STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%
	1.0	People				
ompleted	1.1	Benchmark and implement employee compensation philosophy	Raymond Hino, Jeremiah Dodrill	2/28/2023	Carrie Okey, Katelin Wirth	100
ompleted	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
n Track	1.3	Develop and implement a staff education plan	Cori Valet	12/31/2023	Carrie Okey	85
ompleted	1.3.1	Identify current staff education plans.	Cori Valet	8/12/2022	Carrie Okey, Kerry Vincent and department managers	100
ompleted	1.3.1.1	Identify current all staff education plan (Initial and annual)	Cori Valet	7/8/2022	Carrie Okey, Kerry Vincent	100
ompleted	1.3.1.2	Identify current department specific education processes.	Cori Valet	7/15/2022	All department managers, Kerry Vincent	100
ompleted	1.3.2	Identify current Medical Provider Education plans	Cori Valet	6/18/2022	Shawn March	100
ompleted	1.3.3	Perform a gap analysis to determine deficiencies in existing education processes.	Cori Valet	2/28/2023	Carrie Okey	100
ompleted	1.3.3.1	Develop a gap analysis tool	Cori Valet	12/31/2022	Carrie Okey, Arianne Booth	100
ompleted	1.3.3.2	Benchmark other Hospitals, i.e. LUH, CVH, CGH	Cori Valet	12/31/2022	Carrie Okey, Arianne Booth	100
ompleted	1.3.3.3	Perform gap analysis using data from other hospital benchmarking	Cori Valet	1/31/2023	Carrie Okey, Arianne Booth	100
ompleted	1.3.3.4	Utilize existing template within MCN to amend current GAP analysis	Cori Valet	2/28/2023	Carrie Okey, Arianne Booth	100
ompleted	1.3.4	Update existing education plans to include deficiencies noted in gap analysis.	Cori Valet	3/31/2023	Carrie Okey	100
n Track	1.3.5	Implement the updated education policy for staff, managers, and medical providers.	Cori Valet	12/31/2023	Carrie Okey	25
n Track	1.3.5.1	Create an education policy for staff, manager and medical provider education.	Cori Valet	6/30/2023	Carrie Okey	50
	1.3.5.2					
ompleted	1.4	Implement Leadership Training Program	Raymond Hino	9/1/2022	Carrie Okey, Executive Team	100
ompleted	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
ompleted	1.6	Identify gaps in recruitment process	Raymond Hino, Carrie Okey	12/31/2022	Carrie Okey	100
	2.0	Service				
n 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
		p	Page 1 of 14			

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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
	2.1.3	Implement 2-5 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	6/1/2024	Executive Team, Project Teams; Leadership Team	
	2.1.4	Implement 4-8 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	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, 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
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

Completed	2.2.5	Identify appropriate project management team options. Criteria: has worked with small rural hospitals before;	Scott McEachern	3/23/2023		100
		experience with EPIC implementation in CAHs; affordable price.				
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, Raymond Hino, Jeremiah Dodrill	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	
On Track	2.2.17	Begin Implementation of EMR/ERP Solution	Scott McEachern		Project Management Team, Selected Vendors, and SCHHC project team	1

On Track	2.3	Develop and implement Community Health Needs Assessment Plan	Raymond Hino, Jeremiah Dodrill	12/31/2023	Executive Team, Katelin Wirth, MD	62.5
		and Community Health Improvement Plan; Develop and implement			Ranger, MGMA	
		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.				
