



ILCOR

2016-2020 Strategic Plan:

Saving More Lives Globally Through Resuscitation

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Message From the Co-Chairs

The International Liaison Committee on Resuscitation (ILCOR) is pleased to present our 2016-2020 Strategic Plan, *Saving More Lives Globally Through Resuscitation*. The 2016-2020 Strategic Plan builds on the foundation of the Resuscitation Giants and the visionary founding resuscitation scientists on whose shoulders we stand, as well as the success of our 2011-2015 business plan.

As we continue to improve resuscitation science, practice, and outcomes locally, internationally, and globally, our strategic plan recognizes the importance of leadership, innovation, collaboration, and the continuous pursuit of excellence. This plan lays the foundation to facilitate our steadfast evolution from an international to a global organization. We commit to strategically prioritize a continuous and transparent evidence evaluation process. We have reconfirmed and expanded our vision, mission, and values that guide us. As guideposts on our road map, we have established 4 key strategic pillars:

- Leadership, Mentorship, and Accountability
- Membership and Partnerships
- Continuous Evidence Evaluation
- Research and Registries

The 2016-2020 Strategic Plan is the culmination of a planning process that began in 2015 and has included the ongoing commitment and oversight of our Core Planning Committee, leadership from our working group co-chairs and council members, and invaluable input and advice from retreat participants.

We deeply appreciate the Core Planning Committee's collaborative approach and dedication to developing the plan. We are grateful for the commitment and leadership of all past and present ILCOR co-chairs, our task force co-chairs, and council members for contributing their time and sharing their insights and for their ongoing support as we pursue our ambitious goals. We are also grateful to our strategy consultants at Axler and Associates, Helena Axler and Dr. Nancy Kraetschmer, for their expertise in guiding us throughout the process. ILCOR's success is the result of the passion, dedication, and commitment of many people. We are especially grateful for Dr. Bill Montgomery's steadfast vision, mentorship, and coordinating oversight throughout this process. We greatly appreciate and acknowledge all member councils who contributed financial support to ILCOR during the past 5 years and the generous provision of staff support from the European Resuscitation Council and the American Heart Association.

We anticipate with excitement the opportunity to continue to strategically collaborate with and grow our international community as we pursue our next-generation shared vision.



Dr. Gavin Perkins
Co-Chair



Dr. Vinay Nadkarni
Co-Chair



Dr. Robert Neumar
Co-Chair-Elect

Executive Summary

ILCOR was formed in 1992 to create a forum for collaboration among principal resuscitation councils worldwide. Since then, ILCOR has established and distinguished itself for and by its pioneering vision and leadership in resuscitation science. In 2015, ILCOR's Co-Chairs, Dr. Vinay Nadkarni and Dr. Gavin Perkins, launched a comprehensive strategic planning process coordinated by Dr. Bill Montgomery to develop ILCOR's 5-year strategic plan. The 2016-2020 Strategic Plan builds on the work of the Resuscitation Giants and visionary founding resuscitation scientists whose shoulders we stand on, as well as the success of our 2011-2015 business plan. The plan refines ILCOR's vision, mission, and values outlined below.

Vision:	Saving more lives globally through resuscitation
Mission:	To promote, disseminate, and advocate international implementation of evidence-informed resuscitation and first aid, using transparent evaluation and consensus summary of scientific data
Values:	Scientific rigor, collaboration, diversity, integrity, accountability, communication and transparency, and responsiveness

The strategic plan is composed of 4 strategic pillars with clearly defined outcome goals.

Strategic Pillar	Expected Outcomes
Leadership, Mentorship, and Accountability	<ul style="list-style-type: none">• High-performing organization• Increased satisfaction among volunteers• Succession planning and mentorship of well-prepared volunteers and leaders• Informed and contributing public
Membership and Partnerships	<ul style="list-style-type: none">• Expanded geographic membership• Clear criteria and process for membership and participation in ILCOR• Increased partnerships and collaborations• Enhanced patient and public involvement in ILCOR activities
Continuous Evidence Evaluation	<ul style="list-style-type: none">• Implementation of effective and efficient continuous evidence evaluation process• Dissemination of scientific evidence evaluations and treatment recommendations to councils and key stakeholders on a timely basis• Integrated and high-performing task force and domain lead structure
Research and Registries	<ul style="list-style-type: none">• Synthesis of out-of-hospital cardiac arrest (OHCA)/in-hospital cardiac arrest (IHCA) registries worldwide• Increased international research collaborations• Enhanced understanding of existing epidemiology of OHCA/IHCA and associated trends• Measurement and reporting of progress toward the vision of saving more lives globally through resuscitation

A number of enabling strategies are also proposed to ensure that we achieve the expected outcomes. These focus on optimizing our (1) operations, infrastructure, and core processes; (2) communication and branding; and (3) funding and sustainability.

Overall, the ILCOR 2016-2020 Strategic Plan sets forth an ambitious, yet feasible, strategic plan supported by specific goals and actions across 4 strategic pillars and enabling strategies. To ensure that we are successful in achieving our goals, we have established the appropriate oversight of implementation and have committed to measuring and reporting our progress. We are proud of and excited by this plan and are committed to communicating and sharing it broadly so that the resuscitation community and public understand our direction for the next 5 years. Together, we will achieve our 5-year vision of *saving more lives globally through resuscitation*. In addition, we will lay the foundation for ILCOR to evolve from an international to a global impact.

Introduction

ILCOR was formed in 1992 to create a forum for collaboration among principal resuscitation councils worldwide. Although the criteria for participation were not explicitly defined, member organizations were expected to have created resuscitation guidelines and disseminated training, preferably for more than one country, and to be multidisciplinary in membership.

By systematically assessing the evidence for resuscitation standards and guidelines and by identifying national and regional differences, ILCOR reached consensus on international resuscitation guidelines in 2000 and on international science and treatment recommendations in 2005, 2010, and 2015. However, local variation and contextualization of guidelines are evident by subtle differences in regional and national resuscitation guidelines. ILCOR's efforts to date have enhanced international cooperation and progressively more transparent and systematic collection and analysis of pertinent scientific evidence. Going forward, this sets the stage for ILCOR to pursue its bold vision to save more lives globally through resuscitation.

The 2016-2020 Strategic Plan reaffirms ILCOR's longstanding commitment to leadership and excellence in resuscitation. We have strategically expanded our vision and mission and have explicitly stated the core values that guide us.

The plan identifies the strategic pillars, goals, and actions necessary to maintain and advance ILCOR as the distinctive global leader in resuscitation. Through creative and ambitious thinking, the plan conveys how we can strengthen infrastructure and activities to achieve our goals efficiently, leverage expert leadership of working groups led and contributed to by member councils, and broaden ILCOR's impact on measured resuscitation process, systems of care, and patient outcomes.

Successful implementation of the plan requires commitment and collaboration among ILCOR and constituent councils, and strategic partners. To kick-start implementation, the plan identifies key strategic implementation priorities for the next 12 to 18 months. To measure progress, the plan includes key performance indicators. We hold ourselves accountable and are committed to monitoring and reporting our progress in achieving our goals to our constituent councils, strategic partners, stakeholders, and the public.

Member Organizations

- American Heart Association (AHA)*
- European Resuscitation Council (ERC)*
- Heart and Stroke Foundation of Canada (HSFC)*
- Resuscitation Council of Southern Africa (RCSA)*
- Australian and New Zealand Committee on Resuscitation (ANZCOR)
- InterAmerican Heart Foundation (IAHF)
- Resuscitation Council of Asia (RCA)

**Founding members*

The Planning Process

In 2015, ILCOR's Co-Chairs, Dr. Vinay Nadkarni and Dr. Gavin Perkins launched began a comprehensive strategic planning process coordinated by Dr. Bill Montgomery to develop an ILCOR's 5-year strategic plan.¹ Through the planning process, we:

- Established a Core Planning Committee that oversaw the development of the plan, determined the broad objectives, and confirmed the planning process
- Conducted a stakeholder survey to gather insights and input on key strategic questions: ILCOR's strengths, weaknesses, opportunities, and threats; preferred future; and values
- Created 6 working groups² to identify trends, issues, goals, priorities, and recommendations, with each group focusing on one major theme area of interest: research and registries; continuous evidence evaluation; expanded membership, participation and advocacy; task force structure and composition; core processes, operations, and infrastructure; and funding and sustainability
- Held a planning retreat in February 2016 with over 40 delegates and non delegates³ from all member councils who discussed and debated ILCOR's strategic goals, actions, and priorities for the 5-year horizon
- Collaborated with the working group leaders and the Core Planning Committee to bring forward a final strategic plan for approval by the General Assembly by July 2016

Our refreshed strategic plan sets forth our shared vision to deliver world-class continuous evaluation of resuscitation science. In doing so, we will support the development of the next generation of resuscitation scientists whilst developing partnerships with patients and communities that expand our global footprint to save more lives through resuscitation.

