STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%
314103	1.0	People	OWNER	DOLDAIL	RESCORCES	/0
Completed	1.1	Benchmark and implement employee compensation philosophy	Raymond Hino, Antone Eek	2/28/2023	Carrie Okey, Katelin Wirth	100
Completed	1.2	Develop Employee Recognition and Engagement Plan by department/division, with a focus on collaboration	Scott McEachern, Carrie Okey	1/1/2023	Executive Team, Carrie Okey	100
Completed	1.3	Develop and implement a staff education plan	Cori Valet	7/15/2024	Carrie Okey	100
Completed	1.4	Implement Leadership Training Program	Raymond Hino	9/1/2022	Carrie Okey, Executive Team	100
Completed	1.5	Expectations - Clarify expectations of all employees and update/streamline employee evaluation process aligned with	Raymond Hino, Carrie Okey	10/31/2023	Carrie Okey	100
Completed	1.6	Identify gaps in recruitment process	Raymond Hino, Carrie Okey	12/31/2022	Carrie Okey	100
	2.0	Service		I		
On Track	2.1	Develop and implement a concierge patient engagement model for patient services to improve patient satisfaction.	Raymond Hino	12/31/2024	Executive Team	29.25
Completed	2.1.1	Create a vision for SCHHC's patient engagement model, from initial contact and intake to point of service, and finally to discharge. The working premise is that the SCHHC patient engagement model should emulate an Apple Store experience.	Raymond Hino	6/17/2022	Executive Team, Leadership Team	100
On Track	2.1.2	Create project teams focused on. at minimum, the following: (1) Pre-Hospital Experience; (2) Wayfinding and Physical Environment; (3) Intake; (4) Outpatient Services; (5) Inpatient Services; (6) Discharge and Continuation of Engagement.	Raymond Hino	3/1/2024	Executive Team; Project Teams	17
	2.1.3	Implement 2-5 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	6/1/2024	Executive Team, Project Teams; Leadership Team	
	2.1.4	Implement 4-8 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	12/31/2024	Executive Team, Project Teams, Leadership Team	
Completed	2.2	Identify, select, and implement the most effective EMR and ERP systems.	Scott McEachern	9/30/2024	Executive Team, Managers, Providers	100
Completed	2.3	Develop and implement Community Health Needs Assessment Plan and Community Health Improvement Plan; Develop and implement a Hospital physician/provider (medical staff) development plan, to meet IRS requirements, and to include both current and projected future recruitment needs, Stark law compliance, and additional best practices for medical staff development.		12/31/2023	Executive Team, Katelin Wirth, MD Ranger, MGMA	100
Completed	2.4	Create Medical Staff Development plan based upon results of needs assessment and best practices	Raymond Hino	12/31/2023	Jeremiah Dodrill, Executive Team	100
	3.0	Quality				

Completed	3.1	Implement and Maintain	Raymond Hino	9/30/2023	Barb Snyder, staff	100
		Quality DNV Accreditation Program				
Completed	3.2	Establish Quality Benchmark	Cori Valet	11/21/2022	Barb Snyder, Sharon Bischoff	100
Completed	3.3	Develop and Execute Effective Internal Communication Plan	Scott McEachern	6/30/2023	Executive Team, Employees Activity Committee	100
Completed	3.4	Update and Implement a district wide Incident Response Plan	Cori Valet, Scott McEachern	3/30/2024	Jason Cook, Trevor Jurgenson, Deb Backman, Katelin Wirth	100
Completed	3.5	Update SCHHC cybersecurity program	Scott McEachern	6/30/2023	Trevor Jurgenson	100
On Track	3.6	Achieve top 100 Hospital Status	Cori Valet, Antone Eek, Scott McEachern, Raymond Hino	12/31/2025	Executive Team, Managers, staff, providers, district board	37.5