ompleted	2.3.1	Develop and Complete 2023 Community Health Needs	Raymond Hino, Scott McEachern	12/31/2023	Executive Team, Outside Consultant	100
		Assessment				
ompleted	2.3.1.1	Select vendor to assist with development of Community	Scott McEachern, Raymond Hino	5/31/2023	Executive Team	100
		Health Needs Assessment (CHNA)				
Completed	2.3.1.2	Create CHNA community survey. The target audience	Raymond Hino, Scott McEachern	5/31/2023	CHNA Vendor, Executive Team,	100
		will be major employers and minority groups (City of			Board of Directors	
		Bandon, Bandon School District, Bandon Dunes Golf				
		Resort, Coquille Tribe, Coos Hispanic Leadership				
ompleted	2.3.1.3	Council).  Meet with major employers and minority group	Scott McEachern, Raymond Hino	5/31/2023	CHNA Vendor, Executive Team,	100
Jilipieteu	2.5.1.5	organizations to review CHNA survey process and seek	Scott Miceachern, Raymond Hillo	3/31/2023	Board of Directors	100
		assistance to send out surveys to their employees and			Board of Directors	
		members				
n Track	2.3.1.4	CHNA vendor to compile results of CHNA surveys and	Raymond Hino, Scott McEachern	6/15/2023	CHNA Vendor, Executive Team	100
		prepare a preliminary report of findings to SCHHC				
		Executive Team				
n Track	2.3.1.5	Final CHNA Report to be presented to SCHHC Board of	Scott McEachern, Raymond Hino	6/22/2023	CHNA Vendor, Executive Team,	100
		Directors			Board of Directors	
ompleted	2.3.1.6	Post Final 2023 CHNA report to SCHHC website	Scott McEachern	6/30/2023	Amy Moss Strong	100
n Track	2.3.2	Develop and Implement Community Health Improvement	Scott McEachern	11/30/2023	David Sandberg, Executive Team	25
		Plan (CHIP)				
n Track	2.3.2.1	Kick-off Meeting with David Sandberg	Scott McEachern	10/31/2023	David Sandberg, Raymond Hino,	25
			-	10/01/0000	Jeremiah Dodrill	66.66
n 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
amploted	2.4.1	Complete a provider contract audit and identify if compliance	Paymond Hino	5/31/2022	MD Ranger, Jeremiah Dodrill	100
ompleted	2.4.1	variances exist	Raymond Hillo	3/31/2022	ND Kanger, Jerenhan Dourni	100
ompleted	2.4.2	To include recruitment needs and recruitment plan	Raymond Hino	12/31/2023	Executive Team	100
ompleted	2.4.3	Research best practices and compliance requirements (DNV)	Raymond Hino	7/31/2022	DNV, MD Ranger, Governance	100
		in medical staff development plans		, , , ,	Institute, CEO colleagues	
ompleted	2.4.4	To include Stark Law compliance metrics for all contracts	Raymond Hino	12/31/2022	Executive Team	100
ompleted	2.4.5	Review Community Health Needs Assessment & interview	Raymond Hino	12/31/2023	Survey Monkey or hard copy	100
		Board, Medical Staff, Executive Leadership for physician		12, 31, 2323	surveys. Distribute, collect and	-55
		recruitment needs			tabulate results	
n Track	2.4.6	Vendor to conduct physician market analysis	Raymond Hino	9/29/2023	David Sandberg, Jeremiah Dodrill,	50
Huok			Page 4 of 14	3, 23, 2023	Scott McEachern	

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.		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, Jeremiah Dodrill, Scott McEachern, Cori Valet	12/31/2023	Executive Team	
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	Jeremiah Dodrill, Raymond Hino	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	66.66
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
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
	3.3.3.1	Implement weekly Cyrano Video Messaging	Scott McEachern	11/18/2022	Raymond Hino	100
Completed	3.3.3.1					100
	3.3.3.2	Monthly Staff Meetings via Zoom	Raymond Hino	8/1/2022	Scott McEachern	100
Completed			Raymond Hino Carrie Okey	8/1/2022 10/1/2022	Scott McEachern Scott McEachern	100
