STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%
	1.0	People				
On Track	1.1	Benchmark and implement employee compensation philosophy	Jeremiah Dodrill, Raymond Hino			55.55
Completed	1.1.1	Implement Salary.com Benchmarking	Jeremiah Dodrill, Raymond Hino	7/31/2022	Carrie Okey, HR, Finance	100
Completed	1.1.1.1	Provide compensation data to Salary.com	Jeremiah Dodrill	6/30/2022	Carrie Okey, HR, Finance	100
Completed	1.1.1.2	Complete HR staff training on Salary.com	Jeremiah Dodrill	7/31/2022	Carrie Okey, HR, Finance	100
Overdue	1.1.2	Develop employee compensation philosophy	Jeremiah Dodrill, Raymond Hino	11/30/2022	Carrie Okey, HR, Finance	50
Overdue	1.1.2.1	Update policies and standard work related to annual market benchmarking for all positions	Jeremiah Dodrill	11/30/2022	Carrie Okey, HR, Finance	50
Overdue	1.1.3	Complete benchmarking study of hospital job codes	Jeremiah Dodrill, Raymond Hino	12/31/2022	Carrie Okey, HR, Finance	16.66
Overdue	1.1.3.1	Compare current salaries by job code to Salary.com benchmark data, noting large differences. Establish pay grads, based on market data, for those positions in which they do not exist.	Jeremiah Dodrill	11/30/2022	Carrie Okey, HR, Finance	50
Overdue	1.1.3.2	Quantify compensation differences individually and in the aggregate by job code, department and whole hospital	Jeremiah Dodrill	11/30/2022	Carrie Okey, HR, Finance	
Overdue	1.1.3.3	Determine strategy to impact compensation differences, particularly roles or areas that appear to be significantly under the benchmark and implement required wage/market adjustments as necessary	Jeremiah Dodrill	12/31/2022	Carrie Okey, HR, Finance	

Status	#	Description	Owner	Due Date	Resources	%
Attention	1.2	Develop and implement hospital physician/provider (medical staff) development plan, to include both current and projected future recruitment needs, Stark law compliance, additional best practices for medical staff development.	Jeremiah Dodrill, Raymond Hino	5/1/2023	Executive Team, Katelin Wirth, MD Ranger, MGMA	51.14
Completed	1.2.1	Research best practices and compliance requirements (DNV) in medical staff development plans	Raymond Hino	7/31/2022	DNV, MD Ranger, Governance Institute, CEO colleagues	100
Attention	1.2.2	Review Community Health Needs Assessment & interview Board, Medical Staff, Executive Leadership for physician recruitment needs	Raymond Hino	12/31/2022	Survey Monkey or hard copy surveys. Distribute, collect and tabulate results	50
Completed	1.2.3	Complete a provider contract audit and identify if compliance variances exist	Raymond Hino	7/15/2022	MD Ranger, Jeremiah Dodrill	100
Attention	1.2.4	Create Medical Staff Development plan based upon results of needs assessment and best practices	Raymond Hino	12/31/2022	Executive Team, Kim Russell	50

Status	ID	Task	Owner	Due Date	Support	%
Attention	1.2.4.1	To include recruitment needs and recruitment plan	Raymond Hino	12/31/2022	Executive Team	
Completed	1.2.4.2	To include Stark Law compliance metrics for all contracts	Raymond Hino	12/31/2022	Executive Team	100
Attention	1.2.5	Present findings of Medical Staff Development Plan to Board of Directors	Raymond Hino	12/31/2022	Jeremiah Dodrill, Kim Russell	
Attention	1.2.6	Complete implementation of findings and recommendations from Board approved Medical Staff Development Plan	Raymond Hino	12/31/2022	Executive Team	25
Attention	1.2.7	Renegotiate provider contracts, where necessary, to meet regulatory requirements	Raymond Hino	4/30/2023	Jeremiah Dodrill, Outside legal counsel	33
Attention	1.3	Develop Employee Recognition and Engagement Plan by department/division, with a focus on collaboration	Scott McEachern, Cori Valet	1/1/2023	Executive Team, Carrie Okey	4.16
On Track	1.3.1	Survey staff to identify gaps in employee recognition	Cori Valet, Carrie Okey, Scott McEachern	12/31/2022	Amy Moss Strong	
	1.3.1.1	Develop Survey Questions	Cori Valet, Scott McEachern	7/15/2022	Executive Team	
