

Southern Coos Health District
2022 - 2025 Strategic Plan - Updated March 20, 2023

STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%
	1.0	People				
On Track	1.1	Benchmark and implement employee compensation philosophy	Raymond Hino, Jeremiah Dodrill	2/28/2023	Carrie Okey, Katelin Wirth	94.44
Completed	1.1.1	Implement Salary.com Benchmarking	Raymond Hino, Jeremiah Dodrill	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
Completed	1.1.1.3	Update practices and standard work related to annual market benchmarking for all positions	Jeremiah Dodrill	11/30/2022	Carrie Okey, HR, Finance	100
Completed	1.1.2	Develop employee compensation philosophy	Raymond Hino, Jeremiah Dodrill	11/30/2022	Carrie Okey, HR, Finance	100
Completed	1.1.3	Complete benchmarking study of hospital job codes	Jeremiah Dodrill, Raymond Hino	1/31/2023	Carrie Okey, HR, Finance	100
Completed	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	1/31/2023	Carrie Okey, HR, Finance	100
Completed	1.1.3.2	Quantify compensation differences individually and in the aggregate by job code, department and whole hospital	Jeremiah Dodrill	1/31/2023	Carrie Okey, HR, Finance	100
Attention	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	2/28/2023	Carrie Okey, HR, Finance	50
Completed	1.2	Develop Employee Recognition and Engagement Plan by department/division, with a focus on collaboration	Carrie Okey, Scott McEachern	1/1/2023	Executive Team, Carrie Okey	100
On Track	1.3	Develop and implement a staff education plan	Cori Valet	4/30/2023	Carrie Okey	90
Completed	1.3.1	Identify current staff education plans.	Cori Valet	8/12/2022	Carrie Okey, Kerry Vincent and department managers	100

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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
On Track	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	4/30/2023	Carrie Okey	50
On Track	1.3.5.1	Create an education policy for staff, manager and medical provider education.	Cori Valet	3/30/2023	Carrie Okey	50
Completed	1.4	Implement Leadership Training Program	Raymond Hino	9/1/2022	Carrie Okey, Executive Team	100
On Track	1.5	Expectations - Clarify expectations of all employees and update/streamline employee evaluation process aligned with expectations	Jeremiah Dodrill, Raymond Hino	5/31/2023	Carrie Okey	50
Completed	1.5.1	Identify best practices in employee evaluation process	Jeremiah Dodrill, Raymond Hino	9/30/2022	Carrie Okey, HR	100
On Track	1.5.2	Perform value stream analysis on employee evaluation process.	Raymond Hino, Jeremiah Dodrill	5/31/2023	Carrie Okey, HR	50
On Track	1.5.2.1	Clarify expectations of employees and managers in evaluation process	Jeremiah Dodrill, Raymond Hino	3/31/2023	Carrie Okey	50
On Track	1.5.2.2	Develop standard operation procedures for HR, managers and employees for the employee evaluation process	Raymond Hino, Jeremiah Dodrill	3/31/2023	Carrie Okey	50
On Track	1.5.3	Revamp employee evaluation documents to meet best practices	Raymond Hino, Jeremiah Dodrill	4/30/2023	Carrie Okey, HR	

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On Track	1.5.3.1	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	Jeremiah Dodrill	5/31/2023	Carrie Okey, HR	
On Track	1.5.4	Develop visibility and accountability measures for leadership	Jeremiah Dodrill, Raymond Hino	4/30/2023	Carrie Okey, HR	50
Completed	1.6	Identify gaps in recruitment process	Raymond Hino, Jeremiah Dodrill	12/31/2022	Carrie Okey	100
	2.0	Service				
Attention	2.1	Develop and implement a concierge patient engagement model for patient services to improve patient satisfaction.	Raymond Hino	12/31/2023	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	7/1/2023	Executive Team; Project Teams	
Attention	2.1.3	Implement 2-5 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	8/17/2023	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 and ERP systems.	Scott McEachern	9/30/2024	Executive Team, Managers, Providers	73.71
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	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, Cheryl Johnson	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
On Track	2.2.4.1	Premier	Scott McEachern	12/31/2022	Finance team	100

