma coordinators and trauma registrars with the focus of assimilating a trauma center and incorporating processes for trauma systems management. Additionally, ATS offers a certification exam for trauma registrars. ATS has an annual three day conference. Information is disseminated through a quarterly newsletter, online Trauma Watch, and a Trauma Information Exchange Program. Educational offerings include Trauma Survivors Network, TIIDE and 2<sup>nd</sup> Trauma.

- *Emergency Nurses Association*

The Emergency Nurses Association (ENA) is the only professional nursing association dedicated to defining the future of emergency nursing and emergency care through advocacy, expertise, innovation and leadership. Founded in 1970, ENA serves as the voice of more than 32,000 members and their patients through research, publications, professional development, injury prevention, and patient education. Additional information is available at ENA's website at [www.ena.org](http://www.ena.org). The association is located in Chicago, Illinois and the management structure consists of 11 board members and 60 paid staff. ENA offers a three day annual meeting with over 3,000 nurses in attendance as well as a newsletter and Journal of Emergency Nursing. The organization has a number of products including books, multimedia courses, prevention information, booklets, and shirts. Education programs include Emergency Nurse Pediatric Course (ENPC), Trauma Nursing Core Course (TNCC) and Course in Advanced Trauma Nursing (CATN). ENA provides two certifications exams; Certified Emergency Nurse (CEN), and Certified Flight Registered Nurse (CFRN).

## STN Market Segmentation, Targeting and Positioning

STN's target market segment is the trauma nurse leadership cohort. Trauma Leadership is defined as:

- Nurses who hold a management position in a provider institution, such as a Trauma Program Manager or a Trauma Administrator.
- Advanced Practice Nurses in the area of trauma.
- Nurses who hold a state or health care system position.
- Nurses involved in the education of trauma nurses.
- State and regional representatives of trauma nurses.
- Nurse Managers involved in administration of trauma programs.

The organization has developed over time with the primary focus being the Trauma Nurse Coordinator (TNC) and Trauma Program Manager (TPM) roles. Below is a list of members by function title as of October 2010:

17	Staff nurse-pre-hospital (ground/aeromedical)
12	Staff Nurse-emergency department/pediatric ED
0	Staff Nurse-perioperative (OR or PACU)
4	Staff Nurse-ICU/PICU
3	Staff Nurse-Med/Surg Floor
12	Case manager
92	Clinical Nurse Specialist
66	Advanced Practice Nurse
1	Physician's Assistant
32	Educator
361	Trauma Coordinator/Manager
92	Trauma Director/Administrator
24	Trauma System Manager/Administrator
17	Trauma Registrar
23	PI Coordinator
7	Outreach Coordinator
18	Injury Prevention Coordinator/Manager
4	Researcher
0	Forensics Nurse
2	Consultant
123	Other
372	No functional title provided
<b>1282</b>	<b>TOTAL</b>

It is important for STN to realize membership growth opportunities given additional trauma nurse demographics and roles. Based on statistics derived from various sources it is estimated that the trauma nurse market is 1600-1800.<sup>4</sup>

---

<sup>4</sup> Estimates based on 2-3 trauma nurse leaders for Level 1 and 1-2 trauma nurse leaders for Level 2 Centers, 1 for Level 3 and 4 as well as additional trauma staff nurses, NP's and the like.

Table 2:

**Trauma Centers by State or Regional Designation/Certification and ACS Verification Status by Level of Trauma Care<sup>5</sup>**

<b>Level of Center</b>	<b>State Designated: Not ACS Verified</b>	<b>State Designated: ACS Verified</b>	<b>ACS Verified</b>	<b>All Centers</b>
I	96	77	30	<b>203</b>
II	153	91	27	<b>271</b>
III	353	19	20	<b>392</b>
IV/V/Unspecified	762	3	0	<b>765</b>
Pediatric Only	23	12	8	<b>43</b>
<b>All</b>	<b>1387</b>	<b>202</b>	<b>85</b>	<b>1674</b>

Note: A trauma center is a hospital that is designated by a state or local authority or is verified by the American College of Surgeons.

STN's marketing strategy consists of the following components:

- Segmentation: Nursing
- Targeting: Trauma Program Managers, Trauma Nurse Coordinators, Trauma Nurse Practitioners, Trauma Educators, Trauma Nurse Managers, Performance Improvement Coordinators, Trauma Research Nurses, Regional and State Trauma Coordinators, Trauma clinical nurse leaders
- Positioning: STN provides the only niche organization for trauma nurse leaders. Core competencies focus on trauma system management, education, leadership, performance improvement, and advanced clinical applications for trauma. Differentiating STN is a valuable information conduit and networking medium that continues to provide cutting edge, up to date and real time information to the many trauma nurse leaders both nationally and internationally.