Dr. Gavin Perkins, ILCOR Co-Chair

Core Planning Committee

- Dr. Richard Aickin
- Dr. Jack Billi
- Dr. Clif Callaway
- Dr. Maaret Castren
- Dr. Brian Eigel
- Dr. Raffo Escalante
- Dr. Lana Gent
- Ms. Mary Elizabeth Harriman
- Ms. Mary Fran Hazinski
- Dr. Swee Han Lim
- Dr. Koen Monsieurs
- Dr. Bill Montgomery
- Dr. Peter Morley
- Dr. Laurie Morrison
- Dr. Vinay Nadkarni
- Dr. Robert Neumar
- Dr. Jerry Nolan
- Dr. Gavin Perkins
- Mr. David Stanton
- Dr. Andrew Travers
- Mr. Bart Vissers

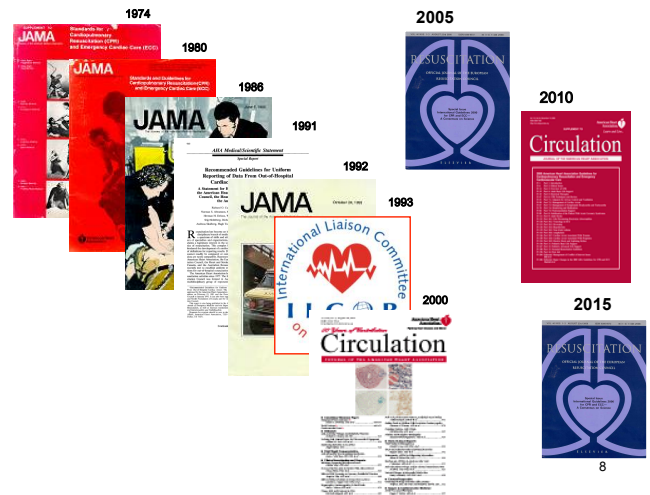
¹In February 2016, Dr. Robert Neumar was elected ILCOR's new co-chair and joined the leadership team of the strategic planning process.

²See Appendix 1 for working group membership; working group reports are available as supplementary appendices.

³See Appendix 2 for list of retreat participants.

Building on Our Achievements

The ILCOR 2016-2020 Strategic Plan builds on the work of the Resuscitation Giants and other visionary scientists and is highlighted by the following ILCOR achievements:



Evidence Evaluation

- Published 22 scientific advisory statements with the goal of endorsing evidence-based resuscitation science
- Developed and published the *International Consensus on Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) Science With Treatment Recommendations (CoSTR)* in 1992, 2005, and 2010
- Published the 2015 CoSTR; evaluated approximately 150 000 medical and scientific articles to answer nearly 170 PICO (population, intervention, comparator, outcomes) clinical and education questions

Collaboration

- Established 7 member councils representing 95 countries
 - American Heart Association (AHA); European Resuscitation Council (ERC); Heart and Stroke Foundation of Canada (HSFC); Resuscitation Council of Southern Africa (RCSA); Australian and New Zealand Committee on Resuscitation (ANZCOR); InterAmerican Heart Foundation; and Resuscitation Council of Asia (RCA)
- By 2015, managed 7 task forces with representation from 129 resuscitation experts across 22 countries
 - Basic Life Support; Advanced Life Support; Acute Coronary Syndromes; Pediatric Life Support; Neonatal Resuscitation; Education, Implementation, and Teams; and First Aid
- Convened 27 official international meetings between 1992 and 2015, including 4 major international consensus conferences in Dallas, Texas, in 1992, 2005, 2010, and 2015
- Engaged more than 1160 resuscitation experts across 85 countries since ILCOR's inception in 1992
 - For example, the 2015 International Consensus Conference on CPR and ECC Science With Treatment Recommendations represented the work of the world's resuscitation experts: over 230 doctors, nurses, public health professionals, scientists, and researchers representing 39 countries. This resulted in publication in *Resuscitation* and *Circulation* (on October 15, 2015) of the 2015 CoSTR (Nolan JP, Hazinski MF, Aickin R, et al. Part I: executive summary: 2015 International Consensus on CPR and ECC Science With Treatment Recommendations. *Resuscitation*. 2015;95:e1-e32 and Hazinski MF, Nolan JP, Aickin R, et al. Part I: executive summary: 2015 International Consensus on CPR and ECC Science With Treatment Recommendations. *Circulation*. 2015;132(16)(suppl 1):S2-S39). Public comment was invited from over 500 000 individuals on the emerging consensus on science with treatment recommendations (www.ilcor.org/seers), and over 500 were received. Approximately 16 000 “hits” were received on the top PICO questions during the draft process.

Education and Training

- Provided official ILCOR presentations at scientific congresses in more than 22 countries
- Provided the evidence that supported the development of resuscitation guidelines, training courses, and materials for ILCOR member council countries

Research

- Enabled scientists to speak a common language and report findings consistently through the publication of 8 Utstein reporting templates for cardiac arrest
- Identified, prioritized, and published gaps in research evidence to stimulate new research

Utstein Abbey, 1990

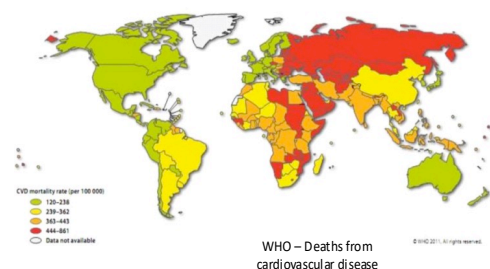


Our Changing Environment

For ILCOR to remain relevant and ensure leadership and excellence in resuscitation, we need to be responsive to our current and future environment.

- **Rising demand for high-quality and timely consensus on science with treatment recommendations:** Resuscitation science is evolving rapidly as well as the technology to enable rapid dissemination and measurement of success metrics. ILCOR must continue to lead by delivering high-quality evidence evaluations and providing timely consensus on science with treatment recommendations so that policy makers, councils, healthcare professionals, patients, and families have access to the most current evidence to inform care. This drives the commitment to transition from episodic to a near-continuous evidence evaluation process.

Global health



- **Cardiovascular disease (CVD) deaths:** According to the World Health Organization, CVDs are the number 1 cause of death globally.⁴ The number of deaths due to CVDs increased by 41% between 1990 and 2013, climbing from 12.3 million to 17.3 million deaths.⁵ Over 75% of CVD deaths take place in low- and middle-income countries. Sudden cardiac death from cardiac arrest is a major international public health problem, accounting for an estimated 15% to 20% of all deaths.⁶ Estimates of the incidence of emergency medical services (EMS)–assessed OHCA in various continents range from 53 to 112 per 100 000 (see figure below).⁷

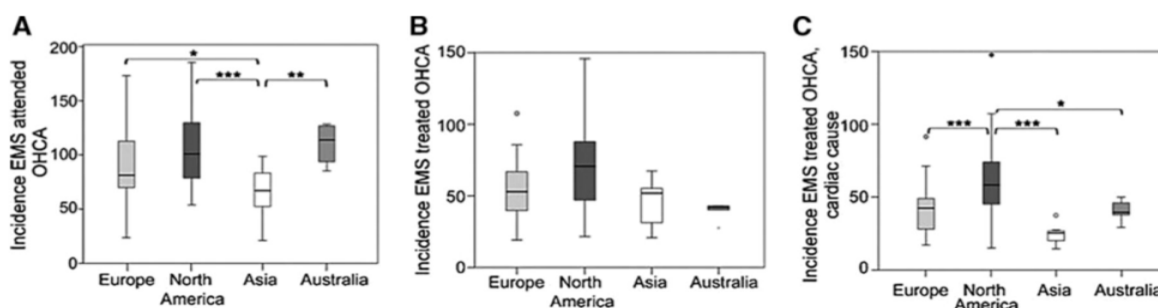


Figure. A, Incidence rates of EMS-attended OHCA. B, Incidence rates of EMS-treated OHCA. C, Incidence rates of EMS-treated OHCA of presumed cardiac cause. Incidence is per 100 000 person-years.⁶

- **Growing pressures to extend global reach:** Cardiovascular disease death is a global issue, and ILCOR has the lowest impact in regions with the highest rates of CVD. Currently, ILCOR does not represent all regions, and in some regions, participation is limited to relatively few countries. To align with our vision, we need to progressively and strategically expand our geographic reach and embrace opportunities to save more lives through our consensus on science and treatment recommendations, partnerships, and advocacy, as well as surveillance of incidence, outcomes, and implementation of best practices and locally optimized systems of care. Many regions without ILCOR representation have large populations with a significant burden of CVD.
- **Increasing patient and public engagement:** There is a global healthcare sector trend to embrace and engage patients and the public. We recognize the value of including patients and families in the full breadth of our activities to help us achieve our vision and mission.