	1.3.1.2	Deploy SurveyMonkey with employee recognition questions	Scott McEachern	9/30/2022		
	1.3.1.3	Analyze Results of Survey	Scott McEachern, Cori Valet	10/5/2022	Executive Team	
	1.3.1.4	Use results from staff survey to develop employee recognition plan for FY23-25	Scott McEachern, Cori Valet	10/12/2022	Executive Team	
On Track	1.3.2	Identify staff champions and coordinate with Employee Council	Scott McEachern, Cori Valet	12/31/2022	Amy Moss Strong	
On Track	1.3.3	Develop a budget for Employee Recognition	Jeremiah Dodrill, Scott McEachern, Cori Valet	12/31/2022	Executive Team	
Attention	1.3.4	Create Employee Council	Scott McEachern	12/31/2022	Managers, staff	16.66
On Track	1.3.4.1	Develop and send out staff survey re: establishing council	Scott McEachern	11/30/2022	Carrie Okey	
Completed	1.3.4.2	Research council models	Scott McEachern	6/30/2022	Outside hospitals	100
Attention	1.3.4.3	Develop outreach/solicitation to employees	Scott McEachern	11/30/2022	Carrie Okey	
Attention	1.3.4.4	Propose SCHHC council model to Exec Team	Scott McEachern	11/30/2022	Exec Team	

Attention	1.3.4.5	Convene first SCHHC Employee Council	Scott McEachern	11/30/2022	Interested Employees	
Attention	1.3.4.6	Define Mission Statement of SCHHC Employee Council	Scott McEachern	12/16/2022	Members of the Employee Council	
On Track	1.4	Develop and implement a staff education plan	Cori Valet	2/28/2023	Carrie Okey	38.88
Completed	1.4.1	Identify current staff education plans.	Cori Valet	8/12/2022	Carrie Okey, Kerry Vincent and department managers	100
Completed	1.4.1.1	Identify current all staff education plan (Initial and annual)	Cori Valet	7/8/2022	Carrie Okey, Kerry Vincent	100
Completed	1.4.1.2	Identify current department specific education processes.	Cori Valet	7/15/2022	All department managers, Kerry Vincent	100
Completed	1.4.2	Identify current Medical Provider Education plans	Cori Valet	6/18/2022	Shawn March	100
On Track	1.4.3	Perform a gap analysis to determine deficiencies in existing education processes.	Cori Valet	1/31/2023	Carrie Okey	33.33
On Track	1.4.3.1	Develop a gap analysis tool	Cori Valet	12/31/2022	Carrie Okey, Arianne Booth	50
On Track	1.4.3.2	Benchmark other Hospitals, i.e. LUH, CVH, CGH	Cori Valet	12/31/2022	Carrie Okey, Arianne Booth	50
	1.4.3.3	Perform gap analysis using data from other hospital benchmarking	Cori Valet	1/31/2023	Carrie Okey, Arianne Booth	
	1.4.4	Update existing education plans to include deficiencies noted in gap analysis.	Cori Valet	3/31/2023	Carrie Okey	
	1.4.5	Create an education policy for staff, manager and medical provider education.	Cori Valet	1/31/2023	Carrie Okey	
	1.4.6	Implement the updated education policy for staff, managers, and medical providers.	Cori Valet	4/14/2023	Scott McEachern, Shawn March, Carrie Okey	
Completed	1.5	Implement Leadership Training Program	Raymond Hino	9/1/2022	Carrie Okey, Executive Team	100
Completed	1.5.1	Identify management team members required to participate in Leadership Training program	Raymond Hino	5/31/2022	Carrie Okey, Executive Team	100
Completed	1.5.2	Research external resources for Leadership Training (e.g. Studer, HealthStream, etc)	Raymond Hino	6/30/2022	Carrie Okey, Executive Team, Studer Group, HealthStream	100
Completed	1.5.3	Select resource entity, sign contract (if necessary) and establish start date	Raymond Hino	7/31/2022	Carrie Okey, Executive Team	100
Completed	1.5.4	Create 12-month schedule for Leadership Training program	Raymond Hino	9/1/2022	Carrie Okey, Executive Team	100
Overdue	1.6	Expectations - Clarify expectations of all employees and update/streamline employee evaluation process aligned with expectations	Jeremiah Dodrill, Raymond Hino	12/31/2022	Carrie Okey	37.5
Overdue	1.6.1	Identify best practices in employee evaluation process	Raymond Hino, Jeremiah Dodrill	9/30/2022	Carrie Okey, HR	50
Overdue	1.6.2	Perform value stream analysis on employee evaluation process.	Raymond Hino, Jeremiah Dodrill	11/30/2022	Carrie Okey, HR	50