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On Track	2.2.4.2	Workday	Scott McEachern	12/31/2022	Finance team, Supply Management	100
On Track	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
On Track	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		66
Completed	2.2.5.1	Determine scope of work for hiring an external vendor selection team	Scott McEachern	8/31/2022	Executive Team	100
On Track	2.2.5.2	Present three vendor selection team options to Exec Team	Scott McEachern	3/15/2023	Executive Team	50
On Track	2.2.5.3	Present recommended EMR/ERP vendor selection team to SCHD Board of Directors	Scott McEachern	3/23/2023	Executive Team	90
On Track	2.2.5.4	Incorporate vendor selection team timeline into the SCHD Strategic Plan	Scott McEachern	4/30/2023	Executive Team	90
On Track	2.2.5.5	Compare potential EMR and ERP Vendors with the External Vendor Selection Team Assistance	Scott McEachern	8/31/2023	Executive Team	
Attention	2.2.6	Develop financial plan for EMR/ERP	Scott McEachern, Raymond Hino, Jeremiah Dodrill	2/28/2023	Executive Team	50
On Track	2.2.6.1	Identify potential project funders	Scott McEachern	7/31/2023	Jeremiah Dodrill	50
Attention	2.2.6.2	Reach out to Advanced Health	Kimberly Russell	7/31/2022	Jeremiah Dodrill, Ray Hino	50
Attention	2.2.6.3	SM reached out to AHA/Phil Rivera	Scott McEachern	7/6/2022	Jeremiah Dodrill	50
Attention	2.2.6.4	SM reached out to USDA	Scott McEachern	7/6/2022	Jeremiah Dodrill	50
On Track	2.2.7	Make recommendation to SCHD Board	Scott McEachern	3/23/2023	Executive Team	
On Track	2.3	Develop and implement Community Health Needs Assessment Plan and Hospital physician/provider (medical staff) development plan, to meet IRS requirements and to include both current and projected future recruitment needs, Stark law compliance, additional best practices for medical staff development.	Jeremiah Dodrill, Raymond Hino	12/31/2023	Executive Team, Katelin Wirth, MD Ranger, MGMA	47.14
Completed	2.3.1	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
On Track	2.3.2	Update 2020 Community Health Needs Assessment	Raymond Hino, Scott McEachern	12/31/2023	Executive Team, Outside Consultant	5
On Track	2.3.2.1	Select vendor to assist with development of Community Health Needs Assessment (CHNA)	Scott McEachern, Raymond Hino	5/31/2023	Executive Team	25
On Track	2.3.2.2	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	7/3/2023	CHNA Vendor, Executive Team, Board of Directors	
On Track	2.3.2.3	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	7/31/2023	CHNA Vendor, Executive Team, Board of Directors	