⁴Cardiovascular disease. World Health Organization website. http://www.who.int/cardiovascular_diseases/en/. Accessed December 9, 2016.

⁵Roth G, Forouzanfar M, Moran A, et al. Demographic and epidemiologic drivers of global cardiovascular mortality. *N Engl J Med*. 2015;372(14):1333-1341.

⁶Hayashi M, Shimizu W, Albert CM. The spectrum of epidemiology underlying sudden cardiac death. *Circ Res*. 2015;116(12):1887-1906.

- **Constrained funding environment and rising costs:** Reliance on funding from 1 main sponsor, the AHA, and staff support for financial management from the ERC for business operations and to achieve ILCOR's mission is a risk that needs to be mitigated by exploring new revenue-generating opportunities.
- **Heightened expectations for accountability:** ILCOR will be expected to demonstrate impact on scientific discovery, knowledge exchange, and quality of care and patient outcomes. Setting up a mechanism to monitor, report, display, and share success metrics will be essential to the long-term sustainability of the organization.
- **Increasing social media and technology:** Over the past decade, there has been tremendous spread of technology. Technology is being leveraged to connect people and scientists, and it is essential that ILCOR be strategic and proactive in how it uses technology to support its work.

ILCOR's Vision, Mission, and Values

An integral component of developing our 2016-2020 Strategic Plan was reviewing and updating our vision, mission, and values. These statements serve as a compass for ILCOR as it embarks on the strategic directions outlined in this plan.

Vision

Saving more lives globally through resuscitation

Mission

To promote, disseminate, and advocate international implementation of evidence-informed resuscitation and first aid, using transparent evaluation and consensus summary of scientific data

We fulfill this mandate by

- Rigorous and continuous review of scientific literature focused on resuscitation, cardiac arrest, relevant conditions requiring first aid, related education, implementation strategies, and systems of care
 - Publishing regular and ongoing consensus on science with treatment recommendations
 - Collaborating with others to facilitate knowledge dissemination and exchange, inform effective education and training, and implement and share trusted evidence-informed resuscitation practices
 - Enhancing capacity through mentorship and fostering the next generation
 - Leading the international resuscitation research agenda to address gaps in knowledge and promote funding related to resuscitation and relevant first aid practices
 - Encouraging engagement of patients, families, and the public as partners in our activities
 - Monitoring and reporting incidence, process of care, and outcomes to improve patient care
 - Building the foundation to evolve from an international to a global impact
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Values

- **Scientific rigor:** We deliver the highest-quality continuous evaluation of relevant science and timely consensus on science with treatment recommendations.
- **Collaboration:** We promote an inspiring, respectful, mentoring, and collegial environment that fosters productive relationships and networks with global partners.
- **Diversity:** We embrace a broad range of cultures, disciplines, and perspectives.
- **Integrity:** We place integrity at the core of our processes and relationships and manage conflict of interest and potential or perceived bias in all our endeavors.
- **Accountability, communication, and transparency:** We are transparent in our conduct of business, methodology, recommendations, communications, and actions.
- **Responsiveness:** We are sensitive to local, national, international, and global contexts.

Strategic Pillars and Enabling Strategies

To achieve our vision and mission, we identified 4 strategic pillars and 3 key enabling strategies that are presented below.

Strategy Map

Vision

Save more lives globally through resuscitation

Mission

To promote, disseminate, and advocate international implementation of evidence-informed resuscitation and first aid, using transparent evaluation and consensus summary of scientific data

Strategic Pillars

Leadership, Mentorship,
and Accountability

Membership and
Partnerships

Continuous Evidence
Evaluation

Research and
Registries

Enabling Strategies

Operations, Infrastructure, and Core Processes
Communication and Branding
Funding and Sustainability

Strategic Pillar 1: Leadership, Mentorship, and Accountability

Strong leadership is essential to ILCOR's continued success and to our ability to implement our strategy. As an international organization with aspirations to sustain relevance and global impact, we know that it is imperative that we have inspiring and capable leadership to address local, national, international, and global environments.

With our leadership role in resuscitation science and as a volunteer-based organization, we can enhance leadership capacity through mentorship and fostering the next generation of resuscitation leaders.

In addition, just as accountability is a key component of healthcare internationally, as an organization we embrace accountability and transparency. We hold ourselves accountable to our volunteers, health professionals, our councils, funders, patients and families, the public, and other key stakeholders to deliver on our strategic priorities and actions.

Expected Outcomes

- High-performing organization
- Increase satisfaction amongst volunteers
- Pipeline of well-prepared volunteers and leaders
- Informed and contributing public

Goals	Action Steps
1-1 Renew ILCOR's organizational structure and leadership to optimize implementation of and accountability for the strategic plan directions and goals	<ul style="list-style-type: none"> • Hire an executive director plus appropriate administrative coordinator and secretarial support (coordinator, administrative assistant) • Review organizational structure and leadership in response to key priorities outlined by the working groups and strategic plan • Review and align task force structures in collaboration with continuous evidence evaluation • Develop and implement performance measurement framework • Create a Nominations Committee with members to be appointed by the Executive Committee. The Nominations Committee will nominate task force co-chairs, task force members, and domain leads to be approved by the General Assembly
1-2 Update Articles of Incorporation and Bylaws to support operational excellence	<ul style="list-style-type: none"> • Conduct an in-depth analysis of the Articles of Incorporation and Bylaws and revise as necessary to support strategic priorities
1-3 Build capacity by nurturing and supporting aspiring leaders through mentorship activities	<ul style="list-style-type: none"> • Undertake a needs assessment to determine current and future capacity needs as it relates to the number of volunteers needed to support ILCOR's work and leadership development • Develop a capacity-building plan, including succession planning • Formalize a mentorship plan and track activities • Provide opportunities for leadership development • Recognize and reward volunteers
1-4 Promote, disseminate, and advocate for optimal resuscitation and first aid practices globally	<ul style="list-style-type: none"> • Develop a framework for knowledge exchange and dissemination • Develop a stakeholder map focused on advocacy

Strategic Pillar 2: Membership and Partnerships

To advance ILCOR's vision and mission, we are committed to strengthening and expanding ILCOR's connection to the international resuscitation community and to strategically partner with others (eg, World Health Organization). Broadening our international and global representation will bring a better evidence evaluation perspective on treatment recommendations to ILCOR and allow us to have a greater impact in countries or regions with the highest incidence of CVDs.

Moving from an international to a global impact requires us to expand the geographic reach of our consensus on science and treatment recommendations, and it stretches our capabilities and resources. Our long-term goal is to substantially expand our international resuscitation community to include regions that are not represented and regions where participation is limited to relatively few countries in the region. These regions with high incidence of CVDs represent opportunities for significant individual health and health system resource utilization improvements by way of evidence-based approaches to resuscitation while addressing regional health challenges. For the shorter term (next 5 years), there was acknowledgement that incremental expansion with strategic international partners would lead toward a more ambitious global footprint in the future.

At the February 2016 ILCOR strategic planning retreat, there was unanimous agreement to strategically expand international membership, with a spread to resource-limited global targets on a longer horizon.