Completed	3.6.1	Implement new HCAHPS vendor	Scott McEachern	12/31/2022	Cori Valet	100
On Track	3.6.2	Research criteria for achieving top 100 Hospital Status	Raymond Hino	12/29/2023	Executive Team	50
	3.6.3	Achieve 50% of Top 100 Hospital metrics	Raymond Hino	12/31/2024	Executive Team	
	3.6.4	Achieve 100% of Top 100 Hospital metrics	Raymond Hino	12/31/2025	Executive Team	+
	4.0	Growth		12, 51, 2025		
On Track	4.1	Develop comprehensive district marketing plan	Scott McEachern	12/29/2023	Executive Team, Rachel Gray	87.87
On Track	4.1.1	Refresh Hospital Brand and Collateral	Scott McEachern	6/30/2023	Executive team	100
Completed	4.1.1.1	Perform a SWOT analysis	Scott McEachern	6/1/2022	Executive Team	100
Completed	4.1.1.2	Assess SCHHC community and patient demographics to optimize outreach practices	Scott McEachern	6/30/2023	Rachel Gray, project team	100
Completed	4.1.1.3	Identify SCHHC's value propositions and differentiators	Scott McEachern	6/30/2023	Rachel Gray	100
Completed	4.1.1.4	Develop SCHHC patient and provider personas in an effort to better target patient advertising and provider recruitment	Scott McEachern	6/30/2023	Executive Team	100
Completed	4.1.1.5	Present options to internal team around brands for hospital, clinic, and foundation	Scott McEachern	10/6/2023	Rachel Gray, Executive Team, managers	100
Completed	4.1.1.6	Third Stakeholder Meeting: Finalize Brand Recommendation	Scott McEachern	11/7/2023	Rachel Gray, Executive Team, managers	100
Completed	4.1.1.7	Present recommendation to SCHD Board	Scott McEachern	11/30/2023	Rachel Gray, Executive Team, managers	100
Completed	4.1.1.8	Request vote of SCHD Board for final approval of rebrand	Scott McEachern	12/28/2023	Executive Team	100
Completed	4.1.1.9	Begin Implementation of new SCHD Brand	Scott McEachern	1/2/2024	Executive Team, managers	100
Completed	4.1.2	Revamp patient education on website and on-site resources	Scott McEachern	6/30/2023	Clinical managers	100
Completed	4.1.3	Billboard advertisements	Scott McEachern	3/31/2023	Amy Moss Strong	100
Completed	4.1.3.1	Quarterly Billboard 1 Install	Scott McEachern	4/1/2023	Amy Moss Strong	100
Completed	4.1.3.2	Quarterly Billboard 3 Install	Scott McEachern	10/31/2023	Amy Moss Strong	100
Completed	4.1.3.3	Quarterly Billboard 4 Install	Scott McEachern	1/1/2024	Amy Moss Strong	100
Overdue	4.1.4	Install New Outside signage	Scott McEachern	1/31/2024	Jeremiah Dodrill, Ray Hino, Jason Cook	66.66

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Completed	4.1.4.1	Redesign	Scott McEachern	1/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
)n Track	4.1.4.2	Approach Art Signs for cost estimate	Scott McEachern	1/1/2024	Jeremiah Dodrill, Ray Hino, Jason Cook	
ompleted	4.1.4.3	Redesign Clinic and Biz Building signs	Scott McEachern	4/3/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
ompleted	4.1.5	Develop high-level strategies and core messaging to communicate changes at SCHHC, new services, and pertinent information to the community	Scott McEachern, Raymond Hino	8/31/2022	Amy Moss Strong	100
ompleted	4.1.6	Develop pipeline of patient testimonials	Scott McEachern	12/31/2022	Amy Moss Strong	100
ompleted	4.1.7	Position the SCHHC Website as SCHHC's digital front door	Scott McEachern	12/31/2022	Amy Moss Strong, external vendor	100
ompleted	4.1.7.1	Perform a needs assessment on current website design, functionality, and content	Scott McEachern	7/31/2022	Amy Moss Strong, Employee Council	100
ompleted	4.1.7.2	Evaluate vendors to provide web design and content maintenance services	Scott McEachern	8/31/2022	Amy Moss Strong	100
Completed	4.1.7.3	Integrate website with all other SCHHC digital assets ensure continuity of experience	Scott McEachern	12/31/2022	Amy Moss Strong	100
