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	90
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	50
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
Completed	2.1.1		Raymond Hino	6/17/2022	Executive Team, Leadership Team	100
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On Track	2.1.2	Create project teams focused on. at minimum, the following:	Raymond Hino	3/1/2024	Executive Team; Project Teams	17
		(1) Pre-Hospital Experience; (2) Wayfinding and Physical				
		Environment; (3) Intake; (4) Outpatient Services; (5) Inpatient				
		Services; (6) Discharge and Continuation of Engagement.				
	2.1.3	Implement 2-5 deliverable enhancements to patient	Raymond Hino	6/1/2024	Executive Team, Project Teams;	
		engagement, recommended by each team			Leadership Team	
	2.1.4	Implement 4-8 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	12/31/2024	Executive Team, Project Teams, Leadership Team	
On Track	2.2	Identify, select, and implement the most effective EMR and ERP	Scott McEachern	9/30/2024	Executive Team, Managers,	93.33
		systems.		0,00,202	Providers	50.00
Completed	2.2.1	Convene EHR Governance Committee, comprised of a cross-	Scott McEachern	2/28/2023	Executive Team, Managers,	100
		departmental team tasked with overseeing selection,			Providers	
		implementation, and maintenance of EHR system				
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	b 100
		, , , ,			Backman, Marlene Rocha, Deb Ellis,	
					Cheryl Johnson	
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	100
					Management	
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.	Scott McEachern	3/23/2023		100
	-	Criteria: has worked with small rural hospitals before;		-,,		
		experience with EPIC implementation in CAHs; affordable				
		price.				
Completed	2.2.5.1	Determine scope of work for hiring an external vendor	Scott McEachern	8/31/2022	Executive Team	100
		selection team		0,01,2022		
Completed	2.2.5.2	Present three vendor selection team options to Exec	Scott McEachern	3/15/2023	Executive Team	100
		Team		0, 20, 2020		

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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	1/31/2024	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	
Completed	2.3	Develop and implement Community Health Needs Assessment Plan and Community Health Improvement Plan; Develop and implement a Hospital physician/provider (medical staff) development plan, to meet IRS requirements, and to include both current and projected future recruitment needs, Stark law compliance, and additional best practices for medical staff development.	Jeremiah Dodrill, Raymond Hino	12/31/2023	Executive Team, Katelin Wirth, MD Ranger, MGMA	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	92.22
Completed	2.4.1	Complete a provider contract audit and identify if compliance variances exist		5/31/2022	MD Ranger, Jeremiah Dodrill	100
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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
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 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	100
Completed	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	100
Completed	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	100
Completed	2.4.7.2	Conduct market study of outpatient services	Raymond Hino	12/31/2023	Executive Team	100
Completed	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	100
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
)n Track	2.4.8	Present findings of Medical Staff Development Plan to Board of Directors	Raymond Hino	12/31/2023	Jeremiah Dodrill, Kim Russell	80
)n Track	2.4.9	Complete implementation of findings and recommendations from Board approved Medical Staff Development Plan	Raymond Hino	12/31/2023	Executive Team	50
	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	2 2 2 1		Ian Opdate 01-22-2024	11/10/2022	Dourmond Lling	100
Completed	3.3.3.1	Implement weekly Cyrano Video Messaging	Scott McEachern	11/18/2022	Raymond Hino	100
ompleted	3.3.3.2	Monthly Staff Meetings via Zoom	Raymond Hino	8/1/2022	Scott McEachern	100
ompleted	3.3.4	Implement regular communication with staff	Carrie Okey	10/1/2022	Scott McEachern	100
ompleted	3.3.4.1	Add text messaging capability to HR/Admin	Scott McEachern	11/11/2022	Carrie Okey	100
Completed	3.3.4.2	Utilize Survey Monkey to take regular surveys of staff	Carrie Okey	10/1/2022	Scott McEachern	100
ttention	3.3.5	Revise Tier I & Tier II Huddle System	Scott McEachern	6/30/2023	Executive Team	25
)n Track	3.3.5.1	Assess usage rate of Tier I huddles	Scott McEachern	6/30/2023	Executive Team	50
)n 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	3/30/2024	Jason Cook, Trevor Jurgenson, Deb Backman, Katelin Wirth	77.69
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
On Track	3.4.2	Source vendor with expertise in updating IR Plan	Jeremiah Dodrill	3/30/2024	Jason Cook	90
On Track	3.4.2.1	Complete Evaluation of gap analysis of incident response and emergency preparedness plan	Jeremiah Dodrill	1/31/2024	Jason Cook	90
On Track	3.4.3	Complete Draft of Emergency Preparedness Plan	Jeremiah Dodrill	11/30/2023	Jason Cook, Jeremiah Dodrill	92.85
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
Dn 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
)n 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	12/31/2025	Executive Team, Managers, staff, providers, district board	37.5
Completed	3.6.1	Implement new HCAHPS vendor	Scott McEachern	12/31/2022	Cori Valet	100
· · ·	3.6.2	Research criteria for achieving top 100 Hospital Status	Raymond Hino	12/29/2023	Executive Team	50
On Track						

