

Southern Coos Health District
Strategic Plan Update 11-27-2023

STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%
	1.0	People				
Completed	1.1	Benchmark and implement employee compensation philosophy	Raymond Hino, Jeremiah Dodrill	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
On Track	1.3	Develop and implement a staff education plan	Cori Valet	12/31/2023	Carrie Okey	85
Completed	1.3.1	Identify current staff education plans.	Cori Valet	8/12/2022	Carrie Okey, Kerry Vincent and department managers	100
Completed	1.3.1.1	Identify current all staff education plan (Initial and annual)	Cori Valet	7/8/2022	Carrie Okey, Kerry Vincent	100
Completed	1.3.1.2	Identify current department specific education processes.	Cori Valet	7/15/2022	All department managers, Kerry Vincent	100
Completed	1.3.2	Identify current Medical Provider Education plans	Cori Valet	6/18/2022	Shawn March	100
Completed	1.3.3	Perform a gap analysis to determine deficiencies in existing education processes.	Cori Valet	2/28/2023	Carrie Okey	100
Completed	1.3.3.1	Develop a gap analysis tool	Cori Valet	12/31/2022	Carrie Okey, Arianne Booth	100
Completed	1.3.3.2	Benchmark other Hospitals, i.e. LUH, CVH, CGH	Cori Valet	12/31/2022	Carrie Okey, Arianne Booth	100
Completed	1.3.3.3	Perform gap analysis using data from other hospital benchmarking	Cori Valet	1/31/2023	Carrie Okey, Arianne Booth	100
Completed	1.3.3.4	Utilize existing template within MCN to amend current GAP analysis	Cori Valet	2/28/2023	Carrie Okey, Arianne Booth	100
Completed	1.3.4	Update existing education plans to include deficiencies noted in gap analysis.	Cori Valet	3/31/2023	Carrie Okey	100
On Track	1.3.5	Implement the updated education policy for staff, managers, and medical providers.	Cori Valet	12/31/2023	Carrie Okey	25
On Track	1.3.5.1	Create an education policy for staff, manager and medical provider education.	Cori Valet	6/30/2023	Carrie Okey	50
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 expectations	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				
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

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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
Future	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	
Future	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 and ERP systems.	Scott McEachern	9/30/2024	Executive Team, Managers, Providers	93.33
Completed	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	2/28/2023	Executive Team, Managers, Providers	100
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
Completed	2.2.3	Identify needed peripheral systems	Scott McEachern	12/31/2022	Trevor Jurgenson, Cindy Kessler, Deb Backman, Marlene Rocha, Deb Ellis	100
Completed	2.2.3.1	Laboratory Information System	Scott McEachern	9/30/2022	Cindy Kessler, Laboratory	100
Completed	2.2.3.2	Radiology Information System & Peripherals	Scott McEachern	9/30/2022	Deb Backman	100
Completed	2.2.3.3	Respiratory Peripherals	Scott McEachern	9/30/2022	Cheryl Johnson	100
Completed	2.2.4	Identify ERP System Vendors	Scott McEachern	12/31/2022	Finance Team, Materials Management	100
Completed	2.2.4.1	Premier	Scott McEachern	12/31/2022	Finance team	100
Completed	2.2.4.2	Workday	Scott McEachern	12/31/2022	Finance team, Supply Management	100
Completed	2.2.4.3	Infor	Scott McEachern	12/31/2022	Finance team, Jonathan Yamasaki	100
Completed	2.2.4.4	Sage Intacct	Scott McEachern	2/1/2023		100

