STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%	COMMENTS
	1.0	**People: Be the employer of choice and a Chartis top 100 rural hospital**					
	1.1	Be the kind of employer that drives top 100 hospital (Employee	Stacy Nelson	6/30/2027	Stacy, Amanda	0.69	
	1.1.1	Survey Current Employees about their current Workplace	Stacy Nelson	3/30/2025			
	1.1.2	Identify the type of employee (performance/behavior) we	Stacy Nelson	3/30/2025			
	1.1.3	Implement an employee-focused culture (so employees want	Stacy Nelson	6/30/2026			
	1.1.4	Enhance employee engagement strategies	Stacy Nelson	6/30/2027		4.16	
	1.1.4.1	Utilize an Employee Engagement Survey Tool;		3/31/2025			
	1.1.4.2	Design plan for Employee Engagement, based on		6/30/2025			
	1.1.4.3	Revamp Onboarding Process: The 4 C's: Culture,		3/30/2025			
	1.1.4.4	Implement plan for Employee Engagement		9/30/2025			
	1.1.4.5	Evaluate plan for Employee Engagement.		9/30/2026			
	1.1.4.6	Get certified as a, "Great Place to Work."		6/30/2027		25	
	1.1.5	Develop and Implement Wellness Strategies (Physical,	Stacy Nelson	9/30/2025			
	1.1.6	Grow our SCHHC Workforce	Stacy Nelson	6/30/2026			
	1.1.6.1	Professional development for employees		6/30/2025			
	1.1.6.2	Employee Career Paths		12/31/2025			
	1.1.6.3	Succession planning		6/30/2026			
On Track	1.2	Provide competitive compensation and robust benefits packages	Stacy Nelson, Antone Eek	6/30/2026	Stacy	43.33	
On Track	1.2.1	Compensation	Antone Eek, Stacy Nelson	6/30/2025	Stacy	50	
On Track	1.2.2	Evaluate current benefits package	Stacy Nelson, Antone Eek	12/31/2025		36.66	
On Track	1.2.2.1	Medical Benefits (Reasonable Cost, Quality Coverage,	Stacy Nelson, Antone Eek	11/30/2024		90	
On Track	1.2.2.2	Retirement Package	Antone Eek, Stacy Nelson	12/31/2025		10	
On Track	1.2.2.3	Evaluate other value-added benefits (i.e. Pet	Stacy Nelson	12/31/2025		10	
	1.3	Expanding Volunteers and duties	Stacy Nelson	6/30/2026	Stacy		
	1.3.1	Bring volunteers back		6/30/2026	Stacy		
	1.3.1.1	Identify a pool of volunteers to recruit.		12/31/2025			
	1.3.1.2	Outreach to High School for volunteers		9/30/2025			
	1.3.1.3	Develop program for youth to explore health care		12/31/2025	Stacy		
	1.3.1.4	Develop/Design how Volunteers will be used.		9/30/2025			
	1.3.1.5	Training and Development for Volunteers.		3/30/2026			
	1.3.1.6	Develop an ambassadorship program.		9/30/2026			
	1.4	Designated as National Health Service Corps (NHSC) Site for	Dawn Gray, Stacy Nelson	12/31/2027	Stacy, Dawn		**RaymondHino** : https://nhsc.hrsa.gov/loan-
	1.4.1	Develop required policies and procedures	Dawn Gray, Stacy Nelson	6/30/2026	Raymond Hino		
	1.4.2	Submit attestation to become an NHSC site	Stacy Nelson, Raymond Hino	6/30/2027	Dawn Gray		
On Track	1.5	Develop workforce housing options and opportunities, in	Raymond Hino	12/31/2027	Antone	37.5	
On Track	1.5.1	Meet with Developers	Raymond Hino	12/31/2024	Executive Team	50	
On Track	1.5.1.1	Perk Development Group				50	**RaymondHino** : More comfortable with Perk
On Track	1.5.1.2	L2L				50	
	1.5.2	Employee Survey to find out needs	Stacy Nelson	10/31/2024	Executive Team		
Completed	1.5.3	Find out what property the district owns for housing develpement	Antone Eek	9/30/2024	Executive Team, Real Estate Agent	100	
	1.5.4	Collaborate with other leaders in the community	Raymond Hino	12/31/2027	Executive Team		
	2.0	**Service: what are we doing for our customer**					
	2.1	Collaborate with the community and other healthcare organizations.	Raymond Hino	12/31/2027		13.75	
On Track	2.1.1	Collaborate with Coast to address challenges related to social determinants of health.	Dawn Gray, Cori Valet	12/31/2025		20	**RaymondHino** : 90% through the master contracting. Still need board approval

	2.1.2	Bay Area Hospital STEMI program	Cori Valet, Alden Forrester, Amanda Bemetz				
	2.1.2.1	STEMI program					