Overdue	1.6.2.1	Clarify expectations of employees and managers in evaluation process	Raymond Hino, Jeremiah Dodrill	11/30/2022	Carrie Okey	50
Overdue	1.6.2.2	Develop standard operation procedures for HR, managers and employees for the employee evaluation process	Raymond Hino, Jeremiah Dodrill	11/30/2022	Carrie Okey	50
Overdue	1.6.3	Revamp employee evaluation documents to meet best practices	Raymond Hino, Jeremiah Dodrill	12/31/2022	Carrie Okey, HR	

Status	ID	Description	Owner	Due Date	Stakeholders	%
Overdue	1.6.3.1	Employee evaluations to include review of job performance in reference to stated job descriptions, progress to individual and departmental goals and expectations of all employees	Raymond Hino, Jeremiah Dodrill	12/31/2022	Kelly Frengle, HR	
Overdue	1.6.4	Develop visibility and accountability measures for leadership	Jeremiah Dodrill	11/30/2022	Carrie Okey, HR	50
Attention	1.7	Identify gaps in recruitment process	Jeremiah Dodrill, Raymond Hino	12/31/2022	Carrie Okey	83.33
Completed	1.7.1	Identify best practices in employee recruiting.	Jeremiah Dodrill	7/31/2022	Carrie Okey, HR	100
Completed	1.7.2	Perform value stream analysis on employee recruiting process	Jeremiah Dodrill	8/31/2022	Carrie Okey, HR	100
Overdue	1.7.3	Create Standard Operating Procedures for each step in the recruiting process	Jeremiah Dodrill	9/30/2022	Carrie Okey, HR	50
	2.0	Service				
Attention	2.1	Develop and implement a concierge patient engagement model for patient services to improve patient satisfaction.	Raymond Hino	6/30/2023	Executive Team	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
Attention	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	3/1/2023	Executive Team; Project Teams	
Attention	2.1.3	Implement 2-5 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	11/17/2022	Executive Team, Project Teams; Leadership Team	
	2.1.4	Implement 4-8 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	6/30/2023	Executive Team, Project Teams, Leadership Team	
On Track	2.2	Identify, select, and implement the most effective EMR system.	Scott McEachern	9/30/2024	Executive Team, Managers, Providers	47.55
On Track	2.2.1	Convene EHR Governance Committee, comprised of a cross-departmental team tasked with overseeing selection, implementation, and maintenance of EHR system	Scott McEachern	3/1/2023	Executive Team, Managers, Providers	
Completed	2.2.2	Open conversations with potential EMR vendors	Scott McEachern	7/31/2022	Raymond Hino, Trevor Jurgenson	100
Completed	2.2.2.1	OCHIN	Scott McEachern	5/31/2022		100
Completed	2.2.2.2	St. Charles EPIC	Scott McEachern	7/31/2022		100
Completed	2.2.2.3	Cerner Community Works	Scott McEachern	7/31/2022		100
Completed	2.2.2.4	Providence Community Connect	Scott McEachern	11/7/2022		100
On Track	2.2.3	Determine scope of work for hiring an external project management team	Scott McEachern	8/31/2022	Executive Team	33

Status	#	Task	Owner	Due Date	Support	%
On Track	2.2.3.1	Identify appropriate project management team options. Criteria: has worked with small rural hospitals before; experience with EPIC implementation in CAHs; affordable price.	Scott McEachern	12/31/2022		33
Completed	2.2.4	Identify needed peripheral systems	Scott McEachern	9/30/2022	Trevor Jurgenson, Cindy Kessler, Deb Backman, Marlene Rocha, Deb Ellis, Cheryl Johnson	100
Completed	2.2.4.1	Laboratory Information System	Scott McEachern	9/30/2022	Cindy Kessler, Laboratory	100
Completed	2.2.4.2	Radiology Information System & Peripherals	Scott McEachern	9/30/2022	Deb Backman	100
Completed	2.2.4.3	Respiratory Peripherals	Scott McEachern	9/30/2022	Cheryl Johnson	100
On Track	2.2.5	ERP System	Scott McEachern	9/30/2022	Marlene Rocha, Finance Team	20
On Track	2.2.5.1	Premier	Scott McEachern	12/31/2022	Finance team	30
On Track	2.2.5.2	Workday	Scott McEachern	12/31/2022	Finance team, Supply Management	30
Completed	2.2.6	Identify potential project funders	Scott McEachern	8/31/2022	Jeremiah Dodrill	100
Completed	2.2.6.1	SM reached out to USDA	Scott McEachern	7/6/2022	Jeremiah Dodrill	100