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On Track	2.3.2.4	CHNA vendor to compile results of CHNA surveys and prepare a preliminary report of findings to SCHHC Executive Team	Raymond Hino, Scott McEachern	10/2/2023	CHNA Vendor, Executive Team	
On Track	2.3.2.5	Final CHNA Report to be presented to SCHHC Board of Directors	Scott McEachern, Raymond Hino	10/26/2023	CHNA Vendor, Executive Team, Board of Directors	
Attention	2.3.3	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	50
Completed	2.3.4	Complete a provider contract audit and identify if compliance variances exist	Raymond Hino	7/15/2022	MD Ranger, Jeremiah Dodrill	100
Attention	2.3.5	Create Medical Staff Development plan based upon results of needs assessment and best practices	Raymond Hino	12/31/2022	Executive Team, Kim Russell	50
Attention	2.3.5.1	To include recruitment needs and recruitment plan	Raymond Hino	12/31/2022	Executive Team	
Completed	2.3.5.2	To include Stark Law compliance metrics for all contracts	Raymond Hino	12/31/2022	Executive Team	100
Attention	2.3.6	Present findings of Medical Staff Development Plan to Board of Directors	Raymond Hino	12/31/2023	Jeremiah Dodrill, Kim Russell	
Attention	2.3.7	Complete implementation of findings and recommendations from Board approved Medical Staff Development Plan	Raymond Hino	12/31/2022	Executive Team	25
	3.0	Quality				
On Track	3.1	Implement and Maintain Quality DNV Accreditation Program	Raymond Hino	9/30/2023	Scott McEachern, Barb Snyder, staff	80
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	Raymond Hino, Barbara Snyder	12/30/2022	Executive Team, Managers, Providers, district board	100
On Track	3.1.5	Pass DNV Accreditation Survey for 2nd Year in a Row	Barbara Snyder, Raymond Hino	9/30/2023	Executive Team, Managers, staff, providers, district board	
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	70.83
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
On Track	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	75
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
Attention	3.3.4.3	Compile data to periodically report to executive team; craft follow-ups	Carrie Okey	3/31/2023	Scott McEachern	25
On Track	3.3.5	Revise Tier I & Tier II Huddle System	Scott McEachern	6/30/2023	Executive Team	
On Track	3.3.5.1	Assess usage rate of Tier I huddles	Scott McEachern	2/28/2023	Executive Team	
On Track	3.3.5.2	Update Tier I based on assessment	Scott McEachern	3/31/2023	Managers	
On Track	3.3.6	Update SCHHC Intranet Pulse Page	Scott McEachern	2/28/2023	Managers	50
On Track	3.4	Update and Implement a district wide Incident Response Plan	Scott McEachern, Cori Valet	7/31/2023	Jason Cook, Trevor Jurgenson, Deb Backman, Katelin Wirth	
Attention	3.4.1	Source vendor with expertise in updating IR Plan	Jeremiah Dodrill	3/31/2023	Jason Cook	
On Track	3.4.2	Complete Draft of Emergency Preparedness Plan	Jeremiah Dodrill	4/30/2023	Jason Cook, Jeremiah Dodrill	
On Track	3.4.3	Conduct preparedness exercises	Jeremiah Dodrill	5/31/2023	Jason Cook, Arianne Booth	
On Track	3.4.4	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	
On Track	3.4.5	Communicate Plan to Board of Directors, Foundation, and Community Members.	Cori Valet, Scott McEachern	7/31/2023	Jason Cook	
On Track	3.5	Update SCHHC cybersecurity program	Scott McEachern	6/30/2023	Trevor Jurgenson	98.43
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
Completed	3.5.4	Perform annual risk assessment	Scott McEachern	12/1/2022	Trevor Jurgenson	93.75
Completed	3.5.4.1	HIPAA Security Risk Assessment findings presented to exec team	Scott McEachern	12/7/2022	Critical Insight	100
On Track	3.5.4.2	HIPAA Security Risk Assessment findings presented to SCHD board	Scott McEachern	12/15/2022	Critical Insight	100
On Track	3.5.4.3	Develop security awareness training program	Scott McEachern	2/21/2023	Trevor Jurgenson	75
Completed	3.5.4.4	Implement patch management services and vulnerability review	Scott McEachern	1/31/2023	Trevor Jurgenson	100
On Track	3.6	Achieve top 100 Hospital Status	Cori Valet, Raymond Hino, Scott McEachern, Jeremiah Dodrill	6/30/2025	Executive Team, Managers, staff, providers, district board	50
On Track	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	6/30/2023	Executive Team	
	4.0	Growth				
On Track	4.1	Develop comprehensive district marketing plan.	Scott McEachern	6/30/2023	Amy Moss Strong	61.76
On Track	4.1.1	Refresh Hospital Brand and Collateral	Scott McEachern	6/30/2023	Executive team	
On Track	4.1.1.1	Create separate branding guidelines for the Health Center/Clinic	Scott McEachern	6/30/2023	Dawn Gray, Executive Team	
On Track	4.1.2	Begin billboard advertisements	Scott McEachern	3/31/2023	Amy Moss Strong	25