Completed	4.1.8	Review current practices for SCHHC brand optimization and expansion opportunities	Scott McEachern	10/31/2022	Amy Moss Strong	100
ompleted	4.1.8.1	Identify other advertising and public relations integrations available in the community; e.g. other newsletters, business relationships, etc.	Scott McEachern	10/31/2022	Amy Moss Strong	100
ompleted	4.1.8.2	Implement regular survey cadence of community to assess movement in SCHHC brand awareness	Scott McEachern	11/30/2022	Amy Moss Strong	100
ompleted	4.1.9	Grow SCHHC Brand awareness by enhancing communication pathways to patients and community	Scott McEachern	6/30/2023	Amy Moss Strong	100
ompleted	4.1.9.1	Increase SCHHC's social media activity by 25%	Scott McEachern	6/30/2023	Amy Moss Strong	100
ompleted	4.1.9.2	Increase mailing list sign-ups via e-newsletter and calls to action on website, social media	Scott McEachern	12/31/2022	Amy Moss Strong	100
Completed	4.1.9.3	Optimize current patient portal experience for patients	Scott McEachern	6/30/2023	Shawn March, Clinical Informatics	100
Completed	4.1.9.4	Increase patient utilization of patient portal by 25% by 6/30/23	Scott McEachern	6/30/2023	Shawn March, Clinical Informatics, Amy Moss Strong, front desks at clinic and hospital	100
ompleted	4.1.10	Increase Digital Key Performance Indicators	Scott McEachern	6/30/2023	Amy Moss Strong	100
ompleted	4.1.10.1	Website Traffic	Scott McEachern	10/31/2022	Amy Moss Strong	100
ompleted	4.1.10.2	Open rate and click-through rate of e-newsletter	Scott McEachern	10/31/2022	Amy Moss Strongg	100
ompleted	4.1.10.3	Social Media page likes & reach	Scott McEachern	10/31/2022	Amy Moss Strong	100
ompleted	4.1.10.4	Survey community on SCHHC brand awareness - benchmark	Scott McEachern	5/25/2022	Amy Moss Strong	100
ompleted	4.1.10.5	Increase website traffic by 5% by 6/30/23	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.10.6	Increase open rate and click-through of Bandon Health Wave by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	100

Completed	4.1.10.7	Increase Facebook, LinkedIn, Instagram reach by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	100
Overdue	4.1.11	Research population segments; develop specific marketing outreach to segments	Scott McEachern	12/31/2023	Amy Moss Strong	
Overdue	4.2	Become the hospital of choice identifying, developing and providing the right services (health screening, mental health, surgical, transitional care) to improve community health.	Antone Eek, Cori Valet, Scott McEachern, Raymond Hino, Kimberly Russell	12/31/2023	Board of Directors, Executive Team, Hospital and Health Center staff, Amy Moss Strong	81.56
Completed	4.2.1	CEO to meet with major employers, elected leaders, medical staff members, Hospital Board and Executive Team to identify an opportunity assessment for current and future hospital services.	Kimberly Russell, Raymond Hino	3/31/2023	Board of Directors, Executive Team, Amy Moss Strong	70
Completed	4.2.1.1	Create a matrix of commercial health plan, and managed care plans that are active in Southern Coos County	Antone Eek	9/30/2022	Cathy Mann, Katelin Wirth	100
Completed	4.2.1.2	Review current commercial and managed care contracts and adequacy of payment terms	Antone Eek	12/31/2022	Cathy Mann	100
Completed	4.2.2	Evaluate alignment between employer sponsored health plans and current payor contracts at SCHHC	Antone Eek	12/31/2022	Cathy Mann, Katelin Wirth	100
Completed	4.2.3	Collaborate with other local healthcare organizations to maximize benefit to patients and the community	Raymond Hino	12/31/2022	Executive Team	100