Completed	2.2.6.2	SM reached out to AHA/Phil Rivera	Scott McEachern	7/6/2022	Jeremiah Dodrill	100
Completed	2.2.6.3	Reach out to Advanced Health	Kimberly Russell	7/31/2022	Jeremiah Dodrill, Ray Hino	100
	2.2.7	Develop financial plan for EMR implementation	Scott McEachern, Raymond Hino, Jeremiah Dodrill	6/30/2023	Executive Team	
On Track	2.2.8	Compare potential EMR Vendors	Scott McEachern	12/31/2022	Executive Team	75
	2.2.9	Make recommendation to SCHD Board	Scott McEachern	3/23/2023	Executive Team	
	3.0	**Quality**				
On Track	3.1	Implement and Maintain Quality DNV Accreditation Program	Raymond Hino	9/30/2022	Scott McEachern, Barb Snyder, staff	66.66
Completed	3.1.1	Schedule a meeting with Stakeholders to discuss next steps and establish timelines	Scott McEachern	5/12/2022	Scott McEachern	100
Completed	3.1.2	DNV Training	Scott McEachern	7/12/2022	Barb Snyder	100
On Track	3.1.3	Prepare for DNV Assessment in September 2022	Scott McEachern	9/30/2022	Managers, staff	100
Completed	3.1.3.1	Meet with managers to review DNV accreditation items	Scott McEachern	6/10/2022	Managers, Barbara Snyder	100
Completed	3.1.3.2	Follow-up with managers to review DNV accreditation items	Scott McEachern	7/15/2022	Managers, Barbara Snyder	100
Completed	3.1.4	Achieve Initial DNV Accreditation	Barbara Snyder, Raymond Hino	12/30/2022	Executive Team, Managers, Providers, district board	100
	3.1.5	Pass DNV Accreditation Survey for 2nd Year in a Row	Raymond Hino, Barbara Snyder	9/30/2023	Executive Team, Managers, staff, providers, district board	
	3.1.6	Achieve top 100 Hospital Status	Scott McEachern, Cori Valet, Jeremiah Dodrill, Raymond Hino	6/30/2025	Executive Team, Managers, staff, providers, district board	
Completed	3.2	Establish Quality Benchmark	Cori Valet	11/21/2022	Barb Snyder, Sharon Bischoff	100
Completed	3.2.1	Establish Quality Benchmarks consistent with other Critical Access Hospitals	Cori Valet	11/21/2022	Barb Snyder, Sharon Bischoff	100
Completed	3.2.2	Establish individualized Quality Benchmarks for each clinical department	Cori Valet	11/21/2022	Barb Snyder, Sharon Bischoff, All clinical dept managers	100

Status	Number	Task	Owner	Due Date	Support	%
Attention	3.3	Develop and Execute Effective Internal Communication Plan	Scott McEachern	12/31/2022	Executive Team, Employees Activity Committee	16.66
Completed	3.3.1	Create SCHHC Communications calendar	Scott McEachern	11/7/2022	Carrie Okey	100
Overdue	3.3.2	Perform a gap analysis: what could we be doing better to reach all staff with communication?	Scott McEachern	11/30/2022	Managers, staff	
Overdue	3.3.3	Convene focus group comprised of representatives from departments	Scott McEachern	11/14/2022	Managers, staff	
Overdue	3.3.3.1	Develop questionnaire for focus group	Scott McEachern	11/7/2022	Amy Moss Strong	
Overdue	3.3.3.2	Utilize findings from the focus group to develop plan	Scott McEachern	11/30/2022	Amy Moss Strong	
	3.3.4	Present plan to Executive Team	Scott McEachern	12/7/2022	Executive Team	
	3.3.5	Execute Internal Communication Plan	Scott McEachern	1/2/2023	Managers	
	3.3.6	Initiate Quarterly Review of staff for analysis by SCHHC Employee Council	Scott McEachern	1/2/2023	Employee Council	
Attention	3.4	Update and Implement a district wide Incident Response Plan	Cori Valet, Scott McEachern	12/31/2022	Jason Cook, Trevor Jurgenson, Deb Backman, Katelin Wirth	
Attention	3.4.1	Update Emergency Preparedness Plan	Scott McEachern	12/30/2022	Jason Cook, Jeremiah Dodrill	
	3.4.2	Conduct preparedness exercises and regular training	Scott McEachern, Cori Valet	12/31/2022	Jason Cook, Arianne Booth	
	3.4.2.1	Embed training into onboarding and annual review process using the Department of Homeland Security modules.	Cori Valet		Jason Cook, Arianne Booth	
	3.4.3	Communicate Plan to Board of Directors, Foundation, and Community Members.	Cori Valet, Scott McEachern	1/31/2023	Jason Cook	
On Track	3.5	Update SCHHC cybersecurity program	Scott McEachern	6/30/2023	Trevor Jurgenson	70