Expected Outcomes

- Expanded geographic membership
- Clear criteria and process for membership and participation in ILCOR
- Increased partnerships and collaborations
- Enhanced patient and public involvement in ILCOR activities

Goals	Action Steps
2-1 Strategically expand international membership	<ul style="list-style-type: none">• Develop and implement a plan to strategically expand membership, including criteria for selection, expanded membership options, and transparent terms• Review and incorporate learning from recent new membership application processes, eg, applications from Arab Resuscitation Council, International Red Cross• Establish a development/mentoring relationship with applicant organizations that do not currently meet criteria or have resources for immediate full ILCOR membership• Review and revise Articles of Membership and seek approval at ILCOR General Assembly (see Goal 1-2)• Develop and implement communication/dissemination strategy
2-2 Expand public consultation within various stages of evidence review and CoSTR production	<ul style="list-style-type: none">• Define roles of individual member council vs ILCOR for patient and public engagement• Continue development of online and other channels for public feedback at various points in CoSTR process• Develop process for lay advocate representation within task force discussions and at the ILCOR table
2-3 Expand topical reach	<ul style="list-style-type: none">• Establish a partnership model with the World Health Organization and similar organizations for collaboration and sharing of expertise

Strategic Pillar 3: Continuous Evidence Evaluation

We are committed to implementing a continuous evidence evaluation process to ensure timely delivery and dissemination of the highest-quality resuscitation science evidence evaluation and consensus on treatment recommendations. It is essential that all members of the resuscitation community—policy makers, organizations, healthcare professionals, patients, and the public—are able to easily access the most current evidence and care guidelines in a timely manner. Although we are proud of our legacy and prior approach to evidence review and evaluation and the commitment of the ILCOR task forces—which were integral to the batch-and-queue approach over the past 5-year cycles—we acknowledge the need for a progressive and comprehensive transition to a near-continuous process of review and dissemination. Furthermore, we must have greater patient and public consultation and involvement at multiple stages in the process.

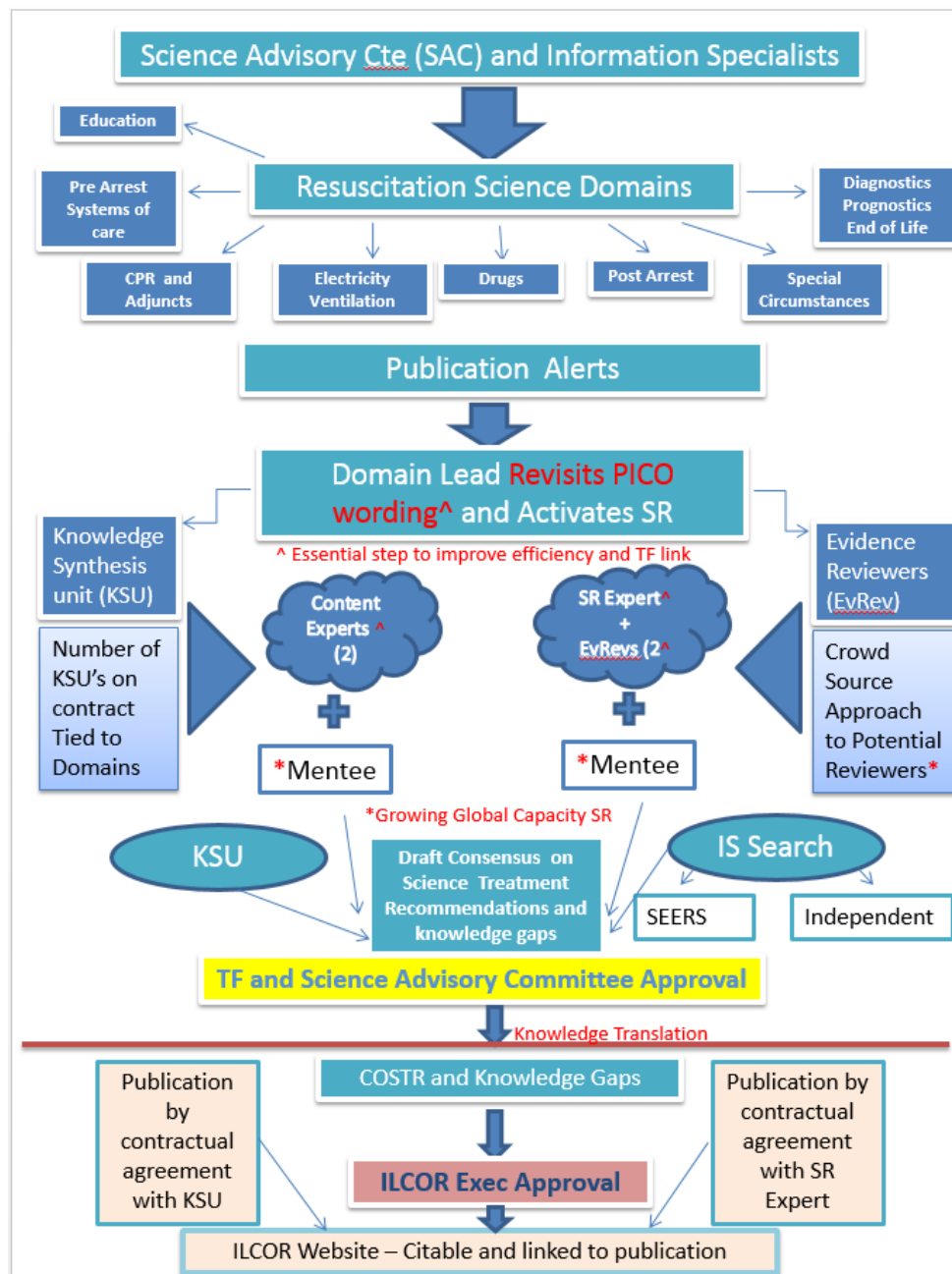
In 2011, ILCOR adopted a move to a continuous evidence evaluation process and has spent the past 4 years creating the infrastructure to support it. During this time, ILCOR also implemented GRADE (Grading of Recommendations Assessment, Development, and Evaluation) expertise and infrastructure. The 2015 CoSTR describes our anticipated transition from a 5-year cycle of evidence review to a near-continuous evidence evaluation process.

Our evolving continuous evidence evaluation process will be a “hybrid approach” that strategically leverages the anticipated methodologic expertise of knowledge synthesis units (KSUs) and expert systematic reviewers (SRs) with the content and clinical expertise of our task forces and domain member experts. This approach requires rapid revision of our existing structure and functions to ensure that there is integration between the long-established task forces and the new continuous evidence evaluation functions. The scope of resuscitation science will be divided into content areas called *domains* to allow for an integrated approach to review by task forces. The goals that follow reflect collaboration between the strategic planning Continuous Evidence Evaluation (CEE), Task Force, and Structure Working Groups.

Expected Outcomes

- Implementation of effective and efficient continuous evidence evaluation process
- Scientific evidence evaluations and treatment recommendations disseminated to councils and key stakeholders on a timely basis
- Integrated and high-performing task force and domain lead structure

High-quality continuous evidence evaluation is ILCOR’s core business, just as task force member expertise and member council commitment are ILCOR’s lifeblood. Working together seamlessly will ensure that ILCOR continues to flourish and save lives worldwide.



Continuous Evidence Evaluation Definitions

- **CEE WG (Continuous Evidence Evaluation Working Group):** A group appointed by ILCOR executive to implement the strategic plan for continuous evidence evaluation
- **SAC (Science Advisory Committee):** An oversight committee that will replace the CEE WG
- **Domains:** Topics across task forces that are grouped by search strategy to enable efficient publication alerts prioritization of topics based on potential impact of new publications
 - **Domain leads:** Oversee a content area through publication alerts and ensure compliance with process and timelines for KSU and SR reviews
- **KSU (knowledge synthesis unit on contract):** Large units across the world that provide systematic reviews on contract that are led by the world's leaders in SR and meta-analyses and network meta-analyses methodologies; the KSU can address PICO questions that are large and complicated or where a number of PICO questions can be lumped and addressed through sensitivity analyses or subgroup analyses; the KSU is on contract with a deliverable of CoSTR, knowledge gaps, and published SR within tight timelines

- **SEERS** – ILCOR’s Scientific Evidence Evaluation and Review System, an online repository and workflow system for PICO question development, evidence review and CoSTR development
- **SR (systematic reviewer on contract)**: Trained SR methodologists with a track record of publishing SRs and meta-analyses with a deliverable of CoSTR, knowledge gaps, and published SR within tight timelines
- **Node**: When a KSU takes on a PICO question that is of interest to more than 1 task force, the domain lead will identify all interested task forces as “nodes” of interest and will ensure that engagement of all task forces in the evidence review process is facilitated by the content experts
- **IS** – Informational Specialists, medical and health research methodology experts who work with the evidence reviewers to create a search strategy for a PICO question and conduct a thorough literature search in the appropriate databases
- **EvRev** – Evidence Reviewer, this is an ILCOR volunteer assigned by a Task Force to evaluate relevant research and literature (following the GRADE methodology) to answer a PICO question and develop a CoSTR