	3.6.4	Achieve 100% of Top 100 Hospital metrics	Raymond Hino	12/31/2025	Executive Team	
	4.0	Growth				
n Track	4.1	Develop comprehensive district marketing plan	Scott McEachern	12/29/2023	Executive Team, Rachel Gray	85.35
n Track	4.1.1	Refresh Hospital Brand and Collateral	Scott McEachern	6/30/2023	Executive team	72.22
ompleted	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
ompleted	4.1.1.3		Scott McEachern	6/30/2023	Rachel Gray	100
ompleted	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
ompleted	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
)n Track	4.1.1.6	Third Stakeholder Meeting: Finalize Brand Recommendation	Scott McEachern	11/7/2023	Rachel Gray, Executive Team, managers	100
)n Track	4.1.1.7	Present recommendation to SCHD Board	Scott McEachern	11/30/2023	Rachel Gray, Executive Team, managers	50
)n Track	4.1.1.8	Request vote of SCHD Board for final approval of rebrand	Scott McEachern	12/28/2023	Executive Team	
n Track	4.1.1.9	Begin Implementation of new SCHD Brand	Scott McEachern	1/2/2024	Executive Team, managers	
ompleted	4.1.2	Revamp patient education on website and on-site resources	Scott McEachern	6/30/2023	Clinical managers	100
ompleted	4.1.3	Billboard advertisements	Scott McEachern	3/31/2023	Amy Moss Strong	100
ompleted	4.1.3.1	Quarterly Billboard 1 Install	Scott McEachern	4/1/2023	Amy Moss Strong	100
ompleted	4.1.3.2	Quarterly Billboard 3 Install	Scott McEachern	10/31/2023	Amy Moss Strong	100
ompleted	4.1.3.3	Quarterly Billboard 4 Install	Scott McEachern	1/1/2024	Amy Moss Strong	100
n Track	4.1.4	Install New Outside signage	Scott McEachern	1/31/2024	Jeremiah Dodrill, Ray Hino, Jason Cook	66.66
ompleted	4.1.4.1	Redesign	Scott McEachern	1/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
n Track	4.1.4.2	Approach Art Signs for cost estimate	Scott McEachern	1/1/2024	Jeremiah Dodrill, Ray Hino, Jason Cook	
ompleted	4.1.4.3	Redesign Clinic and Biz Building signs	Scott McEachern	4/3/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
ompleted	4.1.5	Develop high-level strategies and core messaging to communicate changes at SCHHC, new services, and pertinent information to the community	Scott McEachern, Raymond Hino	8/31/2022	Amy Moss Strong	100
ompleted	4.1.6	Develop pipeline of patient testimonials	Scott McEachern	12/31/2022	Amy Moss Strong	100
ompleted	4.1.7	Position the SCHHC Website as SCHHC's digital front door	Scott McEachern	12/31/2022	Amy Moss Strong, external vendor	100
ompleted	4.1.7.1	Perform a needs assessment on current website design, functionality, and content	Scott McEachern	7/31/2022	Amy Moss Strong, Employee Council	100
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	4.1.9	Grow SCHHC Brand awareness by enhancing communication pathways to patients and community	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.10	Increase Digital Key Performance Indicators	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, Raymond Hino, Kimberly Russell, Jeremiah Dodrill	12/31/2023	Board of Directors, Executive Team, Hospital and Health Center staff, Amy Moss Strong	81.56
Completed	4.2.1	CEO to meet with major employers, elected leaders, medical staff members, Hospital Board and Executive Team to identify an opportunity assessment for current and future hospital services.	Kimberly Russell, Raymond Hino	3/31/2023	Board of Directors, Executive Team, Amy Moss Strong	70
Completed	4.2.1.1	Create a matrix of commercial health plan, and managed care plans that are active in Southern Coos County	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
Attention	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	56.25
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
Completed	4.2.4.4	Develop marketing plan for new orthopedic surgeon	Scott McEachern	12/29/2023	Scott McEachern, Amy Moss Strong	100
On Track	4.3	Develop referral relationship with CCHC for laboratory services	Scott McEachern, Cori Valet, Raymond Hino	3/1/2024	Raymond Hino, Scott McEachern, Trevor Jurgenson	95
Attention	4.4	Develop long-term board governance training program for SCHD board	Raymond Hino	7/1/2023	Board, Sr Leadership	63.33
Completed	4.4.1	Research best practices in Governance Training and Education, including by not limited to: Governance Institute, Special District Association of Oregon; Estes Park Institute	Raymond Hino	12/31/2022	Executive Team, Kim Russell, Board of Directors	100
Attention	4.4.2	Select a long-term board governance training partner.	Raymond Hino	4/27/2023	Executive Team, Kim Russell, Board of Directors	90
Attention	4.4.3		Raymond Hino Page 7 of 13	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	Jeremiah Dodrill	12/31/2024	Board of Directors, Executive Team,	60
		encompass equipment, clinical tools, and infrastructure		,,	Design architects, Managers	
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
	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	
	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	
	4.5.4.1	Work with Architect and management to identify opportunities for Phase 1 Plan	Jeremiah Dodrill	6/1/2024	Jason Cook and Architect	
	4.5.4.2	Develop cost estimates for Phase 1 Plan	Jeremiah Dodrill	7/1/2024	Jason Cook and Architect	
	4.5.5	Develop Phase 2 facilities plan - Full campus expansion	Jeremiah Dodrill	7/31/2025	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	
	4.5.5.1	Work with Architect to identify opportunities for Phase 2 campus expansion - Location, Cost, Schematic variations considered	Jeremiah Dodrill	12/31/2025	Jason Cook and Architect	