Completed	3.5.1	Perform gap analysis on current SCHHC cybersecurity practices	Scott McEachern	7/31/2022	Trevor Jurgenson	100
On Track	3.5.2	Update cybersecurity practices and protocols	Scott McEachern	12/31/2022	Trevor Jurgenson	100
Completed	3.5.3	Develop annual vulnerability testing plan	Scott McEachern	12/31/2022	Trevor Jurgenson	100
Completed	3.5.3.1	Hold kick-off call with Critical Insight	Scott McEachern	7/7/2022	Trevor Jurgenson	100
Completed	3.5.3.2	CI ships out devices to SCHHC	Scott McEachern	8/15/2022	Trevor Jurgenson, Jeff Weymouth, Chris Cox	100
Completed	3.5.3.3	Schedule penetration test	Scott McEachern	8/22/2022	Trevor Jurgenson, Jeff Weymouth, Chris Cox	100
On Track	3.5.4	Develop security awareness training program	Scott McEachern	12/31/2022	Trevor Jurgenson	50
On Track	3.5.5	Perform annual risk assessment	Scott McEachern	12/1/2022	Trevor Jurgenson	
On Track	3.5.5.1	HIPAA Security Risk Assessment findings presented to exec team	Scott McEachern	12/7/2022	Critical Insight	
On Track	3.5.5.2	HIPAA Security Risk Assessment findings presented to SCHD board	Scott McEachern	12/15/2022	Critical Insight	
	4.0	Growth				
On Track	4.1	Develop comprehensive district marketing plan.	Scott McEachern	12/31/2022	Amy Moss Strong	79.16
Completed	4.1.1	Perform a SWOT analysis	Scott McEachern	6/1/2022	Executive Team	100
Overdue	4.1.2	Assess SCHHC community and patient demographics to optimize outreach practices	Scott McEachern	10/31/2022	Amy Moss Strong	50

Overdue	4.1.2.1	Develop SCHHC patient and provider personas in an effort to better target patient advertising and provider recruitment	Scott McEachern	10/31/2022	Executive Team	50
Attention	4.1.3	Identify SCHHC's value propositions and differentiators	Scott McEachern	10/31/2022	Amy Moss Strong	75
Completed	4.1.4	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
On Track	4.1.5	Develop pipeline of patient testimonials	Scott McEachern	12/31/2022	Amy Moss Strong	100
On Track	4.1.6	Position the SCHHC Website as SCHHC's digital front door	Scott McEachern	12/31/2022	Amy Moss Strong, external vendor	75
Completed	4.1.6.1	Perform a needs assessment on current website design, functionality, and content	Scott McEachern	7/31/2022	Amy Moss Strong, Employee Council	100
Completed	4.1.6.2	Evaluate vendors to provide web design and content maintenance services	Scott McEachern	8/31/2022	Amy Moss Strong	100
On Track	4.1.6.3	Revamp patient education on website and on-site resources	Scott McEachern	12/31/2022	Clinical managers	25
On Track	4.1.6.4	Integrate website with all other SCHHC digital assets -- ensure continuity of experience	Scott McEachern	12/31/2022	Amy Moss Strong	75
On Track	4.1.7	Review current practices for SCHHC brand optimization and expansion opportunities	Scott McEachern	10/31/2022	Amy Moss Strong	37.5
On Track	4.1.7.1	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	75
Attention	4.1.7.2	Implement regular survey cadence of community to assess movement in SCHHC brand awareness	Scott McEachern	11/30/2022	Amy Moss Strong	
On Track	4.1.8	Grow SCHHC Brand awareness by enhancing communication pathways to patients and community	Scott McEachern	12/31/2022	Amy Moss Strong	75
Attention	4.1.8.1	Optimize SCHHC's social media performance	Scott McEachern	12/31/2022	Amy Moss Strong	50
Completed	4.1.8.2	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
On Track	4.1.8.3	Optimize current patient portal experience for patients	Scott McEachern	12/31/2022	Shawn March, Clinical Informatics	75
Completed	4.1.9	Track Key Performance Indicators	Scott McEachern	8/31/2022	Amy Moss Strong	100
Completed	4.1.9.1	Website Traffic	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.9.2	Open rate and click-through rate of e-newsletter	Scott McEachern	10/31/2022	Amy Moss Stronng	100
Completed	4.1.9.3	Social Media page likes & reach	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.9.4	Survey community on SCHHC brand awareness - benchmark	Scott McEachern	5/25/2022	Amy Moss Strong	100