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On Track	4.1.3	Install New Outside signage	Scott McEachern	3/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	33.33
On Track	4.1.3.1	Redesign	Scott McEachern	1/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
On Track	4.1.3.2	Approach Art Signs for cost estimate	Scott McEachern	3/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	
On Track	4.1.3.3	Redesign Clinic and Biz Building signs	Scott McEachern	3/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	
Completed	4.1.4	Perform a SWOT analysis	Scott McEachern	6/1/2022	Executive Team	100
Overdue	4.1.5	Assess SCHHC community and patient demographics to optimize outreach practices	Scott McEachern	2/28/2023	Amy Moss Strong	50
Overdue	4.1.5.1	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	4.1.6	Identify SCHHC's value propositions and differentiators	Scott McEachern	10/31/2022	Amy Moss Strong	75
Completed	4.1.7	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	4.1.8	Develop pipeline of patient testimonials	Scott McEachern	12/31/2022	Amy Moss Strong	100
Attention	4.1.9	Position the SCHHC Website as SCHHC's digital front door	Scott McEachern	12/31/2022	Amy Moss Strong, external vendor	75
Completed	4.1.9.1	Perform a needs assessment on current website design, functionality, and content	Scott McEachern	7/31/2022	Amy Moss Strong, Employee Council	100
Completed	4.1.9.2	Evaluate vendors to provide web design and content maintenance services	Scott McEachern	8/31/2022	Amy Moss Strong	100
Attention	4.1.9.3	Revamp patient education on website and on-site resources	Scott McEachern	12/31/2022	Clinical managers	25
On Track	4.1.9.4	Integrate website with all other SCHHC digital assets -- ensure continuity of experience	Scott McEachern	12/31/2022	Amy Moss Strong	75
On Track	4.1.10	Review current practices for SCHHC brand optimization and expansion opportunities	Scott McEachern	10/31/2022	Amy Moss Strong	50
On Track	4.1.10.1	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
Attention	4.1.10.2	Implement regular survey cadence of community to assess movement in SCHHC brand awareness	Scott McEachern	11/30/2022	Amy Moss Strong	
Attention	4.1.11	Grow SCHHC Brand awareness by enhancing communication pathways to patients and community	Scott McEachern	12/31/2022	Amy Moss Strong	65
Attention	4.1.11.1	Increase SCHHC's social media activity by 25%	Scott McEachern	6/30/2023	Amy Moss Strong	75
Completed	4.1.11.2	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	4.1.11.3	Optimize current patient portal experience for patients	Scott McEachern	12/31/2022	Shawn March, Clinical Informatics	75
Attention	4.1.11.4	Increase patient utilization of patient portal by 25% by 6/30/23	Scott McEachern		Shawn March, Clinical Informatics, Amy Moss Strong, front desks at clinic and hospital	10
On Track	4.1.12	Increase Digital Key Performance Indicators	Scott McEachern	8/31/2022	Amy Moss Strong	67.85

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Completed	4.1.12.1	Website Traffic	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.12.2	Open rate and click-through rate of e-newsletter	Scott McEachern	10/31/2022	Amy Moss Strongg	100
Completed	4.1.12.3	Social Media page likes & reach	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.12.4	Survey community on SCHHC brand awareness - benchmark	Scott McEachern	5/25/2022	Amy Moss Strong	100
On Track	4.1.12.5	Increase website traffic by 5% by 6/30/23	Scott McEachern	6/30/2023	Amy Moss Strong	25
On Track	4.1.12.6	Increase open rate and click-through of Bandon Health Wave by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	25
On Track	4.1.12.7	Increase Facebook, LinkedIn, Instagram reach by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	25
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.	Scott McEachern, Cori Valet, Raymond Hino, Kimberly Russell, Jeremiah Dodrill	12/31/2023	Board of Directors, Executive Team, Hospital and Health Center staff, Amy Moss Strong	54
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
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	Develop service line growth analysis mechanism and plan.	Raymond Hino	6/30/2023	Executive Team	
Attention	4.2.4.1	Construct a service line analysis process to identify new service lines and evaluate existing service lines	Raymond Hino	4/30/2023	Executive Team	
Attention	4.2.4.2	Conduct market study of outpatient services	Raymond Hino	3/31/2023	Executive Team	
Attention	4.2.4.3	Evaluate opportunities for new services (outpatient services, outpatient and inpatient surgical services, transitional care) that are financially feasible for SCHHC	Jeremiah Dodrill, Cori Valet, Raymond Hino, Scott McEachern	6/30/2023	Executive Team	
Attention	4.2.5	Increase commercial payers use of SCHHC services	Raymond Hino	1/31/2023	Cori Valet, Jeremiah Dodrill	
Attention	4.2.5.1	Assess current state of patient intake process, including outreach to local providers	Scott McEachern	1/31/2023	Dawn Gray, Cathy Mann, Shawn March	
Attention	4.2.5.2	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	3/31/2023	Executive Team	
Attention	4.2.5.3	Assess local businesses' healthcare needs	Scott McEachern, Cori Valet	3/31/2023	Jeremiah Dodrill, Raymond Hino	