Process for PICO Re-Evaluation

Environmental scan on how best to provide literature alerts

Retire – Domain Lead

- No new literature anticipated in the future
- PICO no longer relevant

Dormant – Domain Lead

- Literature alerts inconsequential
- ILCOR COSTR still relevant

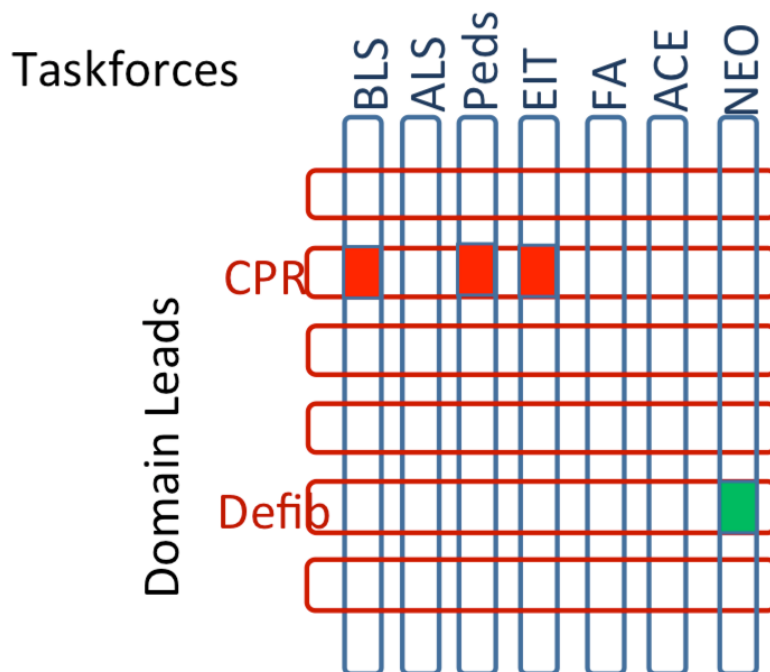
Active – Domain Lead

- Existing PICOs with literature alerts
- New PICOs generated by ILCOR

Domain Lead makes Recommendation to **Retire or Revise or Reaffirm COSTR** and Reports to ILCOR Exec

Please note that the accountability framework report back on the evening of Day 2 combined continuous evidence evaluation and task force goals, actions, and priorities. The goals and actions in the following table have been elaborated on to reflect the discussions and inputs at the retreat.

Goals		Action Steps
3-1	Establish a sustainable governance model to support continuous evidence evaluation in partnership with task forces	<ul style="list-style-type: none"> Finalize governance model and structure Develop decision-making process and establish clear roles and responsibilities Develop job descriptions for roles and responsibilities for task force members, task force co-chairs, domain leads, evidence reviewers, and Science Advisory Committee (see 3-2)
3-2	Develop and implement a framework that integrates continuous evidence evaluation with task forces	<ul style="list-style-type: none"> Develop and implement an approach to identify content areas and group them by domains Establish mechanism for task force to (1) identify intersections with relevant domains (domain nodes); (2) identify, select, and assign domain liaisons; and (3) create standardized processes for interacting with domain leads



Schematic by Andrew Travers showing interface between domains and task forces. Nodes represent the interaction between domain and task force. Major interactions will require appointment of task force liaison; minor or no interaction will not require formal task force liaison appointment.

3-3	Continue to support task forces during the implementation of new continuous evidence evaluation process	<ul style="list-style-type: none"> Maintain stability as ILCOR moves from current model to new model by supporting and reaffirming task force co-chairs and members through interim process (anticipated through December 2016)
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3-4	Expand capacity for continuous evidence evaluation by identifying and piloting KSUs	<ul style="list-style-type: none"> • Develop and implement an approach to identify content areas and group them by domains • Procure at least 3 competitive KSU bids by open competition through an explicit request for proposal process • Define clear roles and responsibilities • Conduct pilots of KSUs by assigning selected PICO questions • Develop formal strategies to disseminate work • Summary report of KSU pilots at 2017 ILCOR face-to-face meeting
3-5	Enhance capacity for SRs	<ul style="list-style-type: none"> • Recruit 3 SRs experienced in GRADE methodology through request for proposal process • Define clear roles and responsibilities • Assign PICO questions • Summary report of professional systematic reviewer pilots at 2017 ILCOR face-to-face meeting
3-6	Enhance capacity for evidence reviewers	<ul style="list-style-type: none"> • Establish a process to recruit or reactivate high-quality evidence reviewers • Establish systems to inspire, mentor, and support the next generation of high-quality evidence reviewers • Build into the process the requirement for publication, which provides academic credibility to the amount of time required to complete an SR
3-7	Secure resources and establish budget for continuous evidence evaluation	<ul style="list-style-type: none"> • Analyze and report current resources/budget for ILCOR evidence evaluation • Recruit/fund appropriate project staff to guide and support the continuous evidence evaluation transformation • Develop a detailed operating budget for calendar years 2016 and 2017, with refinement in year 2 for subsequent 3 years (2018-2021) • Develop and implement a communication strategy, including website upgrade and social media presence to support continuous evidence evaluation
3-8	Establish publication alert process for domain leads	<ul style="list-style-type: none"> • Conduct an environmental scan to define and operationalize publication alerts for domain leads and task force chairs
3-9	Undertake a review of the Scientific Evidence Evaluation and Review System (SEERS)	<ul style="list-style-type: none"> • Develop an approach to review SEERS in context of the new hybrid continuous evidence evaluation strategy • Conduct options analysis and make recommendations

Strategic Pillar 4: Research and Registries

There is an increasing need for an evidence-based approach to improve systems of care and survival. ILCOR is in a leadership position to drive the international research agenda to identify and prioritize gaps in knowledge related to resuscitation and first aid practices. We have the opportunity to foster and facilitate international research collaboration with consensus operational definitions, registry data (national and international registries) for benchmarking, quality improvement, and research. Furthermore, it is essential that we measure and disseminate progress toward our vision of saving more lives through resuscitation.

To collect descriptive data on systems of care and outcomes after OHCA/IHCA, we are committed to advancing our research and registries mandate. This will involve continued development of consensus operational definitions and reporting templates, and collection of summary data on process of care and patient outcomes from registries around the world. Several challenges that we will need to address include integrity of the data, permission to access data from registries, data integration, and funding and regulatory challenges associated with holding or displaying data.

Expected Outcomes

- Synthesis of OHCA/IHCA registries worldwide
- Increased international research collaborations
- Better understanding of existing epidemiology of OHCA/IHCA and associated trends
- Measure and report progress toward vision of saving more lives globally through resuscitation

Goals		Action Steps
4-1	Create an international directory of registries to describe epidemiology and outcomes from OHCA/IHCA and identify knowledge gaps	<ul style="list-style-type: none"> • Finalize data collection forms for survey of registries, and collect contact details of leads of major existing registries • Complete survey of major existing registries and write report describing OHCA/IHCA registries globally • Conduct pilot survey on registry remit and capability and revise plan based on results • Conduct survey internationally to collect summary data from population-based registries • Write report describing epidemiology and outcomes, identifying knowledge gaps, and recommendations for next steps • Investigate feasibility of annual reporting system, with the longer-term goal of creating an annual reporting system • Develop knowledge transfer and exchange strategy, including presentations and academic papers
4-2	Conduct pooled analyses across registries by collecting summary data to overcome	<ul style="list-style-type: none"> • Explore potential for collaborative research based on pooled data with major existing registry leaders • Agree on ground rules for pooled analyses

- Develop a process for selection of priority studies (key PICO questions) and conduct pooled analysis using summary data

Enabling Strategies in Support of Our Strategic Pillars

A number of strategic enablers are critical to fulfilling all of the goals and priorities outlined in the plan.

