

Southern Coos Health District
Strategic Plan Update 04-23-2024

STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%
	1.0	People				
Completed	1.1	Benchmark and implement employee compensation philosophy	Raymond Hino, Antone Eek	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	7/15/2024	Carrie Okey	100
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	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	12/31/2024	Executive Team, Project Teams, Leadership Team	
Completed	2.2	Identify, select, and implement the most effective EMR and ERP systems.	Scott McEachern	9/30/2024	Executive Team, Managers, Providers	100
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	Antone Eek, Raymond Hino	12/31/2023	Executive Team, Katelin Wirth, MD Ranger, MGMA	100
Completed	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	100
	3.0	Quality				
Completed	3.1	Implement and Maintain Quality DNV Accreditation Program	Raymond Hino	9/30/2023	Barb Snyder, staff	100

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Completed	3.2	Establish Quality Benchmark	Cori Valet	11/21/2022	Barb Snyder, Sharon Bischoff	100
Completed	3.3	Develop and Execute Effective Internal Communication Plan	Scott McEachern	6/30/2023	Executive Team, Employees Activity Committee	100
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
Completed	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	Antone Eek	3/30/2024	Jason Cook	90
On Track	3.4.3	Complete Draft of Emergency Preparedness Plan	Antone Eek	11/30/2023	Jason Cook	92.85
Completed	3.4.4	Conduct preparedness exercises	Antone Eek	5/31/2023	Jason Cook, Arianne Booth	100
On Track	3.4.4.1	Schedule preparedness exercises for FY24	Antone Eek	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	3.4.5	Embed training into onboarding and annual review process using the Department of Homeland Security modules.	Antone Eek	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.	Cori Valet, Scott McEachern	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, Antone Eek, Scott McEachern, Raymond Hino	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
On Track	3.6.2	Research criteria for achieving top 100 Hospital Status	Raymond Hino	12/29/2023	Executive Team	50
	3.6.3	Achieve 50% of Top 100 Hospital metrics	Raymond Hino	12/31/2024	Executive Team	
	3.6.4	Achieve 100% of Top 100 Hospital metrics	Raymond Hino	12/31/2025	Executive Team	
	4.0	Growth				
On Track	4.1	Develop comprehensive district marketing plan	Scott McEachern	12/29/2023	Executive Team, Rachel Gray	85.35
On Track	4.1.1	Refresh Hospital Brand and Collateral	Scott McEachern	6/30/2023	Executive team	72.22
Completed	4.1.1.1	Perform a SWOT analysis	Scott McEachern	6/1/2022	Executive Team	100
Completed	4.1.1.2	Assess SCHHC community and patient demographics to optimize outreach practices	Scott McEachern	6/30/2023	Rachel Gray, project team	100
Completed	4.1.1.3	Identify SCHHC's value propositions and differentiators	Scott McEachern	6/30/2023	Rachel Gray	100
Completed	4.1.1.4	Develop SCHHC patient and provider personas in an effort to better target patient advertising and provider recruitment	Scott McEachern	6/30/2023	Executive Team	100
Completed	4.1.1.5	Present options to internal team around brands for hospital, clinic, and foundation	Scott McEachern	10/6/2023	Rachel Gray, Executive Team, managers	100
On Track	4.1.1.6	Third Stakeholder Meeting: Finalize Brand Recommendation	Scott McEachern	11/7/2023	Rachel Gray, Executive Team, managers	100
On Track	4.1.1.7	Present recommendation to SCHED Board	Scott McEachern	11/30/2023	Rachel Gray, Executive Team, managers	50
On Track	4.1.1.8	Request vote of SCHED Board for final approval of rebrand	Scott McEachern	12/28/2023	Executive Team	
On Track	4.1.1.9	Begin Implementation of new SCHED Brand	Scott McEachern	1/2/2024	Executive Team, managers	