Completed Completed	3.3.3.2	Monthly Staff Meetings via Zoom	•			
Completed Completed Completed	3.3.3.2 3.3.4	Monthly Staff Meetings via Zoom Implement regular communication with staff	Carrie Okey	10/1/2022	Scott McEachern	100
Completed Completed Completed Completed	3.3.3.2 3.3.4 3.3.4.1	Monthly Staff Meetings via Zoom  Implement regular communication with staff  Add text messaging capability to HR/Admin	Carrie Okey Scott McEachern	10/1/2022 11/11/2022	Scott McEachern Carrie Okey	100 100
Completed Completed Completed Completed Completed On Track On Track	3.3.3.2 3.3.4 3.3.4.1 3.3.4.2	Monthly Staff Meetings via Zoom  Implement regular communication with staff  Add text messaging capability to HR/Admin  Utilize Survey Monkey to take regular surveys of staff	Carrie Okey Scott McEachern Carrie Okey	10/1/2022 11/11/2022 10/1/2022	Scott McEachern Carrie Okey Scott McEachern	100 100 100

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	60.55
					Backman, Katelin Wirth	
On Track	3.4.1	Reach out to regional facilities and organizations for	Raymond Hino	9/29/2023	Executive Team, Jason Cook	100
		collaboration opportunities and resources				
On Track	3.4.2	Source vendor with expertise in updating IR Plan	Jeremiah Dodrill	12/31/2023	Jason Cook	
	3.4.2.1	Complete Evaluation of gap analysis of incident	Jeremiah Dodrill	1/31/2024	Jason Cook	
		response and emergency preparedness plan				
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	Jeremiah Dodrill	6/30/2023	All Managers	100
		training( Incident Command System)				
On Track	3.4.3.6	-ED Manager, Safety Officer and Nurse Educator	Jeremiah Dodrill	11/30/2023	Jason Cook	10
		attending Active Shooter response and train-the-trainer				
		exercise				
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	Jeremiah Dodrill	6/30/2023	Jason Cook, Carrie Okey, Arianne	100
		using the Department of Homeland Security modules.			Booth	
On Track	3.4.6	Communicate Plan to Board of Directors, Foundation, and	Scott McEachern, Cori Valet	1/31/2024	Jason Cook	
J	31113	Community Members.		2,02,202	Sassin Sesik	
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	6/30/2025	Executive Team, Managers, staff,	50
			Hino, Jeremiah Dodrill	3, 22, 222	providers, district board	
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	, ,	1-1-1-1		
On Track	4.1	Develop comprehensive district marketing plan	Scott McEachern	12/29/2023	Executive Team, Rachel Gray	80.68
On Track	4.1.1	Refresh Hospital Brand and Collateral	Scott McEachern	6/30/2023	Executive team	62.5
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	Scott McEachern	6/30/2023	Rachel Gray, project team	100
,		optimize outreach practices			, , , ,	
Completed	4.1.1.3	Identify SCHHC's value propositions and differentiators	Scott McEachern	6/30/2023	Rachel Gray	100
				I		1

On Track	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
On Track	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	Finalize comprehensive brand guidelines	Scott McEachern	11/3/2023	Rachel Gray, Executive Team, managers	
On Track	4.1.1.7	Present final brand deck to SCHD Board	Scott McEachern	11/16/2023	Rachel Gray, Executive Team, managers	
On Track	4.1.1.8	Begin Implementation of new SCHD Brand	Scott McEachern	1/1/2024	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	58.33
Completed	4.1.3.1	Quarterly Billboard 1 Install	Scott McEachern	4/1/2023	Amy Moss Strong	100
On Track	4.1.3.2	Quarterly Billboard 3 Install	Scott McEachern	10/31/2023	Amy Moss Strong	75
On Track	4.1.3.3	Quarterly Billboard 4 Install	Scott McEachern	1/1/2024	Amy Moss Strong	
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
Attention	4.1.4.2	Approach Art Signs for cost estimate	Scott McEachern	3/31/2023	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