Overdue	4.2.4	Increase commercial payers use of SCHHC services	Raymond Hino	1/31/2023	Cori Valet, Jeremiah Dodrill	56.25
Overdue	4.2.4.1	Increase SCHHC utilization of employees at local employers that offer better insurance plans: Bandon Dunes, School District, City of Bandon, local businesses; etc.	Scott McEachern, Raymond Hino	3/31/2023	Executive Team	25
Overdue	4.2.4.2	Create and disseminate marketing collateral to local businesses and civic organizations	Scott McEachern	1/1/2024	Executive Team	
Completed	4.2.4.3	Assess local businesses' healthcare needs	Cori Valet, Scott McEachern	3/31/2023	Jeremiah Dodrill, Raymond Hino	100
Completed	4.2.4.4	Develop marketing plan for new orthopedic surgeon	Scott McEachern	12/29/2023	Scott McEachern, Amy Moss Strong	100
Completed	4.3	Develop referral relationship with CCHC for laboratory services	Scott McEachern, Cori Valet, Raymond Hino	3/1/2024	Raymond Hino, Scott McEachern, Trevor Jurgenson	100
Attention	4.4	Develop long-term board governance training program for SCHD board	Raymond Hino	7/1/2023	Board, Sr Leadership	63.33
Completed	4.4.1	Research best practices in Governance Training and Education, including by not limited to: Governance Institute, Special District Association of Oregon; Estes Park Institute	Raymond Hino	12/31/2022	Executive Team, Kim Russell, Board of Directors	100
Attention	4.4.2	Select a long-term board governance training partner.	Raymond Hino	4/27/2023	Executive Team, Kim Russell, Board of Directors	90
Attention	4.4.3	Create a 12-month calendar for Board Education and Training, for the months of June 2023 to May 2024	Raymond Hino	7/1/2023	Executive Team, Kim Russell, Board of Directors	

On Track	4.5	Develop a facility master plan for the entire facility that will encompass equipment, clinical tools, and infrastructure	Antone Eek, Raymond Hino	12/31/2024	Board of Directors, Executive Team, Design architects, Managers	66.66
ompleted	4.5.1	Engage consultant to guide development of facility master plan, including RFP, selection of architects, and development	Antone Eek	8/15/2023	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100
		of TCO				
	5.0	Finance		·		
ompleted	5.1	Develop financial sustainability plan	Antone Eek	12/31/2023	Executive Team	100
verdue	5.2	By the end of FY23, the Clinic will be at break-even financially.	Raymond Hino	3/31/2024	Raymond Hino, Antone Eek, Dawn Gray	85.55
Completed	5.2.1	Feasibility study to Achieve rural health center designation for the clinic	Antone Eek, Raymond Hino	11/30/2022		100
ompleted	5.2.1.1	Obtain proposals to conduct feasibility study from 2 reputable consulting/ CPA firms	Raymond Hino	5/13/2022	CLA, Wipfli	100
ompleted	5.2.1.2	Review proposals and select consultant to conduct feasibility study	Raymond Hino	5/20/2022	CLA, Wipfli	100
ompleted	5.2.1.3	Provide data and complete PBC listing for RHC feasibility study	Raymond Hino	8/31/2022	Katelin Wirth	100
ompleted	5.2.1.4	Evaluate findings of RHC feasibility study and make recommendations to Executive Committee, Clinic leadership and Board	Raymond Hino	11/17/2022	Wipfli	100
ompleted	5.2.2	Recruit additional high volume provider to clinic	Raymond Hino	12/31/2022	Jeremiah Dodrill, Katelin Wirth, MGMA and MD Ranger benchmark tools	100
ompleted	5.2.3	Renegotiate existing clinic provider contracts (as they expire), benchmarked for compensation and productivity which reflects minimum of break-even financial performance.	Raymond Hino, Antone Eek	4/30/2023	Jeremiah Dodrill, Katelin Wirth, MGMA and MD Ranger benchmark tools	100