On Track	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.	Cori Valet, Scott McEachern, Raymond Hino, Kimberly Russell, Jeremiah Dodrill	12/31/2023	Board of Directors, Executive Team, Hospital and Health Center staff, Amy Moss Strong	28

Status	#	Task	Owner	Due	Support	%
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	6/30/2022	Board of Directors, Executive Team, Amy Moss Strong	50
Completed	4.2.1.1	Create a matrix of commercial health plan, and managed care plans that are active in Southern Coos County	Jeremiah Dodrill	9/30/2022	Cathy Mann, Katelin Wirth	100
Attention	4.2.1.2	Review current commercial and managed care contracts and adequacy of payment terms	Jeremiah Dodrill	12/31/2022	Cathy Mann	50
	4.2.1.3	Renegotiate Moda commercial and MA contracts	Jeremiah Dodrill	3/31/2023	Cathy Mann, Katelin Wirth	
Attention	4.2.2	Evatuate alignment between employer sponsored health plans and current payor contracts at SCHHC	Jeremiah Dodrill	9/30/2022	Cathy Mann, Katelin Wirth	
On Track	4.2.3	Collaborate with other local healthcare organizations to maximize benefit to patients and the community	Raymond Hino	12/31/2022	Executive Team	90
Attention	4.2.4	Develop service line growth analysis mechanism and plan.	Raymond Hino	6/30/2023	Executive Team	
	4.2.4.1	Construct a service line analysis process to identify new service lines and evaluate existing service lines	Raymond Hino	1/31/2023	Executive Team	
	4.2.4.2	Hire project manager	Raymond Hino	1/31/2023	Executive Team	
	4.2.4.3	Conduct market study of outpatient services	Raymond Hino	3/31/2023	Executive Team	
	4.2.4.4	Evaluate opportunities for new services (outpatient services, outpatient and inpatient surgical services, transitional care) that are financially feasible for SCHHC	Scott McEachern, Cori Valet, Raymond Hino, Jeremiah Dodrill	6/30/2023	Execuitive Team	
	4.2.5	Increase commercial payers use of SCHHC services	Raymond Hino	1/31/2023	Cori Valet, Jeremiah Dodrill	
Overdue	4.2.5.1	Target local employers that offer better insurance plans: Bandon Dunes, School District, City of Bandon, etc.	Scott McEachern	9/30/2022	Executive Team	
Overdue	4.2.5.2	Assess local businesses' healthcare needs	Scott McEachern, Cori Valet	9/30/2022	Jeremiah Dodrill, Raymond Hin	
Overdue	4.2.5.3	Develop outreach plan to local businesses	Scott McEachern	9/30/2022		
Overdue	4.2.5.4	Implement outreach plan and tracking system to ensure continued outreach	Scott McEachern	9/30/2022		
Overdue	4.2.5.5	Research population segments; develop specific marketing outreach to segments	Scott McEachern	6/30/2022	Amy Moss Strong	
Attention	4.3	Develop long-term board governance training program for SCHD board	Raymond Hino	3/1/2023	Board, Sr Leadership	
Overdue	4.3.1	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	9/1/2022	Executive Team, Kim Russell, Board of Directors	
Attention	4.3.2	Select a long-term board governance training partner.	Raymond Hino	12/30/2022	Executive Team, Kim Russell, Board of Directors	
Attention	4.3.3	Create a 12-month calendar for Board Education and Training, for the months of June 2023 to May 2024	Raymond Hino	3/1/2023	Executive Team, Kim Russell, Board of Directors	

On Track	4.4	Develop a facility master plan for the entire facility that will encompass equipment, clinical tools, and infrastructure	Jeremiah Dodrill	12/31/2023		26.71
On Track	4.4.1	Select Architectural Firm	Jeremiah Dodrill	3/31/2023	Jason Cook	30
Completed	4.4.1.1	Identify and interview CAH hospitals that have had recent significant physical plant upgrades or built new hospitals.	Jeremiah Dodrill	9/15/2022	Jason Cook	100
	4.4.1.2	Develop Architect selection criteria based on results of CAH hospital interviews	Jeremiah Dodrill	11/30/2022	Jason Cook	50
	4.4.1.3	Develop RFP and solicit bids for Architects to develop master site plan	Jeremiah Dodrill	12/31/2022	Jason Cook	