	2.1.2.2	Dietician program					
On Track	2.1.3	Partnership with Coast Community	Raymond Hino	7/1/2025	Antone Eek, Scott McEachern, Dawn Gray	40	
On Track	2.1.3.1	MSA agreement	Raymond Hino	12/31/2024		80	
	2.1.3.2	Optimize referral patterns	Alden Forrester	7/1/2025			
On Track	2.1.4	Partnership with Bandon Dunes	Raymond Hino	12/31/2026		50	
	2.1.4.1	Botox, Hydration, etc.	Raymond Hino				
	2.1.4.2	Annual Flu and COVID Vaccination Clinics for Bandon Dunes employees	Cori Valet	11/30/2024		100	
	2.1.5	Partner with CTCLUSI	Raymond Hino	8/31/2025			
	2.1.6	Partnership with other businesses (Healthcare, transportation, gov, business, Tribes)	Raymond Hino	12/31/2027			
	2.1.7	Develop a patient transportation strategy	Cori Valet				
	2.1.7.1	clinic					
	2.1.7.2	ED					
	2.1.7.3	city transport services					
	2.1.7.4	Partner with Coast					
	2.1.8	Coos County Family Practice Resident Program Consortium	Raymond Hino	7/1/2027	Dr Forrester, Executive Team.		
On Track	2.2	Become the hospital of choice identifying, developing and providing the right services to improve community health.	Raymond Hino, Kimberly Russell, Antone Eek, Cori Valet, Scott McEachern	12/31/2025	Board of Directors, Executive Team, Hospital and Health Center staff, Amy Moss Strong	54.37	
Completed	2.2.1	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	7/1/2025	Board of Directors, Executive Team, Amy Moss Strong	70	**RaymondHino :** Slippage reported due to shift in priorities to DNV accreditation compliance, clinic stabilization, provider contracting
Completed	2.2.1.1	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	2.2.1.2	Review current commercial and managed care contracts and adequacy of payment terms	Antone Eek	12/31/2022	Cathy Mann	100	**JeremiahDodrill :** All payer contracts reviewed. Moda requires attention - payment rates do not reflect market relative to other payer. Requires renegotiation.
Completed	2.2.2	Evaluate alignment between employer sponsored health plans and current payor contracts at SCHHC	Antone Eek	12/31/2022	Cathy Mann, Katelin Wirth	100	
Completed	2.2.3	Collaborate with other local healthcare organizations to maximize benefit to patients and the community	Raymond Hino	12/31/2022	Executive Team	100	
On Track	2.2.4	Increase commercial payers use of SCHHC services	Raymond Hino	12/31/2025	Cori Valet, Antone	56.25	**ScottMcEachern :** Executive team re-evaluating the entire goal. Leaving dates out of timeline for now. **ScottMcEachern :** Entire goal still being re-evaluated by exec team and revenue cycle. 2.7.23
On Track	2.2.4.1	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	12/31/2025	Executive Team	25	**RaymondHino :** Slippage from 9/30/2022 to 3/31/2023 reported due to shift in priorities to DNV accreditation compliance, clinic stabilization, provider contracting **ScottMcEachern :** Establish baseline of % of local companies utilization of SCHHC services by 2/28/23, if data available. Responsible: KW

On Track	2.2.4.2	Create and disseminate marketing collateral to local businesses and civic organizations	Scott McEachern	7/1/2025	Executive Team		**ScottMcEachern :** Added task to support 4.2.5.2 **ScottMcEachern :** Build a folder and brochure
Completed	2.2.4.3	Assess local businesses' healthcare needs	Scott McEachern, Cori Valet	3/31/2023	Jeremiah Dodrill, Raymond Hino	100	**RaymondHino :** Slippage from 9/30/2022 to 3/31/2023 reported due to shift in priorities to DNV accreditation compliance, clinic stabilization, provider contracting **RaymondHino :** First employee health services contract currently in final states of negotiation with Roseburg Forest Products. Estimated date of completion is 7-31-2023 **ScottMcEachern :** Refer to CHNA as guide; also development of the occupational medical program reflects observation of need and then implementation of program.