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Completed	2.2.5	Identify appropriate project management team options. Criteria: has worked with small rural hospitals before; experience with EPIC implementation in CAHs; affordable price.	Scott McEachern	3/23/2023		100
Completed	2.2.5.1	Determine scope of work for hiring an external vendor selection team	Scott McEachern	8/31/2022	Executive Team	100
Completed	2.2.5.2	Present three vendor selection team options to Exec Team	Scott McEachern	3/15/2023	Executive Team	100
Completed	2.2.5.3	Present recommended EMR/ERP vendor selection team to SCHD Board of Directors	Scott McEachern	3/23/2023	Executive Team	100
Completed	2.2.5.4	Incorporate vendor selection team timeline into the SCHD Strategic Plan	Scott McEachern	4/30/2023	Executive Team	100
Completed	2.2.5.5	Compare potential EMR and ERP Vendors with the External Vendor Selection Team Assistance	Scott McEachern	8/24/2023	Executive Team	100
Completed	2.2.6	Gather Data and Collect Surveys of SCHHC staff	Scott McEachern	4/21/2023	Experis Health Solutions, SCHHC project team	100
Completed	2.2.7	Conduct Foundational Leadership Work Session	Scott McEachern	4/28/2023	Experis Health Solutions, SCHHC project team	100
Completed	2.2.8	Develop RFP and release solicitation	Scott McEachern	5/31/2023	Experis Health Solutions, SCHHC project team	100
Completed	2.2.9	Vendor demonstrations & Presentations	Scott McEachern	8/11/2023	Experis Health Solutions, SCHHC project team	100
Completed	2.2.10	Coordinate Vendor References	Scott McEachern	8/31/2023	Experis Health Solutions, SCHHC project team	100
Completed	2.2.11	Develop funding plan for EMR/ERP Implementation Project	Scott McEachern, Jeremiah Dodrill, Raymond Hino	8/24/2023	Experis Health Solutions, SCHHC project team	100
Completed	2.2.11.1	Identify potential project grant funders	Scott McEachern	7/31/2023	Jeremiah Dodrill	100
Completed	2.2.11.2	Identify financing partners	Scott McEachern	8/18/2023	Jeremiah Dodrill	100
Completed	2.2.11.3	Work with CLA to determine impact of cost report	Scott McEachern	8/18/2023	Jeremiah Dodrill	100
Completed	2.2.11.4	Develop a draft total cost of ownership	Scott McEachern	8/18/2023	Experis Health Solutions, Jeremiah Dodrill, Katelin Wirth	100
Completed	2.2.12	Present draft TCO and financing plan to executive team	Scott McEachern, Jeremiah Dodrill	9/20/2023	Executive Team	100
Completed	2.2.13	EMR/ERP Recommendation, TCO presentation, and funding model initial presentation	Jeremiah Dodrill, Raymond Hino, Scott McEachern	9/21/2023	Experis Health Solutions	100
Completed	2.2.14	Final recommendation for EMR, ERP, total cost of ownership, and funding plan, to SCHD Board	Scott McEachern	9/28/2023	Experis Health Solutions, SCHHC project team	100
Completed	2.2.15	Hold special board meeting for presentation of EMR/ERP, TCO, and funding plan.	Scott McEachern	9/18/2023	Raymond Hino, SCHD Board of Directors	100
On Track	2.2.16	Final Decision: Special Board Meeting	Scott McEachern	11/1/2023	SCHD Board of Directors	