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Attention	4.2.5.4	Develop outreach plan to local businesses	Scott McEachern	3/31/2023	Jeremiah Dodrill	
Attention	4.2.5.5	Implement outreach plan and tracking system to ensure continued outreach	Scott McEachern	3/31/2023	Jeremiah Dodrill	
Attention	4.2.5.6	Research population segments; develop specific marketing outreach to segments	Scott McEachern	3/31/2023	Amy Moss Strong	
On Track	4.3	Develop long-term board governance training program for SCHD board	Raymond Hino	7/1/2023	Board, Sr Leadership	50
Completed	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	12/31/2022	Executive Team, Kim Russell, Board of Directors	100
On Track	4.3.2	Select a long-term board governance training partner.	Raymond Hino	4/27/2023	Executive Team, Kim Russell, Board of Directors	50
On Track	4.3.3	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	
Attention	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
Attention	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
Overdue	4.4.1.2	Develop Architect selection criteria based on results of CAH hospital interviews	Jeremiah Dodrill	11/30/2022	Jason Cook	50
Attention	4.4.1.3	Develop RFP and solicit bids for Architects to develop master site plan	Jeremiah Dodrill	12/31/2022	Jason Cook	
Attention	4.4.1.4	Select Architect base on RFP submissions/responses. Negotiate Engagement terms	Jeremiah Dodrill	1/31/2023	Jason Cook	
Attention	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
Overdue	4.4.2.2	Incorporate needs assessment into Architect RFP	Jeremiah Dodrill	12/31/2022	Jason Cook	
Attention	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	
Attention	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	
Attention	4.4.3.2	Develop cost estimates for Phase 1 Plan	Jeremiah Dodrill	5/31/2023	Jason Cook and Architect	
Attention	4.4.4	Develop Phase 2 facilities plan - Full campus expansion	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	

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Attention	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	
Attention	4.4.4.2	Evaluate Lot/Land options and availability for facilities expansion	Jeremiah Dodrill	8/31/2023	Jason Cook and Architect	
Attention	4.4.4.3	Evaluate various options and select preferred high level schematic	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	
Attention	4.4.4.4	Develop Cost Estimate				
Attention	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/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
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	Scott McEachern	3/31/2023	Joseph Bain, SCHF Foundation, Steve Reber, Pam Hansen	96.66
On Track	4.5.1	Develop Strat Plan	Scott McEachern	2/16/2023	Pam Hansen, Steve Reber facilitators	83.33
Completed	4.5.1.1	Develop scope of work for hiring external strategic plan consultant	Scott McEachern	9/22/2022	SCHF Foundation	100
Completed	4.5.1.2	Reach out to potential strategic planning vendors	Scott McEachern	10/31/2022	SCHF Foundation	100
Completed	4.5.1.3	Select strategic planning vendor	Scott McEachern	11/30/2022	SCHF Foundation	100
On Track	4.5.1.4	Milestone #1: Develop Planning Timeline & Approach	Scott McEachern	12/12/2022	Pam Hansen, Steve Reber	100
On Track	4.5.1.5	Milestone #2: Review & Validate Mission and Vision	Scott McEachern	12/15/2022	Pam Hansen, Steve Reber	100
	4.5.1.6	Milestone #3: Gather Data & Stakeholder Input	Scott McEachern	12/31/2022	Pam Hansen, Steve Reber	100
	4.5.1.7	Milestone #4: Outline Goals & Develop Plan Framework	Scott McEachern	1/9/2023	Pam Hansen, Steve Reber	100
Attention	4.5.1.8	Milestone #5: Draft the Strategic plan	Scott McEachern	1/23/2023	Pam Hansen, Steve Reber	50
On Track	4.5.1.9	Milestone #6: Review Draft Plan & Approval by Board	Scott McEachern	2/16/2023	SCHF Board	