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

n Track	4.1.9.1	Increase SCHHC's social media activity by 25%	Scott McEachern	6/30/2023	Amy Moss Strong	100
ompleted	4.1.9.2	Increase mailing list sign-ups via e-newsletter and calls to action on website, social media	Scott McEachern	12/31/2022	Amy Moss Strong	100
n Track	4.1.9.3	Optimize current patient portal experience for patients	Scott McEachern	6/30/2023	Shawn March, Clinical Informatics	100
ompleted	4.1.9.4	Increase patient utilization of patient portal by 25% by 6/30/23	Scott McEachern	6/30/2023	Shawn March, Clinical Informatics, Amy Moss Strong, front desks at clinic and hospital	100
ompleted	4.1.10	Increase Digital Key Performance Indicators	Scott McEachern	6/30/2023	Amy Moss Strong	100
ompleted	4.1.10.1	Website Traffic	Scott McEachern	10/31/2022	Amy Moss Strong	100
ompleted	4.1.10.2	Open rate and click-through rate of e-newsletter	Scott McEachern	10/31/2022	Amy Moss Strongg	100
ompleted	4.1.10.3	Social Media page likes & reach	Scott McEachern	10/31/2022	Amy Moss Strong	100
ompleted	4.1.10.4	Survey community on SCHHC brand awareness - benchmark	Scott McEachern	5/25/2022	Amy Moss Strong	100
ompleted	4.1.10.5	Increase website traffic by 5% by 6/30/23	Scott McEachern	6/30/2023	Amy Moss Strong	100
ompleted	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
ompleted	4.1.10.7	Increase Facebook, LinkedIn, Instagram reach by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	100
n Track	4.1.11	Research population segments; develop specific marketing outreach to segments	Scott McEachern	12/31/2023	Amy Moss Strong	
n 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	75.31
ompleted	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
ompleted	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
ompleted	4.2.1.2	Review current commercial and managed care contracts and adequacy of payment terms	Jeremiah Dodrill	12/31/2022	Cathy Mann	100
n Track	4.2.1.3	Renegotiate Moda commercial and MA contracts	Jeremiah Dodrill	3/31/2023	Cathy Mann, Katelin Wirth	10
ompleted	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
ompleted	4.2.3		Raymond Hino	12/31/2022	Executive Team	100
ttention	4.2.4	- I - I - I - I - I - I - I - I - I - I	Raymond Hino	1/31/2023	Cori Valet, Jeremiah Dodrill	31.25
ttention	4.2.4.1	Increase SCHHC utilization of employees at local employers that offer better insurance plans: Bandon		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	
On Track	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, Dr. Ivanitsky, Raymond Hino	
On Track	4.3	Develop referral relationship with CCHC for laboratory services	Scott McEachern, Cori Valet, Raymond Hino	9/29/2023		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
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
On Track	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	
On Track	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	
Attention	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	
Attention	4.5.4.2	Develop cost estimates for Phase 1 Plan	Jeremiah Dodrill	12/31/2023	Jason Cook and Architect	
On Track	4.5.5	Develop Phase 2 facilities plan - Full campus expansion	Jeremiah Dodrill	7/31/2025	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	
Attention	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	
Attention	4.5.5.2	Evaluate Lot/Land options and availability for facilities expansion	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	
Attention	4.5.5.3	Evaluate various options and select preferred high level schematic	Jeremiah Dodrill	9/30/2023	Jason Cook and Architect	
Attention	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
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/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