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Future	2.2.17	Begin Implementation of EMR/ERP Solution	Scott McEachern		Project Management Team, Selected Vendors, and SCHHC project team	
On Track	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.	Raymond Hino, Jeremiah Dodrill	12/31/2023	Executive Team, Katelin Wirth, MD Ranger, MGMA	62.5
Completed	2.3.1	Develop and Complete 2023 Community Health Needs Assessment	Raymond Hino, Scott McEachern	12/31/2023	Executive Team, Outside Consultant	100
Completed	2.3.1.1	Select vendor to assist with development of Community Health Needs Assessment (CHNA)	Scott McEachern, Raymond Hino	5/31/2023	Executive Team	100
Completed	2.3.1.2	Create CHNA community survey. The target audience will be major employers and minority groups (City of Bandon, Bandon School District, Bandon Dunes Golf Resort, Coquille Tribe, Coos Hispanic Leadership Council).	Raymond Hino, Scott McEachern	5/31/2023	CHNA Vendor, Executive Team, Board of Directors	100
Completed	2.3.1.3	Meet with major employers and minority group organizations to review CHNA survey process and seek assistance to send out surveys to their employees and members	Scott McEachern, Raymond Hino	5/31/2023	CHNA Vendor, Executive Team, Board of Directors	100
Completed	2.3.1.4	CHNA vendor to compile results of CHNA surveys and prepare a preliminary report of findings to SCHHC Executive Team	Raymond Hino, Scott McEachern	6/15/2023	CHNA Vendor, Executive Team	100
Completed	2.3.1.5	Final CHNA Report to be presented to SCHHC Board of Directors	Scott McEachern, Raymond Hino	6/22/2023	CHNA Vendor, Executive Team, Board of Directors	100
Completed	2.3.1.6	Post Final 2023 CHNA report to SCHHC website	Scott McEachern	6/30/2023	Amy Moss Strong	100
On Track	2.3.2	Develop and Implement Community Health Improvement Plan (CHIP)	Scott McEachern	11/30/2023	David Sandberg, Executive Team	71.58
Completed	2.3.2.1	Kick-off Meeting with David Sandberg	Scott McEachern	10/31/2023	David Sandberg, Raymond Hino, Jeremiah Dodrill	100
On Track	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	66.66
Completed	2.4.1	Complete a provider contract audit and identify if compliance variances exist	Raymond Hino	5/31/2022	MD Ranger, Jeremiah Dodrill	100
Completed	2.4.2	To include recruitment needs and recruitment plan	Raymond Hino	12/31/2023	Executive Team	100
Completed	2.4.3	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

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Completed	2.4.4	To include Stark Law compliance metrics for all contracts	Raymond Hino	12/31/2022	Executive Team	100
Completed	2.4.5	Review Community Health Needs Assessment & interview Board, Medical Staff, Executive Leadership for physician recruitment needs	Raymond Hino	12/31/2023	Survey Monkey or hard copy surveys. Distribute, collect and tabulate results	100
Completed	2.4.6	Vendor to conduct physician market analysis	Raymond Hino	9/29/2023	David Sandberg, Jeremiah Dodrill, Scott McEachern	50
On Track	2.4.7	Develop Service Line Growth Analysis mechanism and Plan (formerly 4.2.4)	Raymond Hino	1/31/2024	Executive Team, Katelin Wirth, Brenda Sund	50
On Track	2.4.7.1	Construct a service line analysis process to identify new service lines (as identified in Medical Staff Development Plan) and evaluate existing service lines.	Raymond Hino	1/31/2024	Executive Team, Katelin Wirth, Brenda Sund	
On Track	2.4.7.2	Conduct market study of outpatient services	Raymond Hino	12/31/2023	Executive Team	
On Track	2.4.7.3	Evaluate opportunities for new services (outpatient services, outpatient and inpatient surgical services, transitional care) that are financially feasible for SCHHC	Raymond Hino, Cori Valet, Scott McEachern, Jeremiah Dodrill	12/31/2023	Executive Team	55
Completed	2.4.7.4	Complete Orthopedic Service Line analysis and recruit provider	Jeremiah Dodrill, Raymond Hino	8/15/2023	Katelin Wirth, Carrie Okey, Dawn Gray	100
Completed	2.4.7.5	Complete Plastic Surgery Service Line analysis and recruit provider	Raymond Hino, Jeremiah Dodrill	10/9/2023	Katelin Wirth, Carrie Okey, Dawn Gray	100
Completed	2.4.7.6	Assess current state of patient intake process, including outreach to local providers	Scott McEachern	1/31/2023	Dawn Gray, Cathy Mann, Shawn March	100
On Track	2.4.8	Present findings of Medical Staff Development Plan to Board of Directors	Raymond Hino	12/31/2023	Jeremiah Dodrill, Kim Russell	
On Track	2.4.9	Complete implementation of findings and recommendations from Board approved Medical Staff Development Plan	Raymond Hino	12/31/2023	Executive Team	
	3.0	Quality				
Completed	3.1	Implement and Maintain Quality DNV Accreditation Program	Raymond Hino	9/30/2023	Barb Snyder, staff	100
Completed	3.2	Establish Quality Benchmark	Cori Valet	11/21/2022	Barb Snyder, Sharon Bischoff	100
On Track	3.3	Develop and Execute Effective Internal Communication Plan	Scott McEachern	6/30/2023	Executive Team, Employees Activity Committee	85.71
Completed	3.3.1	Create SCHHC Communications calendar	Scott McEachern	11/7/2022	Carrie Okey	100
Completed	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	100
Completed	3.3.3	Implement Regular CEO Messaging	Scott McEachern	11/18/2022	Raymond Hino	100
Completed	3.3.3.1	Implement weekly Cyrano Video Messaging	Scott McEachern	11/18/2022	Raymond Hino	100
Completed	3.3.3.2	Monthly Staff Meetings via Zoom	Raymond Hino	8/1/2022	Scott McEachern	100
Completed	3.3.4	Implement regular communication with staff	Carrie Okey	10/1/2022	Scott McEachern	100
Completed	3.3.4.1	Add text messaging capability to HR/Admin	Scott McEachern	11/11/2022	Carrie Okey	100