Completed	2.2.4.4	Develop marketing plan for new orthopedic surgeon	Scott McEachern	12/29/2023	Scott McEachern, Amy Moss Strong	100	**ScottMcEachern :** Added task to reflect hiring of Dr. Ivanitsky. Start date TBD.
	2.2.5	Behavioral health (Outpatient)	Dawn Gray, Antone Eek	7/1/2025	JR, Ray		
	2.2.5.1	Geriatric Psych		9/30/2022			
	2.2.5.2	Partner with Coast		9/30/2022			
	2.2.5.3	Partner with Psychiatric Medical Care		9/30/2022			
	2.2.6	Increase Utilization of Surgical Services	Dawn Gray, Cori Valet	7/1/2025	Executive Team, Alden Forrester		
	2.2.6.1	Develop a marketing plan for surgical services	Scott McEachern	3/31/2025	Amy		
	2.2.6.2	Develop a surgery growth strategy		12/31/2024			
	2.2.6.3	Lipo and the Links		12/31/2024			
On Track	2.3	Develop and implement a patient centered engagement model for patient services to improve patient satisfaction.	Raymond Hino	12/31/2027	Executive Team	23.4	**RaymondHino :** Report slippage from deadline date of 6-30-2023 to new date of 12-31-2023 due to shift in priorities from time that this plan was created in May 2022 to new priorities for profitability, physician recruitment, EMR implementation. **ScottMcEachern :** Moved due date from 12/31/23 to 13/31/24 due to concerns about staff capacity.
Completed	2.3.1	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	2.3.2	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	12/31/2026	Executive Team; Project Teams	17	**RaymondHino :** Report slippage of 9 months from original due date of 7-1-2022 to 3-1-2023. Slippage due to shift in priorities to DNV survey preparedness, completion and compliance. Along with recruitment of new staff, managers and staff and management training. **RaymondHino :** Report additional slippage of 4 months from new date of 3-1-2023 to 7-1-2023 due to evolving priorities of surgery relaunch, marketing, clinic profitability **RaymondHino :** First project team met on 4-4-2023, with 8 staff members in attendance, to evaluate Emergency Dept intake experience, including using the buzzer entrance, waiting room, and triage process. A preliminary set of recommendations was made on 4-7-2023. **RaymondHino :** Report slippage from 7-1-2023 to new date of 3-1-2024 to coincide with new completion date of project. Completion has een postponed until 12-31-2024 due to other higher priorities in 2023
	2.3.3	Implement 2-5 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	12/31/2026	Executive Team, Project Teams; Leadership Team		**RaymondHino :** Report slippage of 9 months from original due date of 11-17-2022 to 8-17-2023 **RaymondHino :** Report slippage of completion date from original date of 8-17-2023 to new date of 6-1-2024 to align with new completion date of 2.1 task to 12-31-2024. Task was postponed due to higher priorities in 2023.