Completed	5.2.3.1	Negotiate Dr. Mitchell contract	Raymond Hino	11/30/2022	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100
ompleted	5.2.3.2	Negotiate Dr. Pense Contract	Raymond Hino	12/31/2022	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100
ompleted	5.2.3.3	Negotiate Dr. Adams contract	Raymond Hino	4/30/2023	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100
verdue	5.2.4	Renegotiate Advance Healthcare Contract for Medicaid patient population.	Antone Eek	12/31/2023	Raymond Hino, Dawn Gray, Advance Healthcare	25
ompleted	5.2.5	Attest for PCPCH designation, to increase Medicaid reimbursement rates.	Dawn Gray	9/30/2023	Barbara Snyder, Raymond Hino	100
ompleted	5.2.6	Implement Care Coordination (HealthTech or ACO) to increase Medicare reimbursement	Dawn Gray	8/22/2023	Scott McEachern	100
ompleted	5.2.7	Develop Occupational Health program in clinic	Dawn Gray, Raymond Hino, Antone Eek	8/15/2023	Providers	100
ompleted	5.2.8	Assess viability of hiring external consultant to optimize clinic workflows.	Scott McEachern	3/31/2023	Jeremiah Dodrill, Katelin Wirth, Shawn March, Dawn Gray	100

On Track	5.2.9	Achieve positive net income for clinic over 3-month period. This is a change, per agreement with Tom Bedell. Previous goal read "Achieve positive net income for 3 consecutive months." Changed on 3-17-2023.	Antone Eek, Dawn Gray, Raymond Hino	3/31/2024	Raymond Hino, Dawn Gray, clinic providers, clinic staff	45
Completed	5.3	Add Board indemnification language to the Bylaws and Board insurance	Raymond Hino	6/23/2022	Board of Directors, Robin Miller, Chivaroli Insurance	100
	6.0	Accreditation and regulatory compliance				
Completed	6.1	Merit-Based Incentive Payment System	Scott McEachern		Barbara Snyder, Sharon Bischoff, Shawn March	100
Completed	6.2	CMS Medicare Promoting Interoperability Program	Scott McEachern	2/29/2024	Shawn March, Barbara Snyder, Sharon Bischoff	100
On Track	6.2.1	E-Prescribing Inpatient Measure: eligible prescriptions are prescribed through the EMR	Scott McEachern		Shawn March, Barbara Snyder, Sharon Bischoff	100
On Track	6.2.1.1	Engage Hospitalists to consistently utilize the EMR for prescription orders	Scott McEachern, Raymond Hino	12/31/2023		100
On Track	6.2.2	E-Prescribing Inpatient Measure: At least one Schedule III, IV, or V drug, when prescribed on discharge, is queried through the PDMP (Bamboo Health)	Scott McEachern	12/31/2023	Shawn March	100
On Track	6.2.3	HIE: Sending Health Information Inpatient Measure	Scott McEachern			100
On Track	6.2.4	Health Information Exchange: Receiving and Incorporating Health Information Inpatient measure	Scott McEachern			100
On Track	6.2.5	Public & Clinical Data Exchange (must attest to four measures, as follows)	Scott McEachern	12/31/2023		100
Completed	6.2.5.1	Immunization Inpatient measure: SCHHC must report to Alert IIS	Scott McEachern	12/31/2023		100
On Track	6.2.5.2	Electronic Lab Reporting: SCHHC must report communicable disease lab results to the Oregon Health Authority	Scott McEachern	12/31/2023		100
Completed	6.2.5.3	Syndromic Surveillance Inpatient Measure: SCHHC must report to the Oregon Essence Program	Scott McEachern	12/31/2023		100
On Track	6.2.5.4	Electronic Case Reporting: SCHHC must report to the CDC via interface	Scott McEachern	12/31/2023		100
On Track	6.2.6	Quality Inpatient Measure: Safe Use of Opioids	Scott McEachern	12/31/2023		100
On Track	6.2.7	Quality Inpatient Measure: Admit Decision Time to ED Departure Time for Admitted Patients	Scott McEachern	12/31/2023		100
On Track	6.2.8	Quality Inpatient Measure: Venous Thromboembolism Prophylaxis	Scott McEachern	12/31/2023		100