		Strategic P	lan Update 01-22-2024			
	4.5.5.2	Evaluate Lot/Land options and availability for facilities expansion	Jeremiah Dodrill	12/31/2025	Jason Cook and Architect	
	4.5.5.3	Evaluate various options and select preferred high level schematic	Jeremiah Dodrill	12/31/2025	Jason Cook and Architect	
	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
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		67.85
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	75
Completed	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	100
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	Jeremiah Dodrill	9/30/2023	Axiom, Katelin Wirth, CLA	100
		initiatives/targets and required capital/infrastructure plans				
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 Completed	5.1.4	Define what it means to be adequately profitable to meet the	Jeremiah Dodrill Jeremiah Dodrill	9/30/2023 9/30/2023	Board, Executive Management Scott McEachern	100
		Define what it means to be adequately profitable to meet the capital needs of the hospital. Update plan with EMR/ERP Implementation total cost of				

	5.1.7	Update Plan with results of Phase 2 facilities plan. Identify funding gap.	Jeremiah Dodrill	7/31/2025	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	78.33
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
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
ompleted	5.2.2	Recruit additional high volume provider to clinic	Raymond Hino	12/31/2022	Jeremiah Dodrill, Katelin Wirth, MGMA and MD Ranger benchmark tools	100
ompleted	5.2.3	Renegotiate existing clinic provider contracts (as they expire), benchmarked for compensation and productivity which reflects minimum of break-even financial performance	Raymond Hino	4/30/2023	Jeremiah Dodrill, Katelin Wirth, MGMA and MD Ranger benchmark tools	100
ompleted	5.2.3.1	Negotiate Dr. Mitchell contract	Raymond Hino	11/30/2022	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100
ompleted	5.2.3.2	Negotiate Dr. Pense contract	Raymond Hino	12/31/2022	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100
ompleted	5.2.3.3	Negotiate Dr. Adams Contract	Raymond Hino	4/30/2023	Raymond Hino, Jeremiah Dodrill, Katelin Wirth	100
ttention	5.2.4	Renegotiate Advance Healthcare Contract for Medicaid patient population	Jeremiah Dodrill	12/31/2023	Raymond Hino, Dawn Gray, Advance Healthcare	
ompleted	5.2.5	Attest for PCPCH designation, to increase Medicaid reimbursement rates	Dawn Gray	9/30/2023	Barbara Snyder, Raymond Hino,	100
ompleted	5.2.6	Implement Care Coordination (HealthTech or ACO) to increase Medicare reimbursement	Dawn Gray	8/22/2023	Scott McEachern	100
ompleted	5.2.7	Develop Occupational Health program in clinic	Dawn Gray, Raymond Hino, Jeremiah Dodrill	8/15/2023	Providers	100
ompleted	5.2.8	Assess viability of hiring external consultant to optimize clinic workflows	Scott McEachern	3/31/2023	Jeremiah Dodrill, Katelin Wirth, Shawn March, Dawn Gray	100
ttention	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
						1