	4.4.1.4	Select Architect base on RFP submissions/responses. Negotiate Engagement terms	Jeremiah Dodrill	1/31/2023	Jason Cook	
	4.4.1.5	Sign Architect Contract	Jeremiah Dodrill	3/31/2023	Jason Cook, Ray Hino and Architect	
Overdue	4.4.2	Identify future plant infrastructure needs	Jeremiah Dodrill	8/31/2022	Jason Cook, Service Line Management	50
Completed	4.4.2.1	Interview Service Line management to understand growth/expansion/service opportunities and issues affecting current and future clinical operations	Jeremiah Dodrill	7/31/2022	Jason Cook, Service Line Management	100
Attention	4.4.2.2	Incorporate needs assessment into Architect RFP	Jeremiah Dodrill	12/31/2022	Jason Cook	
	4.4.3	Develop Phase 1 facilities plan - Immediate opportunities to improve existing campus infrastructure without large construction effort and service interruption	Jeremiah Dodrill	6/30/2023	Jason Cook and Architect	
	4.4.3.1	Work with Architect and management to identify opportunities for Phase 1 Plan	Jeremiah Dodrill	4/30/2023	Jason Cook and Architect	
	4.4.3.2	Develop cost estimates for Phase 1 Plan	Jeremiah Dodrill	5/31/2023	Jason Cook and Architect	
	4.4.4	Develop Phase 2 facilities plan - Full campus expansion	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	
	4.4.4.1	Work with Architect to identify opportunities for Phase 2 campus expansion - Location, Cost, Schematic variations considered	Jeremiah Dodrill	6/30/2023	Jason Cook and Architect	
	4.4.4.2	Evaluate Lot/Land options and availability for facilities expansion	Jeremiah Dodrill	8/31/2023	Jason Cook and Architect	
	4.4.4.3	Evaluate various options and select preferred high level schematic	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	
	4.4.4.4	Develop Cost Estimate				
On Track	4.4.5	Develop long-range clinical and operations equipment plan	Jeremiah Dodrill	12/31/2022	Jason Cook, Accounting/Finance, Service Line Management	53.57
Completed	4.4.5.1	Create inventory of all existing owned, leased and serviced equipment	Jeremiah Dodrill	7/31/2022	Jason Cook and Accounting	100

Completed	4.4.5.2		Reconcile listing of all equipment between Engineering and Accounting	Jeremiah Dodrill	8/15/2022	Jason Cook and Accounting	100
Completed	4.4.5.3		Determine expected end of life/obselescence of each equipment classificaction given date of purchase, expedcted useful life and other relevant factors (including service line manager input)	Jeremiah Dodrill	10/31/2022	Jason Cook, Accounting and Service Line Management	100
On Track	4.4.5.4		Evaluate warranty service period expiries	Jeremiah Dodrill	10/31/2022	Jason Cook and Accounting	75
On Track	4.4.5.5		Develop cost estimates for replacement, create schedule of replacement/investment/service contracts	Jeremiah Dodrill	11/30/2022	Jason Cook, SCS and Accounting	
On Track	4.4.5.6		Formalize equipment replacement plan, including cost, expected replacement dates and service contracts	Jeremiah Dodrill	12/31/2022	Jason Cook and Accounting	
On Track	4.4.5.7		Develop standard operating procedures for maintenance of equipment and warranty lists	Jeremiah Dodrill	12/31/2022	Jason Cook and Accounting	
On Track	4.5		Develop and execute SCHF Strategic Plan, aligned with the SCHHC StratPlan; improve communication between SCHF and SCHHC; improve SCHF financial statements and metrics	Raymond Hino, Scott McEachern	3/31/2023	Joseph Bain, SCHF Foundation	85.71
On Track	4.5.1		Develop scope of work for hiring external strategic plan consultant	Scott McEachern	9/22/2022	SCHF Foundation	100
Attention	4.5.2		Reach out to potential strategic planning vendors	Scott McEachern	10/31/2022	SCHF Foundation	100
Attention	4.5.3		Select strategic planning vendor	Scott McEachern	11/30/2022	SCHF Foundation	
Completed	4.5.4		Develop fundraising plan for FY23-25	Scott McEachern	6/30/2022	Amy Moss Strong, Foundation board	100
Completed	4.5.4.1		Define specific fundraising targets for FY23-25	Scott McEachern	6/30/2022	Foundation board	100
Completed	4.5.5		Recruit SCHF Board Members	Scott McEachern	12/31/2022	SCHF Foundation	100