Marketing Mix

- Products: Annual Conference, Journal of Trauma Nursing (JTN), Advanced Trauma Care for Nurses Course (ATCN), Trauma Outcomes Performance Improvement Course (TOPIC), Optimal Trauma Center Organization & Management Course, Senior Lifestyle & Injury Prevention Program (SLIP), electronic library, webinars, resource library, Logo items and the STN List Serve.
- Place: STN website, brochures, website, email, Enewsletter, direct interaction when teaching or hosting events via the internet or thru state, regional and/or national offerings, thru partnerships and collaboration with related organizations.
- Promotion: Communication via brochures, website, email, Enewsletter, direct interaction when teaching or hosting events via the internet or thru state, regional

<sup>5</sup> Trauma Information Exchange Program, report generated 8/3/2010

and/or national offerings, advertising thru various methods, thru partnerships and collaboration with related organizations.

- Price: STN plans to benchmark its prices and offerings compared to competition

## **Organizational Goals and Objectives (2 years)**

### **1) Goal: Establish STN as the Recognized Leader and Premier Trauma Nursing Organization Worldwide.**

Objectives:

- A. Build partnerships and/or strengthen relationships with other organizations (ACS, EAST, AAST, ATS, NHTSA, government, etc.)
- B. Determine market potential and membership growth plan, expand scope (possibly include corporate or associate members)

Strategies and actions:

- A. Expand our scope of influence and recognition
- B. Formalize process for partnerships (EAST, ACS etc), create liaisons
- C. Author position statements
- D. Establish marketing plan to capture 85 % of market segments
- E. Redesign government and legislation communication
- F. Address strategy for world wide market

Performance metrics:

- A. Review membership metrics and segmentation capture
- B. Review membership metrics outside of USA
- C. Detail STN partnerships
- D. List and archive position statements

### **2) Goal: Establish the Highest Quality Educational Resources for Trauma Nurses**

Objectives:

- A. Review current portfolio and content delivery methods
- B. Explore new ways to deliver education
- C. Consider additional revenue opportunities through education projects
- D. Consider moving annual conference location

Strategies and actions:

- A. Benchmark competition with regards to educational offerings and pricing
- B. Explore certification options
- C. Investigate addition of SLIPS or PHTLS as core modules
- D. Strengthen relationship of education and SIGs
- E. Redesign logo

Performance metrics:

- A. Prepare business plan and/or cost/benefit analysis for identified new projects

### **3) Goal: Diversify Communication Resources**

#### Objectives:

- A. Website improvement and optimization for membership
- B. Provide for SIG communication
- C. Explore education delivery via the internet
- D. Evaluate List Serv

#### Strategies and actions:

- A. Create website taskforce
- B. Involve SIGS and determine needs such as job postings/career track info
- C. Look into trauma nurse response tie in disaster SIG and fed money
- D. Integrate database with website. Explore back end costs and priorities
- E. Explore education via core modules on the web

#### Performance metrics:

- A. Survey membership post website improvement implementation
- B. Create customer satisfaction survey, record web usage and hits

### **4) Goal: Develop an Organization Wide Leadership Development Track for STN**

#### Objectives:

- A. Develop an on-line leadership institute

#### Strategies and actions:

- A. Present the concept of the leadership institute at the October board meeting
- B. Kick off the institute at the Annual Conference
- C. Have a leadership meeting at the annual conference
- D. Develop 12 modules in a variety of venues (powerpoint, webinar, book club) that will roll-out every month
- E. Offer the first “class” by invitation as a pilot to evaluate the effectiveness of the program with an expectation that the next class could start at the beginning of the module 3 months after the start of the first class
- F. Extensive evaluation of the pilot program to ensure that the program will meet the needs of the organization and membership

#### Performance metrics:

- A. Leadership speaker at the annual conference
- B. Leadership meeting at the annual conference
- C. Monthly additions to the leadership institute with 25 members completing the series from May 2010-March 2011

## **5) Goal: Assure the Financial Viability of the STN Organization**

### Objectives:

- A. Determine revenue generating opportunities
- B. Broaden and increase membership
- C. BOD training regarding financial statements and accounting methods
- D. Establish reserve policy
- E. Retain 80% of current members

### Strategies and actions:

- A. Analyze and implement selected revenue generating opportunities
- B. Include financial sessions during in person board meetings
- C. Develop web site, JTN News and Notes section, other membership strategies to support Region State Chairs
- D. Benchmark products to ensure pricing is competitive and product line sufficient
- E. Plan succession strategies
- F. Market STN to Trauma Nursing Leaders; target membership recruitment through state chapters, consider associate memberships for students/vendors

### Performance metrics:

- A. Report annual membership statistics and review quarterly: new members and % growth, member renewal % vs. non renewal %, membership segmentation and growth, # of members involved in committees
- B. Review margins: determine negative margin projects
- C. Review budget