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
		Ι	age 10 of 14			

Completed	4.5.6.7	Develop standard operating procedures for	Jeremiah Dodrill	12/31/2022	Jason Cook and Accounting	100
		maintenance of equipment and warranty lists				
	5.0	Finance				
n Track	5.1	Develop financial sustainability plan	Jeremiah Dodrill	12/31/2023		64.28
ompleted	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
n Track	5.1.2	Renegotiate provider contracts, where necessary, to meet regulatory requirements	Raymond Hino	6/30/2023	Jeremiah Dodrill, Outside legal counsel	50
)n 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
n 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
ompleted	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
n Track	5.1.6	Update plan with results of the Phase 1 facilities plan	Jeremiah Dodrill	9/30/2024	Axiom, Katelin Wirth, CLA	
n Track	5.1.7	Update Plan with results of Phase 2 facilities plan. Identify funding gap.	Jeremiah Dodrill		Axiom, Katelin Wirth, CLA	
ttention	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
ompleted	5.2.1	Feasibility study to Achieve rural health center designation for the clinic	Jeremiah Dodrill	11/30/2022	·	100
ompleted	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
ompleted	5.2.1.2	Review proposals and select consultant to conduct feasibility study	Jeremiah Dodrill	5/20/2022	CLA and Wipfli	100
ompleted	5.2.1.3	Provide data and complete PBC listing for RHC feasibility study	Jeremiah Dodrill	8/31/2022	Katelin Wirth	100
ompleted	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),	Raymond Hino	4/30/2023	Jeremiah Dodrill, Katelin Wirth,	100
completed	3.2.3	benchmarked for compensation and productivity which	The year of the second	1,30,2023	MGMA and MD Ranger benchmark	100
		reflects minimum of break-even financial performance			tools	
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
Completed	5.2.3.3	Negotiate Dr. Adams Contract	Raymond Hino	4/30/2023		100
Attention	5.2.4	Renegotiate Advance Healthcare Contract for Medicaid patient population	Jeremiah Dodrill	12/31/2023	Raymond Hino, Dawn Gray, Advance Healthcare	
On Track	5.2.5	Attest for PCPCH designation, to increase Medicaid reimbursement rates	Dawn Gray	9/30/2023	Barbara Snyder, Raymond Hino,	90
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, Raymond Hino, Jeremiah Dodrill	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
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	
	6.1.1	MIPS Quality: Tobacco Use: Screening and Cessation Information				
	6.1.2	MIPS Quality: Comprehensive Diabetes Care: Hemoglobin poor control (>9.0%)				
	6.1.3	MIPS Quality: Controlling High Blood Pressure				
	6.1.4	MIPS Quality: Clinic Quality Measure TBD				
	6.1.5	MIPS Quality: Clinic Quality Measure TBD				
	6.1.6	MIPS Quality: Clinic Quality Measure TBD				
	6.1.7	MIPS Improvement Activities: Achieve PCPCH Certification	age 12 of 14			

	6.1.8	MIPS Promoting Interoperability: E-Prescribing				
	6.1.9					
	6.1.9	MIPS Promoting Interoperability: Query of PDMP  MIPS Promoting Interoperability: Health Information				
	6.1.10					
	6.1.11	Exchange  MIPS Promoting Interoperability: Provider to Patient				
	0.1.11	Exchange (utilization of the patient portal)				
	6.1.12	MIPS Promoting Interoperability: Public Health and Clinical				
	0.1.12	Data Exchange (syndromic surveillance)				
	6.1.13	MIPS Promoting Interoperability: Public Health and Clinical				
	0.1.13	Data Exchange (Immunization Registry; Electronic Case				
On Track	6.2	Reporting.  CMS Medicare Promoting Interoperability Program	Scott McEachern	2/29/2024	Shawn March, Barbara Snyder,	5.28
Off frack	0.2	Civis intedicate Promoting interoperability Program	Scott Miceachem	2/29/2024	Sharon Bischoff	5.26