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Completed	4.5.2	Develop fundraising plan for FY23-25	Scott McEachern	6/30/2022	Amy Moss Strong, Foundation board	100
Completed	4.5.2.1	Define specific fundraising targets for FY23-25	Scott McEachern	6/30/2022	Foundation board	100
Completed	4.5.3	Recruit SCHF Board Members	Scott McEachern	12/31/2022	SCHF Foundation	100
Completed	4.5.3.1	Identify a list of potential, interested people	Scott McEachern	6/30/2022	SCHF Foundation Officers	100
Completed	4.5.3.2	Meet with potential board members	Scott McEachern	9/30/2022	SCHF Foundation members	100
Completed	4.5.4	Improve communication between hospital & SCH Foundation	Scott McEachern	5/31/2022	Amy Moss Strong	100
Completed	4.5.4.1	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	4.5.5	Refine SCHF Financials to include FY23 budget and fundraising goals	Scott McEachern	12/31/2022	Marlene Rocha	100
On Track	4.6	Create Project Management Infrastructure at SCHHC	Scott McEachern	1/2/2023	Michelle King, Shawn March, Jonathan Yamasaki, Katelin Wirth, Jeremiah Dodrill	75
On Track	4.6.1	Inventory current SCHHC projects by 2/28/23	Scott McEachern	2/28/2023	Michelle King, Shawn March, Jonathan Yamasaki, Katelin Wirth, Jeremiah Dodrill	75
	5.0	Finance				
On Track	5.1	Develop financial sustainability plan	Jeremiah Dodrill	12/31/2023		25.14
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	4/30/2023	Jeremiah Dodrill, Outside legal counsel	66
Attention	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	4/30/2023	Axiom, Katelin Wirth, CLA	10
Attention	5.1.4	Define what it means to be adequately profitable to meet the capital needs of the hospital.	Jeremiah Dodrill	5/31/2023	Board, Executive Management	
On Track	5.1.5	Update plan with results of the Phase 1 facilities plan	Jeremiah Dodrill	6/30/2023	Axiom, Katelin Wirth, CLA	
On Track	5.1.6	Update plan with EMR/ERP Implementation total cost of ownership	Jeremiah Dodrill	3/31/2023	Scott McEachern	
On Track	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	6/30/2023	Raymond Hino, Jeremiah Dodrill, Dawn Gray	36.45
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

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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
On Track	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	66.66
Completed	5.2.3.1	Negotiate Dr. Mitchell contract	Raymond Hino	11/30/2022		100
Completed	5.2.3.2	Negotiate Dr. Pense contract	Raymond Hino	12/31/2022		100
On Track	5.2.3.3	Negotiate Dr. Adams Contract	Raymond Hino	4/30/2023		
On Track	5.2.4	Renegotiate Advance Healthcare Contract for Medicaid patient population	Jeremiah Dodrill	3/1/2023	Raymond Hino, Dawn Gray, Advance Healthcare	5
On Track	5.2.5	Attest for PCPCH designation, to increase Medicaid reimbursement rates	Dawn Gray	9/30/2023	Barbara Snyder, Raymond Hino,	5
On Track	5.2.6	Implement Care Coordination (HealthTech or ACO) to increase Medicare reimbursement	Dawn Gray	6/30/2023	Scott McEachern	5
On Track	5.2.7	Assess viability of hiring external consultant to optimize clinic workflows	Scott McEachern	3/31/2023	Jeremiah Dodrill, Katelin Wirth, Shawn March, Dawn Gray	5
On Track	5.2.8	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	6/30/2023	Dawn Gray, clinic providers, clinic staff	5
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				
	7.0	General SCHHC Projects				