Completed	4.5.5.1		Identify a list of potential, interested people	Scott McEachern	6/30/2022	SCHF Foundation Officers	100
Completed	4.5.5.2		Meet with potential board members	Scott McEachern	9/30/2022	SCHF Foundation members	100
Completed	4.5.6		Improve communication between hospital & SCH Foundation	Scott McEachern	5/31/2022	Amy Moss Strong	100
Completed	4.5.6.1		Begin bi-weekly emails to SCH Foundation board updating them on issues of importance related to fundraising and in the hospital	Scott McEachern	8/29/2022		100
Completed	4.5.7		Refine SCHF Financials to include FY23 budget and fundraising goals	Scott McEachern	12/31/2022	Marlene Rocha	100
	5.0	Finance					
On Track	5.1	Develop financial sustainability plan		Jeremiah Dodrill	12/31/2022		20
Completed	5.1.1		Complete FY 2023 budget. Criteria is that "Change in Net Position" is not negative for the fiscal year	Jeremiah Dodrill	6/30/2022	Axiom, Katelin Wirth, CLA	100
On Track	5.1.2		Complete long range financial plan, taking into consideration impact of cost based reimbursement, growth initiatives/targets and required capital/infrastructure plans	Jeremiah Dodrill	12/31/2022	Axiom, Katelin Wirth, CLA	
On Track	5.1.3		Define what it means to be adequately profitable to meet the capital needs of the hospital.	Jeremiah Dodrill	1/31/2023	Board, Executive Management	

On Track	5.1.4	Update plan with results of the Phase 1 facilities plan	Jeremiah Dodrill	6/30/2023	Axiom, Katelin Wirth, CLA	
On Track	5.1.5	Update Plan with results of Phase 2 facilities plan. Identify funding gap.	Jeremiah Dodrill		Axiom, Katelin Wirth, CLA	
Attention	5.2	By the end of FY23, the clinic will be at break-even financially	Raymond Hino	6/30/2023	Raymond Hino, Jeremiah Dodrill, Dawn Gray	66.66
Completed	5.2.1	Feasibility study to Achieve rural health center designation for the clinic	Jeremiah Dodrill	11/30/2022		100
Completed	5.2.1.1	Obtain proposals to conduct feasibility study from 2 reputable consulting/CPA firms	Jeremiah Dodrill	5/13/2022	CLA and Wipfli	100
Completed	5.2.1.2	Review proposals and select consultant to conduct feasibility study	Jeremiah Dodrill	5/20/2022	CLA and Wipfli	100
Completed	5.2.1.3	Provide data and complete PBC listing for RHC feasibility study	Jeremiah Dodrill	8/31/2022	Katelin Wirth	100
Completed	5.2.1.4	Evaluate findings of RHC feasibility study and make recommendation to Executive Committee, Clinic leadership and Board	Jeremiah Dodrill	11/17/2022	Wipfli	100
	5.2.2	Achieve positive net income for clinic for 3 consecutive months	Jeremiah Dodrill	6/30/2023	Dawn Gray, clinic providers, clinic staff	
Completed	5.2.3	Recruit additional high volume provider to clinic	Raymond Hino	12/31/2022	Jeremiah Dodrill, Katelin Wirth, MGMA and MD Ranger benchmark tools	100
Southern Coos Health District	5.2.4	Renegotiate existing clinic provider contracts (as they expire), benchmarked for compensation and productivity which reflects minimum of break-even financial performance	Raymond Hino	2/28/2023	Jeremiah Dodrill, Katelin Wirth, MGMA and MD Ranger benchmark tools	66.66
2022-2024 Strategic Plan	5.2.4.1	Negotiate Dr. Mitchell contract	Raymond Hino	11/30/2022		100
Completed	5.2.4.2	Negotiate Dr. Pense contract	Raymond Hino	12/31/2022		100
	5.2.4.3	Negotiate Dr. Adams Contract	Raymond Hino	4/30/2023		
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
Completed	5.3.1	Identify subject experts on District Hospital Board Bylaws Indemnification language	Raymond Hino	6/13/2022	Governance Institute, Special Districts Assoc of Oregon, Chivaroli Insurance, Robin Miller	100
Completed	5.3.2	Write indemnification language as a bylaws revision and present to the Board of Directors for approval	Raymond Hino	6/23/2022	Kim Russell	100
	6.0	Accreditation and regulatory compliance				
On Track	6.1	Physician's Insurance Risk Assessment	Scott McEachern, Cori Valet, Raymond Hino, Jeremiah Dodrill	11/1/2022	Department Managers	80
	7.0	General SCHHC Projects				