	2.3.4	Implement 4-8 deliverable enhancements to patient engagement, recommended by each team	Raymond Hino	12/31/2027	Executive Team, Project Teams, Leadership Team		**RaymondHino :** Change date from 6-30-2023 to 12-31-2024 to match with slippage on dates for other subtasks for Goal 2.1
	2.3.5	Improve the entrance greeting process (Volunteer greeting and navigating)	Antone Eek	7/1/2027			
On Track	2.4	Build a proactive case management program	Cori Valet, Dawn Gray	12/31/2025	Karen Stafford	6.25	
	2.4.1	Expand case management in the acute setting to 7 days/week	Cori Valet	12/31/2024	Karen Stafford	25	
On Track	2.4.1.1	Recruit and train 1 RN FTE to case management/UR Swing bed coordination	Cori Valet	12/31/2024	Karen Stafford, Stacy Nelson, Albert	25	
	2.4.2	Initiate Chronic care nurse program in the clinic	Dawn Gray	12/31/2024	Stacy Nelson, Albert		
	2.4.3	Clinic	Dawn Gray	12/31/2025	Karen Stafford		
	2.4.4	Improve Transition of Care processes	Dawn Gray, Cori Valet	6/30/2025	Karen Stafford		
	2.4.4.1						
On Track	2.5	Level 4 Trauma designation	Alden Forrester, Cori Valet	5/31/2026	Nick Lucas, Dr. Evans, Ray Hino, Scott M., Antone E., Kim Russel, Stacey Nelson, Chris Amaral, Amanda Bemetz, Kerry Vincent	1.75	

On Track	2.5.1		Designated FTE for Trauma Coordination/Management	Cori Valet	12/31/2024	Nick Lucas, Stacy Nelson, Albert, Austin	25	
Attention	2.5.1.1		Job description to include educational preparation with a minimum of 4 hours per year (internal or external) of trauma-related continuing education and the completion of an accredited course in the care of trauma patients	Cori Valet	10/11/2024	Nick Lucas, Stacy Nelson	75	
Attention	2.5.1.2		Recruit and hire Trauma Coordinator	Cori Valet, Stacy Nelson, Alden Forrester	11/1/2024	Nick Lucas, Albert Sanchez		
	2.5.1.3		Appropriately orient Trauma Coordinator to role, organization, tools, resources, and expectations	Cori Valet	12/31/2024	Nick Lucas, Stacy Nelson, Alden Forrester		
On Track	2.5.2		Engage ED providers with Trauma Center Designation	Alden Forrester	6/30/2025	Nick Lucas	10	
	2.5.3		Establish Regional Trauma System engagement for standardization, implementation and performance improvement and patient safety (PIPS)	Alden Forrester, Cori Valet	12/31/2024	Executive team, Nick Lucas, Trauma Coordinator		
	2.5.4		Procure necessary equipment consistent with requirements of level 4 trauma designation	Cori Valet	8/31/2025	Nick Lucas, Chris Amaral		
	2.5.5		Establish well-defined transfer plan with treatment and transfer guidelines reflecting level 4 capabilities	Cori Valet, Alden Forrester	6/30/2024	Nick Lucas, Trauma Coordinator		
	2.5.6		Establish review process for transfer plan that incorporates higher-level trauma center review (in region)	Alden Forrester, Cori Valet	6/30/2025	Nick Lucas, Trauma Coordinator, Amanda Bemetz, Rachel		
	2.5.7		Board certification in Emergency Medicine or current Advanced Trauma Life Support (ATLS) certification for all ED providers	Cori Valet, Alden Forrester	8/31/2025	Kerry Vincent, Michelle Winchel		
	2.5.8		Establish a Trauma Medical Director role	Alden Forrester, Raymond Hino	1/31/2025	Antone E, Stacy Nelson		
	2.5.8.1		Develop job description that includes requirement that this role be a physician practicing emergency medicine responsible for coordinating the care of injured patients, verifies continuing medical education (CME) of personnel, and has oversight of the trauma quality improvement process. The TMD is clinically involved with trauma patient management and responsible for credentialling of trauma team members. is current in ATLS.					
	2.5.8.2		Obtain documentation that the board have empowered and grant authority to the TMD and TPM to lead the program					
	2.5.9		Determine if a Trauma program manager (TPM) is required if Trauma coordinator in place					
	2.5.9.1		Obtain documentation that the board have empowered and grant authority to the TMD and TPM to lead the program					
	2.5.10		Develop PIPS program					
	2.5.10.1		Multidisciplinary Trauma peer review committee consisting of medical staff active in trauma resuscitation					
	2.5.10.2		Ensure inclusion of audit filters to review and improve pediatric and adult patient care					
	2.5.10.3		Ensure transport activities are evaluated					
	2.5.10.4		Ensure PIPS review of all transfers out					
	2.5.10.5		Create on-going method to review and determine "other" potential criteria for trauma team activation					
	2.5.10.6		Ensure response time is tracked by trauma level and from patient arrival, not notification or activation					

	2.5.10.7	Establish strategies for monitoring data validity				
	2.5.10.8	Develop process for recording problem identificaiton, development of corrective actino plan, method of monitoring, reevaluation and benchmarking.				