On Track	6.2.1	E-Prescribing Inpatient Measure: eligible prescriptions are	Scott McEachern		Shawn March, Barbara Snyder,	
		prescribed through the EMR			Sharon Bischoff	
	6.2.1.1	Engage Hospitalists to consistently utilize the EMR for	Scott McEachern, Raymond Hino	12/31/2023		
		prescription orders				
On Track	6.2.2	E-Prescribing Inpatient Measure: At least one Schedule III, IV,	Scott McEachern	12/31/2023	Shawn March	
		or V drug, when prescribed on discharge, is queried through				
		the PDMP (Bamboo Health)				
On Track	6.2.3	HIE: Sending Health Information Inpatient Measure	Scott McEachern			
On Track	6.2.4	Health Information Exchange: Receiving and Incorporating	Scott McEachern			
		Health Information Inpatient measure				
On Track	6.2.5	Public & Clinical Data Exchange (must attest to four measures,	Scott McEachern	12/31/2023		68.75
		as follows)				
Completed	6.2.5.1	Immunization Inpatient measure: SCHHC must report to	Scott McEachern	12/31/2023		100
		Alert IIS				
On Track	6.2.5.2	Electronic Lab Reporting: SCHHC must report	Scott McEachern	12/31/2023		50
		communicable disease lab results to the Oregon Health				
		Authority				
Completed	6.2.5.3	Syndromic Surveillance Inpatient Measure: SCHHC must	Scott McEachern	12/31/2023		100
	6254	report to the Oregon Essence Program		12/21/2022		25
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	Scott McEachern	12/31/2023		
		Departure Time for Admitted Patients				
On Track	6.2.8	Quality Inpatient Measure: Venous Thromboembolism	Scott McEachern	12/31/2023		
		Prophylaxis				
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		

n Track	6.2.13	Security Measure: Acting to Limit or Restrict the compatibility	Scott McEachern	12/31/2023	
		or interoperability of CEHRT			
	7.0	General SCHHC Projects			
	7.1				Т
	8.0	Community Health Needs Assessment			
	8.1	Expanded Access to care	Scott McEachern		
	8.1.1	Triage Line	Scott McEachern		
	8.1.1.1	Tracking Call Volume and Time	Scott McEachern		
	8.1.2	Same Day (Fast Track) Appointments	Scott McEachern		
	8.1.3	Extended Hours	Scott McEachern		
	8.2	Assess Potential Specialties to improve local access	Scott McEachern		
	8.2.1	Dermatology	Scott McEachern		
	8.2.2	Urology	Scott McEachern		
	8.2.3	Gynecology	Scott McEachern		
	8.2.4	Endocrinology	Scott McEachern		
	8.2.5	Ophthalmology (Cataracts)	Scott McEachern		
	8.2.6	Podiatry	Scott McEachern		
	8.2.7	ENT	Scott McEachern		
	8.2.8	Nephrology	Scott McEachern		
	8.2.9	Pediatric	Scott McEachern		
	8.2.10	Telemedicine	Scott McEachern		
	8.2.11	Psychiatric services	Scott McEachern		
	8.2.12	Orthopedics	Scott McEachern		
	8.3	Improve Service Areas to the Patients	Scott McEachern		
	8.3.1	Chronic Care Management	Scott McEachern		
	8.3.2	School Nurse Replacement	Scott McEachern		
	8.3.3	Concierge Service	Scott McEachern		
	8.4	Increase community awareness about our services	Scott McEachern		
	8.4.1	Google	Scott McEachern		
	8.4.2	Employers	Scott McEachern		
	8.4.3	Branding	Scott McEachern		
	8.4.3.1	Explore standard uniform for front desk staff	Scott McEachern		
	8.4.4	SEO	Scott McEachern		
	8.4.5	Same Day Billboard	Scott McEachern		
	8.4.6	Promote Pulmonary Disease Program			
	8.5	Staff Education	Scott McEachern		
	8.5.1	increased awareness of Insurance acceptance, and services	Scott McEachern		
		offered at the hospital and clinic, Community, and how to			1
		access those services			
	8.5.1.1	Outside service resource list.	Scott McEachern		
	8.5.1.2	Availability and promotion of Financial Assistance Policy	Scott McEachern		
	8.5.2	Cultural Competency and trauma-informed care education	Scott McEachern		+
	8.5.3	Expanded Privacy training	   Scott McEachern   age 14 of 14		