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Completed	3.3.4.2	Utilize Survey Monkey to take regular surveys of staff	Carrie Okey	10/1/2022	Scott McEachern	100
On Track	3.3.5	Revise Tier I & Tier II Huddle System	Scott McEachern	6/30/2023	Executive Team	25
On Track	3.3.5.1	Assess usage rate of Tier I huddles	Scott McEachern	6/30/2023	Executive Team	50
On Track	3.3.5.2	Update Tier I based on assessment	Scott McEachern	6/30/2023	Managers	
Completed	3.3.6	Implement Microsoft 365	Scott McEachern	4/30/2023	Trevor Jurgenson, Chris Cox	100
Attention	3.3.7	Update SCHHC Intranet Pulse Page	Scott McEachern	7/31/2023	IS team	75
On Track	3.4	Update and Implement a district wide Incident Response Plan	Cori Valet, Scott McEachern	12/29/2023	Jason Cook, Trevor Jurgenson, Deb Backman, Katelin Wirth	60.55
On Track	3.4.1	Reach out to regional facilities and organizations for collaboration opportunities and resources	Raymond Hino	9/29/2023	Executive Team, Jason Cook	100
Attention	3.4.2	Source vendor with expertise in updating IR Plan	Jeremiah Dodrill	12/31/2023	Jason Cook	
Future	3.4.2.1	Complete Evaluation of gap analysis of incident response and emergency preparedness plan	Jeremiah Dodrill	1/31/2024	Jason Cook	
On Track	3.4.3	Complete Draft of Emergency Preparedness Plan	Jeremiah Dodrill	11/30/2023	Jason Cook, Jeremiah Dodrill	80
Completed	3.4.3.1	Create/update hospital emergency code referral policy	Jeremiah Dodrill	10/31/2023	Jason Cook, Safety Committee	100
Completed	3.4.3.2	Create/update Code Grey policy	Jeremiah Dodrill	10/31/2023	Jason Cook, Safety Committee	100
On Track	3.4.3.3	Create/update Hazard Vulnerability Assessment (HVA)	Jeremiah Dodrill	10/31/2023	Jason Cook, Safety Committee	75
On Track	3.4.3.4	Create/update 96-hour sustainability plan	Jeremiah Dodrill	10/31/2023	Jason Cook, Safety Committee	75
Completed	3.4.3.5	Managers and Charge Nurses completed FEMA ICS 100 training(Incident Command System)	Jeremiah Dodrill	6/30/2023	All Managers	100
Completed	3.4.3.6	-ED Manager, Safety Officer and Nurse Educator attending Active Shooter response and train-the-trainer exercise	Jeremiah Dodrill	11/30/2023	Jason Cook	100
Completed	3.4.3.7	Engineering Staff attend Crisis Intervention training	Jeremiah Dodrill	9/30/2023	Jason Cook	100
Completed	3.4.4	Conduct preparedness exercises	Jeremiah Dodrill	5/31/2023	Jason Cook, Arianne Booth	83.33
On Track	3.4.4.1	Schedule preparedness exercises for FY24	Jeremiah Dodrill	12/29/2023	Jason Cook, Executive Team	50
Completed	3.4.4.2	OHA ED Peds Simulation Event	Cori Valet	8/11/2023	Nick Lucas	100
Completed	3.4.4.3	Update Fire Drills Schedule	Jeremiah Dodrill	9/30/2023	Jason Cook	100
Completed	3.4.5	Embed training into onboarding and annual review process using the Department of Homeland Security modules.	Jeremiah Dodrill	6/30/2023	Jason Cook, Carrie Okey, Arianne Booth	100
On Track	3.4.6	Communicate Plan to Board of Directors, Foundation, and Community Members.	Scott McEachern, Cori Valet	1/31/2024	Jason Cook	
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, Scott McEachern, Raymond Hino, Jeremiah Dodrill	6/30/2025	Executive Team, Managers, staff, providers, district board	50
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	
	4.0	Growth				
On Track	4.1	Develop comprehensive district marketing plan	Scott McEachern	12/29/2023	Executive Team, Rachel Gray	83.08