Enabling Strategies	Goals	Action Steps
Operations, Infrastructure, and Core Processes	5-1 Review and update policy and procedures	<ul style="list-style-type: none"> • Collate existing policies and procedures; create repository; and develop, under the direction of the ILCOR Executive Committee, appropriate administrative policies to guide ILCOR activities
	5-2 Attract and retain staff to support ILCOR's vision and mission	<ul style="list-style-type: none"> • Undertake assessment of human resource requirements to determine initial and optimal staffing needs to ensure that ILCOR is successful in delivering on its mandate • Create inventory of current and future activities/tasks undertaken by ILCOR
	5-3 Build repository of science by increasing website functionality	<ul style="list-style-type: none"> • Conduct assessment to determine needs • Engage with website developers
Communications and Branding	5-4 Develop and implement communication strategy	<ul style="list-style-type: none"> • Develop and implement a communications plan that focuses on various stakeholders, including public, healthcare professionals, organizations, councils, and volunteers • Develop a communications and social media policy
	5-5 Maximize use of technologies for communication	<ul style="list-style-type: none"> • Maintain an effective, efficient website that communicates ILCOR's strategies, priorities, and activities, and provides an opportunity for dialogue • Leverage social networking opportunities to expand the reach of ILCOR's activities
	5-6 Market/brand ILCOR through innovative approaches	<ul style="list-style-type: none"> • Develop and implement a marketing/branding plan to increase ILCOR's visibility
Funding and Sustainability	5-7 Develop a robust operating budget to support business operations	<ul style="list-style-type: none"> • Identify historical and predictable expenditures • Collaborate with the AHA and key stakeholders to develop a detailed 5-year annual budget with annual review to support business operations
	5-8 Explore new revenue-generating opportunities (eg, fundraising and royalties)	<ul style="list-style-type: none"> • Explore revenue-generating opportunities, including fundraising and royalties • Consult with the AHA and key stakeholders' (eg, ERC, Laerdal Global Health, Gates Foundation) development teams • Explore the willingness of councils to pay fee for guidelines developed from CoSTR • Identify revenue from sales or fees for training developed from CoSTR

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| | <ul style="list-style-type: none">• Determine opportunities for funds to flow to ILCOR directly• Determine feasibility of direct payments by councils to ILCOR to support ILCOR staff |
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Implementation and Measurement

We hold ourselves accountable and are committed to monitoring, reporting, and disseminating our success metrics and progress to our stakeholders and to the public. To ensure that we achieve our goals in a timely manner, the ILCOR Executive Committee will assume oversight, implementation, and measurement of the plan by, for example,

- Appointing an individual to lead each strategic pillar
- Identifying implementation risks and developing mitigation strategies
- Developing a monitoring and reporting process
- Providing councils with regular progress reports

Performance Measures

A key part of monitoring progress is selection and measurement of key performance indicators that track strategic priorities and goals. This list of performance measures is a starting point for further development:

Strategic Pillars and Enabling Strategies	Performance Measures
Leadership, Mentorship, and Accountability	<ul style="list-style-type: none"> • Number of members engaged in mentorship • Completion of renewed organizational structure • Proportion of ILCOR positions appointed through Nominations Committee
Membership, Collaboration, and Partnerships	<ul style="list-style-type: none"> • Number of collaborations and partnerships • Financial accountability • Satisfaction survey • Approved changes to Articles of Membership • Acceptance of new members
Continuous Evidence Evaluation	<ul style="list-style-type: none"> • Financial accountability • Publication alert relevance rate • KSU adherence to timelines and accuracy <ul style="list-style-type: none"> – Feedback from content experts • SR adherence to timelines and accuracy <ul style="list-style-type: none"> – Feedback from evidence reviewers • Task force satisfaction survey with continuous evidence evaluation process • Public participation and contribution to continuous evidence evaluation process
Research and Registries	<ul style="list-style-type: none"> • Survey participation rate • Proportion of global population represented in ILCOR consolidated data reporting • Publications • Number of research collaborations • Number of lives saved publicly displayed
Operations, Infrastructure, and Core Processes	<ul style="list-style-type: none"> • Executive director recruited and funded • Full-time support staff dedicated to ILCOR • Number of policies and procedures completed
Communication and Branding	<ul style="list-style-type: none"> • Communication plan developed • Website hits and engagement measurement tools • Formal ILCOR sessions at national and international meetings

Funding and Sustainability	<ul style="list-style-type: none"> • Financial health • New funding sources and percent increase in funding
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Implementation Priorities: First 12 to 18 Months

Strategic Pillars	Priorities
1. Leadership, Mentorship, and Accountability	<ul style="list-style-type: none"> • Hire Executive Director and identify funded coordinator and administrative support to implement the strategic plan • Review organizational structure and leadership in response to key priorities outlined by the working groups and strategic plan
2. Membership and Partnerships	<ul style="list-style-type: none"> • Conduct a comprehensive review of ILCOR articles about membership and participation rules with a view to supporting associate membership and formal collaboration agreements • Identify and consult with the regional resuscitation organization that might be the most ready and willing to join as associate member for assistance with further development toward full membership within the next 3 to 5 years
3. Continuous Evidence Evaluation	<ul style="list-style-type: none"> • Establish funding through the AHA and external sources to enable continuous evidence evaluation plan • Development of Methods Committee oversight and terms of reference (<i>Note: replaced by combined continuous evidence evaluation and task force governance model</i>) • Develop transparent operating rules for identification and nomination by Nominations Committee of SAC members, task force members, task force chairs, and domain leads (applications, job descriptions, etc) • Conduct Nominations Committee nomination of domain leads and members and chairs for each ILCOR task force • Establish a credible, novel, and effective Internet presence for ILCOR to highlight access to evidence review process • Select KSU and systematic review specialists through request for proposal process • Anticipate publication of 3 advisory statements within 18 months
4. Research and Registries	<ul style="list-style-type: none"> • Conduct survey of existing OHCA and IHCA registries • Finalize summary data fields to be requested and start to collect summary data
Enabling Strategies	
Operations, Infrastructure, and Core Processes	<ul style="list-style-type: none"> • Review and develop policies as appropriate and archive in a repository, ideally on the ILCOR website in members-only section • Determine number of staff required to support strategic plan
Communications and Branding	<ul style="list-style-type: none"> • Develop and implement a communications strategy
Funding and Sustainability	<ul style="list-style-type: none"> • Establish an operating plan and budget for ILCOR • Generate new sources of revenue

ILCOR Strategic Plan: Summary of Strategic Pillars, Enabling Strategies, and Goals

Strategic Pillars		Goals	
1	Leadership, Mentorship, and Accountability	1-1	Renew ILCOR's organizational structure and leadership to optimize implementation of and accountability for the strategic plan directions and goals
		1-2	Update Articles of Incorporation and Bylaws to support operational excellence
		1-3	Build capacity by nurturing and supporting aspiring leaders through mentorship activities
		1-4	Promote, disseminate, and advocate for optimal resuscitation and first aid practices globally
2	Membership and Partnerships	2-1	Expand international membership
		2-2	Expand public consultation within various stages of evidence review and CoSTR production
		2-3	Expand topical reach
3	Continuous Evidence Evaluation	3-1	Establish a sustainable governance model to support continuous evidence evaluation
		3-2	Develop and implement a framework that integrates continuous evidence evaluation and task forces (eg, domain matrix)
		3-3	Continue to support existing task forces during the implementation of new continuous evidence evaluation process
		3-4	Expand capacity for continuous evidence evaluation by identifying and piloting KSUs
		3-5	Enhance capacity for SRs
		3-6	Enhance capacity for evidence reviewers
		3-7	Secure resources and establish budget for continuous evidence evaluation
		3-8	Establish publication alert process for domain leads
		3-9	Undertake a review of SEERS
4	Research and Registries	4-1	Create an international directory of registries to describe epidemiology and outcomes from OHCA/IHCA and identify knowledge gaps
		4-2	Conduct pooled analyses across registries by collecting summary data to overcome knowledge gaps
5	Enabling Strategies		
	Operations, Infrastructure, and Core Processes	5-1	Review and update policy and procedures
		5-2	Attract and retain staff to support ILCOR's vision and mission
		5-3	Build repository of science by increasing functionality of website
	Communications and Branding	5-4	Develop and implement robust communications strategy
		5-5	Maximize use of technologies for communication
		5-6	Market/brand ILCOR through innovative approaches
	Funding and Sustainability	5-7	Develop a robust operating budget process to support business operations
		5-8	Explore new revenue-generating opportunities (eg, fundraising and royalties)

Closing Remarks

ILCOR has established and distinguished itself for and by its pioneering vision and leadership in resuscitation science. This document sets forth an ambitious, yet feasible, strategic plan supported by specific goals and actions across 4 strategic pillars and enabling strategies. To ensure that we are successful in achieving our goals, we have established the appropriate oversight of implementation and commitment to measuring and reporting on our progress. We are proud of and excited by this plan, and we are committed to communicating and sharing it broadly so that the resuscitation community and public understands our direction for the next 5 years. Together, we will achieve our 5-year vision of *saving more lives globally through resuscitation*. In addition, we will lay the foundation for ILCOR to evolve from an international to a global impact.