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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	100
Completed	4.1.3.1	Quarterly Billboard 1 Install	Scott McEachern	4/1/2023	Amy Moss Strong	100
Completed	4.1.3.2	Quarterly Billboard 3 Install	Scott McEachern	10/31/2023	Amy Moss Strong	100
On Track	4.1.3.3	Quarterly Billboard 4 Install	Scott McEachern	1/1/2024	Amy Moss Strong	100
On Track	4.1.4	Install New Outside signage	Scott McEachern	1/31/2024	Jeremiah Dodrill, Ray Hino, Jason Cook	66.66
Completed	4.1.4.1	Redesign	Scott McEachern	1/31/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
On Track	4.1.4.2	Approach Art Signs for cost estimate	Scott McEachern	1/1/2024	Jeremiah Dodrill, Ray Hino, Jason Cook	
Completed	4.1.4.3	Redesign Clinic and Biz Building signs	Scott McEachern	4/3/2023	Jeremiah Dodrill, Ray Hino, Jason Cook	100
Completed	4.1.5	Develop high-level strategies and core messaging to communicate changes at SCHHC, new services, and pertinent information to the community	Scott McEachern, Raymond Hino	8/31/2022	Amy Moss Strong	100
Completed	4.1.6	Develop pipeline of patient testimonials	Scott McEachern	12/31/2022	Amy Moss Strong	100
Completed	4.1.7	Position the SCHHC Website as SCHHC's digital front door	Scott McEachern	12/31/2022	Amy Moss Strong, external vendor	100
Completed	4.1.7.1	Perform a needs assessment on current website design, functionality, and content	Scott McEachern	7/31/2022	Amy Moss Strong, Employee Council	100
Completed	4.1.7.2	Evaluate vendors to provide web design and content maintenance services	Scott McEachern	8/31/2022	Amy Moss Strong	100
Completed	4.1.7.3	Integrate website with all other SCHHC digital assets -- ensure continuity of experience	Scott McEachern	12/31/2022	Amy Moss Strong	100
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
Completed	4.1.9.1	Increase SCHHC's social media activity by 25%	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.9.2	Increase mailing list sign-ups via e-newsletter and calls to action on website, social media	Scott McEachern	12/31/2022	Amy Moss Strong	100
Completed	4.1.9.3	Optimize current patient portal experience for patients	Scott McEachern	6/30/2023	Shawn March, Clinical Informatics	100
Completed	4.1.9.4	Increase patient utilization of patient portal by 25% by 6/30/23	Scott McEachern	6/30/2023	Shawn March, Clinical Informatics, Amy Moss Strong, front desks at clinic and hospital	100
Completed	4.1.10	Increase Digital Key Performance Indicators	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.10.1	Website Traffic	Scott McEachern	10/31/2022	Amy Moss Strong	100

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Completed	4.1.10.2	Open rate and click-through rate of e-newsletter	Scott McEachern	10/31/2022	Amy Moss Strongg	100
Completed	4.1.10.3	Social Media page likes & reach	Scott McEachern	10/31/2022	Amy Moss Strong	100
Completed	4.1.10.4	Survey community on SCHHC brand awareness - benchmark	Scott McEachern	5/25/2022	Amy Moss Strong	100
Completed	4.1.10.5	Increase website traffic by 5% by 6/30/23	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.10.6	Increase open rate and click-through of Bandon Health Wave by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	100
Completed	4.1.10.7	Increase Facebook, LinkedIn, Instagram reach by 10%	Scott McEachern	6/30/2023	Amy Moss Strong	100
On Track	4.1.11	Research population segments; develop specific marketing outreach to segments	Scott McEachern	12/31/2023	Amy Moss Strong	
On Track	4.2	Become the hospital of choice identifying, developing and providing the right services (health screening, mental health, surgical, transitional care) to improve community health.	Antone Eek, Cori Valet, Scott McEachern, Raymond Hino, Kimberly Russell	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.	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	Antone Eek	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	Antone Eek	12/31/2022	Cathy Mann	100
Completed	4.2.2	Evaluate alignment between employer sponsored health plans and current payor contracts at SCHHC	Antone Eek	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.	Scott McEachern, Raymond Hino	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
Completed	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	100
Attention	4.4	Develop long-term board governance training program for SCHED board	Raymond Hino	7/1/2023	Board, Sr Leadership	63.33

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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	Antone Eek, Raymond Hino	12/31/2024	Board of Directors, Executive Team, Design architects, Managers	66.66
Completed	4.5.1	Engage consultant to guide development of facility master plan, including RFP, selection of architects, and development of TCO	Antone Eek	8/15/2023	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	100
	5.0	Finance				
On Track	5.1	Develop financial sustainability plan	Antone Eek	12/31/2023	Executive Team	67.85
On Track	5.1.1	Renegotiate provider contracts, where necessary, to meet regulatory requirements	Antone Eek, Raymond Hino	6/30/2023	Jeremiah Dodrill, Outside legal counsel	75
Completed	5.1.1.1	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	5.1.1.2	Renegotiate Hospitalist contracts to sustainable model with affordable provider contracts	Raymond Hino	12/31/2023	Jeremiah Dodrill, Katelin Wirth, Outside legal counsel	50
Completed	5.1.2	Define what it means to be adequately profitable to meet the capital needs of the hospital.	Antone Eek	9/30/2023	Board, Executive Management	100
Completed	5.1.3	Update plan with EMR/ERP Implementation total cost of ownership	Antone Eek	9/30/2023	Scott McEachern	100
Completed	5.2	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				
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				