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On Track	4.1.1	Refresh Hospital Brand and Collateral	Scott McEachern	6/30/2023	Executive team	72.22
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
On Track	4.1.1.6	Third Stakeholder Meeting: Finalize Brand Recommendation	Scott McEachern	11/7/2023	Rachel Gray, Executive Team, managers	100
On Track	4.1.1.7	Present recommendation to SCHD Board	Scott McEachern	11/30/2023	Rachel Gray, Executive Team, managers	50
On Track	4.1.1.8	Request vote of SCHD Board for final approval of rebrand	Scott McEachern	12/28/2023	Executive Team	
Future	4.1.1.9	Begin Implementation of new SCHD Brand	Scott McEachern	1/2/2024	Executive Team, managers	
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	75
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
On Track	4.1.3.3	Quarterly Billboard 4 Install	Scott McEachern	1/1/2024	Amy Moss Strong	25
On Track	4.1.4	Install New Outside signage	Scott McEachern	1/31/2024	Jeremiah Dodrill, Ray Hino, Jason Cook	66.66
Completed	4.1.4.1	Redesign	Scott McEachern	1/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
On Track	4.1.4.2	Approach Art Signs for cost estimate	Scott McEachern	1/1/2024	Jeremiah Dodrill, Ray Hino, Jason Cook	
Completed	4.1.4.3	Redesign Clinic and Biz Building signs	Scott McEachern	4/3/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
Completed	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
Completed	4.1.6	Develop pipeline of patient testimonials	Scott McEachern	12/31/2022	Amy Moss Strong	100
Completed	4.1.7	Position the SCHHC Website as SCHHC's digital front door	Scott McEachern	12/31/2022	Amy Moss Strong, external vendor	100
Completed	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
Completed	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

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Completed	4.1.8	Review current practices for SCHHC brand optimization and expansion opportunities	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	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
Completed	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
Completed	4.1.9	Grow SCHHC Brand awareness by enhancing communication pathways to patients and community	Scott McEachern	6/30/2023	Amy Moss Strong	100
On Track	4.1.9.1	Increase SCHHC's social media activity by 25%	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	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
On Track	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
Completed	4.1.10	Increase Digital Key Performance Indicators	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.10.1	Website Traffic	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.10.2	Open rate and click-through rate of e-newsletter	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.10.3	Social Media page likes & reach	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.10.4	Survey community on SCHHC brand awareness - benchmark	Scott McEachern	5/25/2022	Amy Moss Strong	100
Completed	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
On Track	4.1.11	Research population segments; develop specific marketing outreach to segments	Scott McEachern	12/31/2023	Amy Moss Strong	
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, Jeremiah Dodrill, Raymond Hino, Kimberly Russell	12/31/2023	Board of Directors, Executive Team, Hospital and Health Center staff, Amy Moss Strong	75.31
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.	Raymond Hino, Kimberly Russell	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	Jeremiah Dodrill	9/30/2022	Cathy Mann, Katelin Wirth	100