On Track	6.2.9	Quality Inpatient Measure: Discharged on Statin Medication	Scott McEachern	12/31/2023		100
On Track	6.2.10	Security Measure: HIPAA Security Risk Analysis	Scott McEachern	12/31/2023		100
On Track	6.2.11	Security Measure: SAFER Guide	Scott McEachern	12/31/2023		100
On Track	6.2.12	Security Measure: ONC Direct Review	Scott McEachern	12/31/2023		100
On Track	6.2.13	Security Measure: Acting to Limit or Restrict the compatibility or interoperability of CEHRT	Scott McEachern	12/31/2023		100

	7.0	General SCHHC Projects						
	8.0	Community Health Needs Assessment						
On Track	8.1	Expand Access to care in SCH Clinic	Dawn Gray		Executive Team	56.25		
On Track	8.1.1	Implement Triage Line	Dawn Gray	10/1/2023	Executive Team			
On Track	8.1.2	Tracking Call Volume and Time	Scott McEachern	12/31/2023	Executive Team, SCHHC IS Department	50		
On Track	8.1.3	Same Day (Fast Track) Appointments in SCH Clinic	Dawn Gray		Executive Team	75		
Completed	8.1.4	Extended Hours in the SCH Clinic	Dawn Gray		Executive Team	100		
On Track	8.2	Assess Potential Specialties to improve local access	Raymond Hino		Executive Team	66.66		
Completed	8.2.1	Assess top three opportunities	Raymond Hino		Executive Team	100		
Completed	8.2.1.1	Dermatology	Raymond Hino	11/21/2023	Executive Team	100		
On Track	8.2.1.2	Urology	Raymond Hino			100		
Completed	8.2.1.3	Gynecology	Raymond Hino			100		
Completed	8.2.1.4	Endocrinology	Raymond Hino			100		
Completed	8.2.1.5	Ophthalmology (Cataracts)	Raymond Hino			100		
Completed	8.2.1.6	Podiatry	Raymond Hino			100		
Completed	8.2.1.7	ENT	Raymond Hino			100		
Completed	8.2.1.8	Nephrology	Raymond Hino	11/21/2023		100		
Completed	8.2.1.9	Pediatric	Raymond Hino			100		
Completed	8.2.1.10	Telemedicine	Raymond Hino			100		
Completed	8.2.1.11	Psychiatric services	Raymond Hino			100		
Completed	8.2.1.12	Orthopedics	Raymond Hino	11/21/2023	Jeremiah Dodrill	100		
On Track	8.2.2	Feasibility of top three	Raymond Hino	6/30/2024	Executive Team	33.33		
Completed	8.2.2.1	Who's in the market	Scott McEachern	10/31/2023	David Sandberg, Jeremiah Dodrill, Raymond Hino	100		
On Track	8.2.2.2	Wait times	Dawn Gray	12/31/2023	Executive Team			
On Track	8.2.2.3	Reputation of local providers						
On Track	8.3	Improve Service Offerings to SCHHC Patients	Raymond Hino		Executive Team	33.33		
On Track	8.3.1	Chronic Care Management	Dawn Gray	12/31/2023	Executive Team			
On Track	8.3.1.1	Hire a Chronic Care Management Coordinator	Dawn Gray	12/31/2023	Executive Team			
Completed	8.3.2	Hire School Nurse Replacement	Dawn Gray	8/14/2023	Scott McEachern	100		
	8.3.3	· · · · · · · · · · · · · · · · · · ·						
On Track	8.4	Increase community awareness about our services	Scott McEachern	6/30/2024	Executive Team	33.33		
Completed	8.4.1	Improve Google Star Ratings	Scott McEachern	6/30/2024	Amy Moss Strong	100		
On Track	8.4.2	Same Day Billboard						
On Track	8.4.3	Promote Pulmonary Disease Program						
On Track	8.5	Staff Education	Raymond Hino		Executive Team			
On Track	8.5.1	Increased awareness of Insurance acceptance, and services offered at the hospital and clinic, Community, and how to access those services	Raymond Hino	6/30/2024	Executive Team			
Completed	8.5.1.1	Outside service resource list.				+		
On Track	8.5.1.2	Availability and promotion of Financial Assistance Policy	Scott McEachern	12/31/2023	Dawn Gray, front desk staff, Cathy Mann, Amy Moss Strong	1		
On Track	8.5.2	Cultural Competency and trauma-informed care education	Raymond Hino	6/30/2024	Executive Team			

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On Track	8.5.3	Expanded HIPAA Privacy Training	Scott McEachern	1/31/2024	Executive Team	