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	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 Data Exchange (syndromic surveillance)				
	6.1.13	MIPS Promoting Interoperability: Public Health and Clinical Data Exchange (Immunization Registry; Electronic Case Reporting.				
On Track	6.2	CMS Medicare Promoting Interoperability Program	Scott McEachern	2/29/2024	Shawn March, Barbara Snyder, Sharon Bischoff	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	E-Prescribing Inpatient Measure: At least one Schedule III, IV, or V drug, when prescribed on discharge, is queried through the PDMP (Bamboo Health)	Scott McEachern	12/31/2023	Shawn March	
On Track	6.2.3	HIE: Sending Health Information Inpatient Measure	Scott McEachern			
On Track	6.2.4	Health Information Exchange: Receiving and Incorporating Health Information Inpatient measure	Scott McEachern			
On Track	6.2.5	Public & Clinical Data Exchange (must attest to four measures, as follows)	Scott McEachern	12/31/2023		68.75
Completed	6.2.5.1	Immunization Inpatient measure: SCHHC must report to Alert IIS	Scott McEachern	12/31/2023		100
On Track	6.2.5.2	Electronic Lab Reporting: SCHHC must report communicable disease lab results to the Oregon Health Authority	Scott McEachern	12/31/2023		50
Completed	6.2.5.3	Syndromic Surveillance Inpatient Measure: SCHHC must report to the Oregon Essence Program	Scott McEachern	12/31/2023		100
On Track	6.2.5.4	Electronic Case Reporting: SCHHC must report to the CDC via interface	Scott McEachern	12/31/2023		25
On Track	6.2.6	Quality Inpatient Measure: Safe Use of Opioids	Scott McEachern	12/31/2023		
On Track	6.2.7	Quality Inpatient Measure: Admit Decision Time to ED Departure Time for Admitted Patients	Scott McEachern	12/31/2023		
On Track	6.2.8	Quality Inpatient Measure: Venous Thromboembolism Prophylaxis	Scott McEachern	12/31/2023		
On Track	6.2.9	Quality Inpatient Measure: Discharged on Statin Medication	Scott McEachern	12/31/2023		
On Track	6.2.10	Security Measure: HIPAA Security Risk Analysis	Scott McEachern	12/31/2023		
On Track	6.2.11	Security Measure: SAFER Guide	Scott McEachern	12/31/2023		
On Track	6.2.12	Security Measure: ONC Direct Review	Scott McEachern	12/31/2023		
On Track	6.2.13	Security Measure: Acting to Limit or Restrict the compatibility or interoperability of CEHRT	Scott McEachern	12/31/2023		
	7.0	General SCHHC Projects				

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	7.1					
	8.0	Community Health Needs Assessment				
On Track	8.1	Expand Access to care in SCH Clinic	Dawn Gray		Executive Team	45
On Track	8.1.1	Implement Triage Line	Dawn Gray	10/1/2023	Executive Team	
On Track	8.1.2	Tracking Call Volume and Time	Scott McEachern	12/31/2023	Executive Team, SCHHC IS Department	50
On Track	8.1.3	Same Day (Fast Track) Appointments in SCH Clinic	Dawn Gray		Executive Team	75
Completed	8.1.4	Extended Hours in the SCH Clinic	Dawn Gray		Executive Team	100
	8.1.5					
On Track	8.2	Assess Potential Specialties to improve local access	Raymond Hino		Executive Team	33.33
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
On Track	8.2.2	Feasibility of top three	Raymond Hino	6/30/2024	Executive Team	33.33
Completed	8.2.2.1	Who's in the market	Scott McEachern	10/31/2023	David Sandberg, Jeremiah Dodrill, Raymond Hino	100
On Track	8.2.2.2	Wait times	Dawn Gray	12/31/2023	Executive Team	
On Track	8.2.2.3	Reputation of local providers				
	8.2.3					
	8.2.4					
On Track	8.3	Improve Service Offerings to SCHHC Patients	Raymond Hino		Executive Team	33.33
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
	8.3.3					
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.				

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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	