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Completed	4.2.1.2	Review current commercial and managed care contracts and adequacy of payment terms	Jeremiah Dodrill	12/31/2022	Cathy Mann	100
On Track	4.2.1.3	Renegotiate Moda commercial and MA contracts	Jeremiah Dodrill	3/31/2023	Cathy Mann, Katelin Wirth	10
Completed	4.2.2	Evaluate alignment between employer sponsored health plans and current payor contracts at SCHHC	Jeremiah Dodrill	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
Attention	4.2.4	Increase commercial payers use of SCHHC services	Raymond Hino	1/31/2023	Cori Valet, Jeremiah Dodrill	31.25
Attention	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.		3/31/2023	Executive Team	25
On Track	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
On Track	4.2.4.4	Develop marketing plan for new orthopedic surgeon	Scott McEachern	12/29/2023	Scott McEachern, Amy Moss Strong	
On Track	4.3	Develop referral relationship with CCHC for laboratory services	Scott McEachern, Cori Valet, Raymond Hino	9/29/2023	Raymond Hino, Scott McEachern, Trevor Jurgenson	75
On Track	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	Jeremiah Dodrill	12/31/2023		60
Completed	4.5.1	Engage consultant to guide development of facility master plan, including RFP, selection of architects, and development of TCO	Jeremiah Dodrill	8/15/2023	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100
Attention	4.5.2	Select Architectural Firm	Jeremiah Dodrill	9/30/2023	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	60
Completed	4.5.2.1	Identify and interview CAH hospitals that have had recent significant physical plant upgrades or built new hospitals.	Jeremiah Dodrill	9/15/2022	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100

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Completed	4.5.2.2	Develop Architect selection criteria based on results of CAH hospital interviews	Jeremiah Dodrill	10/15/2023	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100
Completed	4.5.2.3	Develop RFP and solicit bids for Architects to develop master site plan	Jeremiah Dodrill	10/31/2023	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100
Future	4.5.2.4	Select Architect base on RFP submissions/responses. Negotiate Engagement terms	Jeremiah Dodrill	1/31/2024	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	
Future	4.5.2.5	Sign Architect Contract	Jeremiah Dodrill	5/30/2024	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	
Completed	4.5.3	Identify future plant infrastructure needs	Jeremiah Dodrill	8/31/2022	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle and Service Line Managers	100
Completed	4.5.3.1	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
Completed	4.5.3.2	Incorporate needs assessment into Architect RFP	Jeremiah Dodrill	10/31/2023	Jason Cook	100
On Track	4.5.4	Develop Phase 1 facilities plan - Immediate opportunities to improve existing campus infrastructure without large construction effort and service interruption	Jeremiah Dodrill	9/30/2024	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	
Future	4.5.4.1	Work with Architect and management to identify opportunities for Phase 1 Plan	Jeremiah Dodrill	12/31/2023	Jason Cook and Architect	
Future	4.5.4.2	Develop cost estimates for Phase 1 Plan	Jeremiah Dodrill	12/31/2023	Jason Cook and Architect	
Future	4.5.5	Develop Phase 2 facilities plan - Full campus expansion	Jeremiah Dodrill	7/31/2025	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	
Future	4.5.5.1	Work with Architect to identify opportunities for Phase 2 campus expansion - Location, Cost, Schematic variations considered	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	
Future	4.5.5.2	Evaluate Lot/Land options and availability for facilities expansion	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	
Future	4.5.5.3	Evaluate various options and select preferred high level schematic	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	
Future	4.5.5.4	Develop Cost Estimate				
Completed	4.5.6	Develop long-range clinical and operations equipment plan	Jeremiah Dodrill	12/31/2022	Jason Cook, Accounting/Finance, Service Line Management	100
Completed	4.5.6.1	Create inventory of all existing owned, leased and serviced equipment	Jeremiah Dodrill	7/31/2022	Jason Cook and Accounting	100