Appendixes and Supporting Documents

1. Working Group Membership
2. Retreat Participants
3. Strategic Planning Retreat Agenda
4. Results of Stakeholder Survey and SWOT Analysis

Appendix 1: Working Group Membership (as of February 26, 2016)

Working Groups	Members
1. Continuous Evidence Evaluation Process	Laurie Morrison, Chair Jerry Nolan, ILCOR Executive Judith Finn, Peter Morley, Eddy Lang, Nici Singletary, Lana Gent (staff) Experts for KSU: Gavin Perkins, Allan De Caen PICO update: Andrew Travers, David Stanton
2. Task Force Structure and Composition	Maaret Castren, Chair Gavin Perkins, ILCOR Executive Bill Montgomery, ILCOR Executive Peter Fromm, Jack Billi, Jonathan Wyllie, Raffo Escalante, Giuliani Matos, Mary Fran Hazinski, Lana Gent (staff)
3. Expanded Membership, Participation, and Advocacy	Richard Aickin, Chair Vinay Nadkarni, ILCOR Executive Bob Neumar, Allan de Caen, Tino Greif, Nikolaos Nikolaou, Farhan Bhanji, Matthew Ma, Jojo Ferrer (staff)
4. Research and Registries	Taku Iwami, Chair Jerry Nolan, ILCOR Executive Ian Maconochie, Marcus Ong, Jas Soar, Karl Kern, Myra Wyckoff HSFC, Mary Elizabeth Harriman (staff)
5. Operations, Infrastructure, and Core Processes	David Stanton, Chair Koen Monsieurs, ILCOR Executive Bill Montgomery, ILCOR Executive Raina Merchant, Mark Link, Michael Parr, Michelle Weisford, Brian Eigel (staff)
6. Funding Options and Sustainability	Clif Callaway, Chair Swee Han Lim, ILCOR Executive Hildigunnur Svavarsdottir, Alfredo Sierra, Hiroshi Nonogi, Jonathan Wyllie, Bart Vissers (staff)

Appendix 2: Retreat Participants

Richard Aickin ANZCOR Auckland, New Zealand	Mary Elizabeth Harriman HSFC Canada	Laurie Morrison HSFC Toronto, Ontario, Canada	David Stanton RCSA Johannesburg, South Africa
Helena Axler Facilitator Toronto, Ontario, Canada	Mary Fran Hazinski AHA Nashville, Tennessee, United States	Vinay Nadkarni AHA Philadelphia, Pennsylvania, United States	Hildigunnur Svavarsdottir ERC Iceland
Farhan Bhanji HSFC Montreal, Quebec, Canada	Taku Iwami RCA Kyoto, Japan	Robert Neumar AHA Ann Arbor, Michigan, United States	Andrew Travers HSFC Dartmouth, Nova Scotia, Canada
Clif Callaway AHA Pittsburgh, Pennsylvania, United States	Karl Kern AHA Tucson, Arizona, United States	Nikolaos Nikolaou ERC Athens, Greece	Bart Vissers ERC Belgium
Maaret Castren ERC Helsinki, Finland	Nancy Kraetschmer Assistant Facilitator Toronto, Canada	Jerry Nolan ERC Combe Park, United Kingdom	Myra Wyckoff AHA Dallas, Texas, United States
Allan de Caen HSFC Edmonton, Alberta, Canada	Swee Han Lim RCA Singapore	Hiroshi Nonogi RCA Suita, Japan	Jonathan Wyllie ERC North Yorkshire, United Kingdom
Brian Eigel AHA Dallas, Texas, United States	Mark Link AHA Boston, Massachusetts, United States	Marcus Ong RCA Singapore	
Jose “Jojo” Ferrer AHA Dallas, Texas, United States	Matthew Ma RCA Taipei, Taiwan	Michael Parr ANZCOR Sydney, New South Wales, Australia	
Judith Finn ANZCOR Crawley, West Australia, Australia	Ian Maconochie ERC London, United Kingdom	Gavin Perkins ERC Birmingham, United Kingdom	
Peter Fromm AHA Oceanside, New York, United States	Koen Monsieurs ERC Ghent, Belgium	Alfredo Sierra IAHF South America	
Lana Gent AHA Dallas, Texas, United States	Bill Montgomery AHA Houston, Texas, United States	Eunice Singletary AHA Big Sky, Montana, United States	
Robert Greif ERC Bern, Switzerland	Peter Morley ANZCOR Melbourne, Victoria,	Jasmeet Soar	



Appendix 3: Strategic Planning Retreat Agenda

Academia

Singapore General Hospital, Singapore

Shaping the Future of ILCOR

Thursday, February 25, 2016

Time	Topic	Room	Speakers
6:00-6:30 AM	Breakfast on your own at Grand Copthorne Waterfront Hotel		
6:30-7:00 AM	Bus transport from hotel to hospital: The Academia, Singapore General Hospital		
7:00-7:30 AM	Arrival and Registration <ul style="list-style-type: none"> Coffee and refreshments 	L1-S3	
7:30 AM sharp	Welcome and Introductions Roundtable introduction of all participants <ul style="list-style-type: none"> Objectives of the retreat Ground rules for engagement Setting the Context <ul style="list-style-type: none"> Where have we been? Achievements and trajectory Why strategic planning now? Changes in the environment and in ILCOR that are driving a revitalized vision and mission 	L1-S3	Dr. Gavin Perkins Dr. Vinay Nadkarni Dr. Bill Montgomery
8:10 AM	Confirming Our Vision for ILCOR <ol style="list-style-type: none"> Confirming our vision, mission, and values Identifying top 3 priorities to achieve our vision and mission <ul style="list-style-type: none"> Roundtable discussion with all participants; at least 2 tables assigned to one of each mission: vision or values statements Brief report back to plenary 	L1-S3 Small Groups	Helena Axler/ Facilitators Dr. Vinay Nadkarni Dr. Gavin Perkins Dr. Jerry Nolan Dr. Swee Han Lim Dr. Koen Monsieurs Dr. Bill Montgomery
9:00 AM	Transition Break		
9:05 AM	Continuous Evidence Evaluation Process: Report of Working Group—Options and Recommendations Moderator: Dr. Jas Soar Presentations: <ul style="list-style-type: none"> Research: Dr. Laurie Morrison (20 min) 	L1-S3	Dr. Laurie Morrison, Working Group Chair Dr. Jerry Nolan, ILCOR Executive

	<ul style="list-style-type: none"> • BLS 360: Dr. David Stanton/Dr. Andrew Travers (10 min) • KSU (20 min) • Working group recommendations (20 min) • Moderated discussion in plenary with participants and working group leads (20 min) 		
10:35 AM	Tea Break	Outside L1-S3	
11:00 AM	Breakout Group Discussions: Continuous Evidence Evaluation Process <ul style="list-style-type: none"> • Small group discussion of options, including risk benefits and identifying areas of consensus and convergence (40 min) • Brief report back to plenary (20 min) 	L1-S3 L1-S2 L2-D1 L2-S1	Facilitators Dr. Nici Singletary Dr. Peter Morley Dr. Jerry Nolan Dr. Judith Finn
12 NOON	Lunch	Outside L1-S3	All
12:50 PM	Expanding Our Global Membership: Going Bigger or Going Deeper Moderator: Dr. Richard Aickin Debaters: Pro: Dr. Allan de Caen (7 min) We should go BIGGER (broader and shallower)—not deeper Con: Dr. Farhan Bhanji (7 min) We should go DEEPER—not bigger Rebuttal: Dr. Allan de Caen (2 min) Rebuttal: Dr. Farhan Bhanji (2 min) <ul style="list-style-type: none"> • Summary of Membership Working Group recommendations: Dr. Richard Aickin (7 min) • Moderated discussion with participants (25 min) 		Dr. Richard Aickin, Chair Dr. Vinay Nadkarni, ILCOR Executive
1:45 PM	Presentations of Working Group Reports Moderator: Dr. Peter Morley <ol style="list-style-type: none"> 1. Task Force Structure and Composition: Dr. Maaret Castren, Chair; Dr. Gavin Perkins, ILCOR Executive 2. Research and Registries: Dr. Taku Iwami, Chair; Dr. Jerry Nolan, ILCOR Executive 3. Operations, Infrastructure, and Core Processes: Dr. David Stanton, Chair; Dr. Koen Monsieurs and Dr. Bill Montgomery, ILCOR Executives 4. Funding Options and Sustainability: Dr. Clif Callaway, Chair; Dr. Swee Han Lim, ILCOR Executive <p>Presentations are 8 minutes maximum each, followed by 5 minutes of questions for each. Further discussion of individual reports will occur in</p>	L1-S3	Working Group Chairs and ILCOR Executive