	2.5.10.9	Develop method where in the trauma PIPS program's written plans for process and outcome measures are reviewed and updated at least annually				
	2.5.11	Develop prehospital care protocols and process for improvement				
	2.5.12	Update diversion or bipass policy/procedures				
	2.5.12.1	Prearrange alternative destinations with transfer agreements in place				
	2.5.12.2	Notify other centers of divert or advisory status - Maintain a divert log				
	2.5.12.3	Subject all diverts and advisories to performance improvement procedures				
	2.5.13	Ensure board and medical staff approval of decision to become trauma center is received and documented.				
	2.5.13.1	Develop process to obtain reaffirmation of Administrative support of Trauma certification every 3 years				
	2.5.13.2	Develop process to obtain reaffirmation of medical staff support of Trauma certification every 3 years				
	2.5.13.3	Develop process to document administrative commitment from the board and medical staff				
	2.5.14	Establish criterial for graded activation clearly defined by the trauma center with high-test level of activation including the six required criteria listed in Exhibit 3.				
	2.5.15	Develop massive transfusion protocol developed collaboratively between the trauma service and the blood bank				
	2.5.16	Ensure transfer agreement in place with referral burn center				
	2.5.17	Establish Trauma Registry Process				
	2.5.17.1	Ensure data is collected and analyzed on all trauma patients.				
	2.5.17.2	Develop process to ensure registries entered within 60 days of discharge				
	2.5.17.3					
	2.5.18	Obtain endorsement of the trauma PIPS program by governing body, include empowerment to address events that involve multiple disciplines				
	2.5.19	Develop required education processes				
	2.5.19.1	Engage in public and professional education				
	2.5.19.2	Develop Orientation, credentialing process and skill maintenance for advanced practitioners				
	2.5.19.3	Develop education process for all Trauma registrars to attend two courses within 12 months of hire 1) the American Trauma Society's Trauma Registrar Course or equivalent provided by a state trauma program; and (2) the Association of the Advancement of Automotive Medicine's Injury Scaling Course or an equivalent local course.				
	2.5.19.4	Establish method training for prehospital and hospital-based providers and personnel				

	2.5.19.5	Create education requirements for all ED nurses or trauma responding nurses to complete an initial 16 hour accredited course in the care of trauma patients followed by recertification or 4 hours/year of trauma-related continuing education				
	2.5.20	Develop written protocol defining the clinical criteria and confirmatory tests for the diagnosis of brain death				
On Track	2.6	Feasibility Study for Appropriate services	Cori Valet, Antone Eek	12/31/2026	Katelin Wirth, Applicable department managers	1.38
	2.6.1	Echo Stress Testing	Antone Eek, Cori Valet	12/31/2026	Katelin Wirth, Leah Hyman	
	2.6.1.1	Conduct preliminary analysis to determine if following steps worthy of completion				
	2.6.1.2	Prepare projected income statement				
	2.6.1.3	Conduct Market Survey				
	2.6.1.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead				
	2.6.1.5	Review and analyze all data and determine Go/No Go Decision				
	2.6.1.6	Present proposal to board of directors for approval if applicable				
	2.6.2	Mobile Nuclear testing	Cori Valet, Antone Eek	12/31/2026	Katelin Wirth, Leah Hyman	
	2.6.2.1	Conduct preliminary analysis to determine if following steps worthy of completion				
	2.6.2.2	Prepare projected income statement				
	2.6.2.3	Conduct Market Survey				
	2.6.2.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead				