Completed	5.3.1	Identify subject experts on District Hospital Board Bylaws	Raymond Hino	6/13/2022	Governance Institute, Special	100
completed	5.5.1	Indemnification language		0/13/2022	Districts Assoc of Oregon, Chivaroli Insurance, Robin Miller	100
Completed	5.3.2	Write indemnification language as a bylaws revision and	Raymond Hino	6/23/2022	Kim Russell	100
		present to the Board of Directors for approval				
<u> </u>	6.0	Accreditation and regulatory compliance				1
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				
	6.1.8	MIPS Promoting Interoperability: E-Prescribing				
	6.1.9	MIPS Promoting Interoperability: Query of PDMP				
	6.1.10	MIPS Promoting Interoperability: Health Information Exchange				
	6.1.11	MIPS Promoting Interoperability: Provider to Patient Exchange (utilization of the patient portal)				
	6.1.12	MIPS Promoting Interoperability: Public Health and Clinical				
	6.1.13	Data Exchange (syndromic surveillance) 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	12.21
On Track	6.2.1	E-Prescribing Inpatient Measure: eligible prescriptions are prescribed through the EMR	Scott McEachern		Shawn March, Barbara Snyder, Sharon Bischoff	90
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		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			
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

			an Update 01-22-2024			1
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
		report to the Oregon Essence Program				
On Track	6.2.5.4	Electronic Case Reporting: SCHHC must report to the	Scott McEachern	12/31/2023		25
		CDC via interface		, - ,		
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		
	0.2.0	Prophylaxis		12, 51, 2025		
On Track	6.2.9	Quality Inpatient Measure: Discharged on Statin Medication	Scott McEachern	12/31/2023		
On Hack	0.2.5	Quality inpatient measure. Discharged on statin medication		12/51/2025		
On Track	6.2.10	Security Measure: HIPAA Security Risk Analysis	Scott McEachern	12/31/2023		
	6.2.10		Scott McEachern	12/31/2023		+
On Track	6.2.11	Security Measure: SAFER Guide	Scott McEachern			
On Track		Security Measure: ONC Direct Review		12/31/2023		
On Track	6.2.13	Security Measure: Acting to Limit or Restrict the compatibility		12/31/2023		
		or interoperability of CEHRT				
	7.0	General SCHHC Projects	Γ			
	7.1		<u> </u>			
	8.0	Community Health Needs Assessment	I			-
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	50
					Department	
On Track	8.1.3	Same Day (Fast Track) Appointments in SCH Clinic	Dawn Gray		Executive Team	75
Completed	8.1.4	Extended Hours in the SCH Clinic	Dawn Gray		Executive Team	100
On Track	8.2	Assess Potential Specialties to improve local access	Raymond Hino		Executive Team	66.66
Completed	8.2.1	Assess top three opportunities	Raymond Hino		Executive Team	100
Completed	8.2.1.1	Dermatology	Raymond Hino	11/21/2023	Executive Team	100
On Track	8.2.1.2	Urology	Raymond Hino			100
Completed	8.2.1.3	Gynecology	Raymond Hino			100
Completed	8.2.1.4	Endocrinology	Raymond Hino			100
Completed	8.2.1.5	Ophthalmology (Cataracts)	Raymond Hino			100
Completed	8.2.1.6	Podiatry	Raymond Hino			100
Completed	8.2.1.7	ENT	Raymond Hino			100
Completed	8.2.1.8	Nephrology	Raymond Hino	11/21/2023		100
Completed	8.2.1.9	Pediatric	Raymond Hino			100
Completed	8.2.1.10	Telemedicine	Raymond Hino			100
Completed	8.2.1.11	Psychiatric services	Raymond Hino			100
Completed	8.2.1.12	Orthopedics	Raymond Hino	11/21/2023	Jeremiah Dodrill	100
	8.2.2	Feasibility of top three	Raymond Hino	6/30/2024	Executive Team	33.33
On Track		Who's in the market		10/31/2023	David Sandberg, Jeremiah Dodrill,	100
Completed	8.2.2.1	Who's in the market	Scott McEachern	10/31/2023		100
	8.2.2.2			12/24/2022	Raymond Hino	
On Track On Track	8.2.2.3	Wait times Reputation of local providers	Dawn Gray	12/31/2023	Executive Team	-

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
On Track	8.4	Increase community awareness about our services	Scott McEachern	6/30/2024	Executive Team	
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	
On Track	8.5.1	Increased awareness of Insurance acceptance, and services offered at the hospital and clinic, Community, and how to access those services	Raymond Hino	6/30/2024	Executive Team	
Completed	8.5.1.1	Outside service resource list.				
On Track	8.5.1.2	Availability and promotion of Financial Assistance Policy	Scott McEachern	12/31/2023	Dawn Gray, front desk staff, Cathy Mann, Amy Moss Strong	
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	