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Completed	4.5.6.2	Reconcile listing of all equipment between Engineering and Accounting	Jeremiah Dodrill	8/15/2022	Jason Cook and Accounting	100
Completed	4.5.6.3	Determine expected end of life/obsolescence of each equipment classification given date of purchase, expected useful life and other relevant factors (including service line manager input)	Jeremiah Dodrill	10/31/2022	Jason Cook, Accounting and Service Line Management	100
Completed	4.5.6.4	Evaluate warranty service period expiries	Jeremiah Dodrill	10/31/2022	Jason Cook and Accounting	100
Completed	4.5.6.5	Develop cost estimates for replacement, create schedule of replacement/investment/service contracts	Jeremiah Dodrill	11/30/2022	Jason Cook, SCS and Accounting	100
Completed	4.5.6.6	Formalize equipment replacement plan, including cost, expected replacement dates and service contracts	Jeremiah Dodrill	12/31/2022	Jason Cook and Accounting	100
Completed	4.5.6.7	Develop standard operating procedures for maintenance of equipment and warranty lists	Jeremiah Dodrill	12/31/2022	Jason Cook and Accounting	100
	5.0	Finance				
On Track	5.1	Develop financial sustainability plan	Jeremiah Dodrill	12/31/2023		64.28
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	Renegotiate provider contracts, where necessary, to meet regulatory requirements	Raymond Hino	6/30/2023	Jeremiah Dodrill, Outside legal counsel	50
On Track	5.1.2.1	Convert Emergency Dept Physician Contract to sustainable model with affordable ED physician contracts	Raymond Hino	12/31/2023	Jeremiah Dodrill, Katelin Wirth, Outside legal counsel	50
On Track	5.1.2.2	Renegotiate Hospitalist contracts to sustainable model with affordable provider contracts	Raymond Hino	12/31/2023	Jeremiah Dodrill, Katelin Wirth, Outside legal counsel	50
Completed	5.1.3	Complete long range financial plan, taking into consideration impact of cost based reimbursement, growth initiatives/targets and required capital/infrastructure plans	Jeremiah Dodrill	9/30/2023	Axiom, Katelin Wirth, CLA	100
Completed	5.1.4	Define what it means to be adequately profitable to meet the capital needs of the hospital.	Jeremiah Dodrill	9/30/2023	Board, Executive Management	100
Completed	5.1.5	Update plan with EMR/ERP Implementation total cost of ownership	Jeremiah Dodrill	9/30/2023	Scott McEachern	100
Future	5.1.6	Update plan with results of the Phase 1 facilities plan	Jeremiah Dodrill	9/30/2024	Axiom, Katelin Wirth, CLA	
Future	5.1.7	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	3/31/2024	Raymond Hino, Jeremiah Dodrill, Dawn Gray	77.22
Completed	5.2.1	Feasibility study to Achieve rural health center designation for the clinic	Jeremiah Dodrill	11/30/2022		100

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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
Completed	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
Completed	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	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
Completed	5.2.3.2	Negotiate Dr. Pense contract	Raymond Hino	12/31/2022	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100
Completed	5.2.3.3	Negotiate Dr. Adams Contract	Raymond Hino	4/30/2023	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100
Attention	5.2.4	Renegotiate Advance Healthcare Contract for Medicaid patient population	Jeremiah Dodrill	12/31/2023	Raymond Hino, Dawn Gray, Advance Healthcare	
Completed	5.2.5	Attest for PCPCH designation, to increase Medicaid reimbursement rates	Dawn Gray	9/30/2023	Barbara Snyder, Raymond Hino,	100
Completed	5.2.6	Implement Care Coordination (HealthTech or ACO) to increase Medicare reimbursement	Dawn Gray	8/22/2023	Scott McEachern	100
Completed	5.2.7	Develop Occupational Health program in clinic	Dawn Gray, Jeremiah Dodrill, Raymond Hino	8/15/2023	Providers	100
Completed	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
Attention	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	Jeremiah Dodrill	3/31/2024	Dawn Gray, clinic providers, clinic staff	5