	breakout discussions that follow. Session will conclude with instructions for breakout group sessions.		Helena Axler
2:45 PM	Tea Break	Outside L1-S3	
3:00-4:00 PM 4:00-5:00 PM	Working Group Reports: Breakout Group Discussions Each topic will be offered twice with the same team of facilitators/recorders (60 minutes each session). Participants have the choice of 2 groups (sign-up sheets at registration and lunch) 1. Task Force Structure and Composition 2. Research and Registries 3. Operations, Infrastructure, and Core Processes 4. Funding Options and Sustainability	L1-S3 L1-S2 L2-D1 L2-S1	Dr. Maaret Castren Dr. Taku Iwami Dr. David Stanton Dr. Clif Callaway
5:00 PM	Day 1 Wrap-up: Preparation for Day 2	L1-S3	Helena Axler
5:10 PM	Bus transport for retreat participants from hospital to hotel		
5:10-6:00 PM	Working Group Chairs and Recorders Meet for Day 1 Debrief and Preparation for Day 2	L1-S3	Helena Axler/ Dr. Nancy Kraetschmer/ WG chairs and recorders
6:00 PM	Transportation for working group chairs/recorders and facilitators from hospital to hotel		
6:30 PM	ILCOR Cocktails and Dinner Long Beach Seafood at Dempsey		

Friday, February 26, 2016

6:30-7:00 AM	Breakfast	Hotel Room TBD	WG Chairs and Facilitators
7:00 AM Sharp	Facilitators meet with working group chairs to review presentations and confirm implementation priorities for priority-setting session	Hotel Room TBD	WG Chairs and Facilitators
6:30-7:30 AM	Breakfast on your own		Retreat Participants
7:30-7:50 AM	Bus transport for all to Singapore General Hospital		
8:00 AM	Objectives of Day 2 Meeting	L1-S3	Helena Axler
8:05 AM	Priority-Setting Framework		Dr. Vinay Nadkarni

8:20 AM	Reports Back on Day 1 Afternoon Breakout Group Discussions Highlights and short-term implementation priorities	L1-S3	Helena Axler/ WG Chairs
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9:15 AM	Setting Priorities in Strategic Planning <ol style="list-style-type: none"> 1. Continuous evidence evaluation process: preferred option options 2. Priority-setting process for other short-term implementation priorities confirmed in small-group discussions 	L1-S3	Helena Axler/ 6 small groups ILCOR Executive Table facilitators as per Day 1
10:20 AM	Tea Break		
10:45 PM	Breakout Groups: Accountability, Responsibility, and Timelines—Action Plans and Discussion Six original working groups reconvene to discuss accountability, responsibility, and timelines for their respective areas. Participants who were not previously assigned to any working group will join 1 of 6 working groups. There should be at least 1 nondelegate assigned to each working group to ensure that we have representation for the Key Success Factor discussion in the afternoon.	L1-S3 (3 Groups) L1-S2 L2-D1 L2-S1	WG Chairs ILCOR Executive Facilitators – CEER – Membership – Task Force – Research and Registries – Operations and Core Processes – Funding
12:20 PM	Adjourn for Lunch	Outside L1-S3	All
1:15-4:00 PM	ILCOR Business Meeting Authorized delegates attend	L1-S1	Dr. Gavin Perkins Dr. Vinay Nadkarni
1:15-4:00 PM	Key Success Factors and Performance Monitoring and Reporting Workshop Nondelegates participate in facilitated brainstorming session Facilitators: Helena Axler and Dr. Nancy Kraetschmer	L2-S1	Dr. Judith Finn, Co-Chair Mary Fran Hazinski
4:00 PM	Tea Break		
4:20-5:15 PM	Preparation for Evening Meeting and Presentations	L2-S1	Drs. Perkins, Nadkarni, and Finn; Hazinski; and Working Group Chairs
5:15 PM	Transition Break		
5:30-8:15 PM	Dinner and Presentations <ol style="list-style-type: none"> 1. Recap of highlights of business meeting: Dr. Gavin Perkins and Dr. Vinay Nadkarni (15 min) 2. Reports from working group chairs on accountabilities, responsibilities, and timelines (60 min) 3. Report of Key Success Factors and Performance Measures Planning Group (20 min) 4. Key messages and commitments to moving 	L1-S3	Dr. Gavin Perkins and Dr. Vinay Nadkarni

	forward: Helena Axler/All (20 min)		
8:15 PM	Wrap-up and Next Steps		Dr. Gavin Perkins Dr. Vinay Nadkarni
8:30 PM	ILCOR Strategic Planning and Business Meeting Adjourns		

Appendix 3: Results of Stakeholder Survey and SWOT Analysis (November 2015)

Strengths

- **International collaboration:** International perspective on science and respect for geographic and social differences
- **Authoritative stature:** CoSTR and statements used for guidelines internationally
- **Productivity:** Output of CoSTR and statement publications
- **Volunteers:** Leadership, expertise, passion, dedication
- **Evidence review methodology:** Rigor, quality, consistency, consensus, conflict of interest policy
- **Culture:** Relationship and trust building in friendly environment
- **Individual opportunity:** Career and personal development of volunteers
- **Common operating language:** English, broad language experience

Weaknesses

- **Limited infrastructure:** Office, staff, support for volunteers
- **Inefficient processes:** Evidence evaluation (complex and changing methodology, rework, SEERS, conflict of interest, GRADE not suitable for all evidence evaluation), decision-making
- **Dependency on volunteers:** Competing priorities, accountability, matching work to expertise; limited academic credit; loss of engagement with reducing face-to-face meetings
- **Limited inclusiveness:** Public, volunteers, member councils, international vs global
- **Limited transparency of decisions:** Nomination process, sharing of final versions CoSTR/guidelines between ILCOR and councils
- **Scope of mission:** Stops at CoSTR rather than guidelines
- **Selection process for task force committee chair/task force member:** Balance of council representation vs expertise/engagement
- **Financial sustainability**
- **English language (accessibility not universal)**

Opportunities

- **Expand mission:** Implementation, improving systems of care, surveillance of incidence and outcomes, international research collaborations, and advocacy
- **Expand participation:** Achieve global engagement, involve smaller councils and underrepresented areas
- **Improve science review process:** Efficiency, balance of compensated vs volunteer effort, improve SEERS user interface, meaningful public comment

- **Increase ILCOR visibility:** Social media, liaisons
- **Engagement with national and international registries:** Mechanisms for ILCOR and member councils to facilitate investigation and monitor impact
- **Foster international research collaborations**
- **Advocacy:** Engage in global public health initiatives
- **Drive international research agenda:** Timely identification and prioritization of knowledge gaps
- **Translation:** Translate CoSTR to member council languages

Threats

- **Financial sustainability:** Withdrawal of funding from main sponsor and/or funding insufficient to achieve mission
- **Competing organizations:** Evidence review and guidelines developed by other organizations
- **Volunteer workload:** Competing priorities, increasing overall workload of volunteers in their primary workplaces
- **Political conflicts and instability:** Regional conflicts that limit council organization and country participation
- **Perception of exclusiveness**
- **Limited number of resuscitation clinical trials**
- **Rapidly evolving technology platforms**
- **Intellectual property:** CoSTR used for guidelines without acknowledgement
- **Inconsistency:** Council guidelines differ despite being based on CoSTR and ILCOR scientific statements

November 16, 2016 Values

- Scientific rigor (++)
- International collaboration (++++)
- Global footprint
- Diversity and broad expertise in resuscitation expertise
- Global leadership
- Free of commercial bias
- Integrity (+++) and transparency, trustworthiness
- International applicability
- Fairness