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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	Merit-Based Incentive Payment System	Scott McEachern		Barbara Snyder, Sharon Bischoff, Shawn March	
Future	6.1.1	MIPS Quality: Tobacco Use: Screening and Cessation Information				
Future	6.1.2	MIPS Quality: Comprehensive Diabetes Care: Hemoglobin poor control (>9.0%)				
Future	6.1.3	MIPS Quality: Controlling High Blood Pressure				
Future	6.1.4	MIPS Quality: Clinic Quality Measure TBD				
Future	6.1.5	MIPS Quality: Clinic Quality Measure TBD				
Future	6.1.6	MIPS Quality: Clinic Quality Measure TBD				
Future	6.1.7	MIPS Improvement Activities: Achieve PCPCH Certification				
Future	6.1.8	MIPS Promoting Interoperability: E-Prescribing				
Future	6.1.9	MIPS Promoting Interoperability: Query of PDMP				
Future	6.1.10	MIPS Promoting Interoperability: Health Information Exchange				
Future	6.1.11	MIPS Promoting Interoperability: Provider to Patient Exchange (utilization of the patient portal)				
Future	6.1.12	MIPS Promoting Interoperability: Public Health and Clinical Data Exchange (syndromic surveillance)				
Future	6.1.13	MIPS Promoting Interoperability: Public Health and Clinical Data Exchange (Immunization Registry; Electronic Case Reporting.				
On Track	6.2	CMS Medicare Promoting Interoperability Program	Scott McEachern	2/29/2024	Shawn March, Barbara Snyder, Sharon Bischoff	5.28
On Track	6.2.1	E-Prescribing Inpatient Measure: eligible prescriptions are prescribed through the EMR	Scott McEachern		Shawn March, Barbara Snyder, Sharon Bischoff	
On Track	6.2.1.1	Engage Hospitalists to consistently utilize the EMR for prescription orders	Scott McEachern, Raymond Hino	12/31/2023		90
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	
On Track	6.2.3	HIE: Sending Health Information Inpatient Measure	Scott McEachern			
On Track	6.2.4	Health Information Exchange: Receiving and Incorporating Health Information Inpatient measure	Scott McEachern			

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On Track	6.2.5	Public & Clinical Data Exchange (must attest to four measures, as follows)	Scott McEachern	12/31/2023		68.75
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		50
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		25
On Track	6.2.6	Quality Inpatient Measure: Safe Use of Opioids	Scott McEachern	12/31/2023		
On Track	6.2.7	Quality Inpatient Measure: Admit Decision Time to ED Departure Time for Admitted Patients	Scott McEachern	12/31/2023		
On Track	6.2.8	Quality Inpatient Measure: Venous Thromboembolism Prophylaxis	Scott McEachern	12/31/2023		
On Track	6.2.9	Quality Inpatient Measure: Discharged on Statin Medication	Scott McEachern	12/31/2023		
On Track	6.2.10	Security Measure: HIPAA Security Risk Analysis	Scott McEachern	12/31/2023		
On Track	6.2.11	Security Measure: SAFER Guide	Scott McEachern	12/31/2023		
On Track	6.2.12	Security Measure: ONC Direct Review	Scott McEachern	12/31/2023		
On Track	6.2.13	Security Measure: Acting to Limit or Restrict the compatibility or interoperability of CEHRT	Scott McEachern	12/31/2023		
	7.0	General SCHHC Projects				
	7.1					
	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

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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	60
On Track	8.2.2.3	Reputation of local providers				
On Track	8.3	Improve Service Offerings to SCHHC Patients	Raymond Hino		Executive Team	50
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
Completed	8.4	Increase community awareness about our services	Scott McEachern	6/30/2024	Executive Team	100
On Track	8.4.1	Improve Google Star Ratings	Scott McEachern	6/30/2024	Amy Moss Strong	
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	85
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	60
Completed	8.5.1.1	Outside service resource list.				100
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	80
On Track	8.5.2	Cultural Competency and trauma-informed care education	Raymond Hino	6/30/2024	Executive Team	
On Track	8.5.3	Expanded HIPAA Privacy Training	Scott McEachern	1/31/2024	Executive Team	