	2.6.2.5	Review and analyze all data and determine Go/No Go Decision				
	2.6.2.6	Present proposal to board of directors for approval if applicable				
On Track	2.6.3	Endoscopy	Antone Eek, Alden Forrester, Cori Valet	2/28/2025	Katelin Wirth, Danielle Wirt	8.33
On Track	2.6.3.1	Conduct preliminary analysis to determine if following steps worthy of completion	Cori Valet, Antone Eek, Alden Forrester	11/30/2024	Katelin Wirth, Danielle Wirt	25
On Track	2.6.3.2	Prepare projected income statement	Antone Eek, Cori Valet	12/15/2024	Katelin Wirth, Danielle Wirt	25
On Track	2.6.3.3	Conduct Market Survey	Cori Valet, Antone Eek	12/31/2024	Katelin Wirth, Danielle Wirt	
On Track	2.6.3.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead	Antone Eek, Alden Forrester, Cori Valet	12/31/2024	Katelin Wirth, Danielle Wirt	
On Track	2.6.3.5	Review and analyze all data and determine Go/No Go Decision	Cori Valet, Alden Forrester, Antone Eek	12/31/2024	Katelin Wirth, Danielle Wirt	
On Track	2.6.3.6	Present proposal to board of directors for approval if applicable	Alden Forrester, Cori Valet, Antone Eek	12/31/2024	Katelin Wirth, Danielle Wirt	
	2.6.4	Coast Top referrals: Gen Surgery, Dermatology, ENT	Cori Valet, Antone Eek	6/30/2025	Katelin Wirth, Danielle Wirt	
	2.6.4.1	Conduct preliminary analysis to determine if following steps worthy of completion				
	2.6.4.2	Prepare projected income statement				
	2.6.4.3	Conduct Market Survey				
	2.6.4.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead				
	2.6.4.5	Review and analyze all data and determine Go/No Go Decision				

Status	#	Task	Lead	Due Date	Team	%	
	2.6.4.6	Present proposal to board of directors for approval if applicable					
	2.6.4.7						
	2.6.5	Expand Pain Program	Dawn Gray, Cori Valet, Antone Eek	4/30/2025	Katelin Wirth, Danielle Wirt, Victoria Schmelzer		
	2.6.5.1	Conduct preliminary analysis to determine if following steps worthy of completion					
	2.6.5.2	Prepare projected income statement					
	2.6.5.3	Conduct Market Survey					
	2.6.5.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead					
	2.6.5.5	Review and analyze all data and determine Go/No Go Decision					
	2.6.5.6	Present proposal to board of directors for approval if applicable					
	2.6.6	Service lines for telemedicine	Cori Valet, Dawn Gray, Antone Eek	1/31/2025	Katelin Wirth, Nick Lucas, Amanda Myers		
	2.6.6.1	Conduct preliminary analysis to determine if following steps worthy of completion					
	2.6.6.2	Prepare projected income statement					
	2.6.6.3	Conduct Market Survey					
	2.6.6.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead					
	2.6.6.5	Review and analyze all data and determine Go/No Go Decision					
	2.6.6.6	Present proposal to board of directors for approval if applicable					
On Track	2.7	Develop TeleMedicine strategy.	Cori Valet, Alden Forrester	6/30/2025	Antone, Ray, Exec Team	25	
On Track	2.7.1	Decide on Strategy for program and Alignments, equipment etc.	Scott McEachern, Alden Forrester	3/31/2025	Antone, Ray, Exec Team	25	
On Track	2.8	Expand Access to Care at Clinic	Dawn Gray	12/31/2027	Executive Team	62.5	
Completed	2.8.1	Increase clinic hours	Dawn Gray	8/1/2024		100	
Completed	2.8.2	Recruit a Physician Medical Director and additional FNP	Dawn Gray, Stacy Nelson	12/31/2024	Raymond Hino	100	
On Track	2.8.3	Develop plan to increase clinic space to accommodate additional providers	Dawn Gray, Antone Eek	12/31/2024	Executive Team	50	
	2.8.4	Feasibility study for creating an Urgent Care clinic to expand access to care and address ED overutilization	Antone Eek, Dawn Gray	12/31/2027	Katelin Wirth, Executive Team		
	3.0	**Quality: Services and internal operations**					
On Track	3.1	EHR Optimization	Scott McEachern	12/31/2025	Staff	11.42	
On Track	3.1.1	Epic Go-LIve	Scott McEachern	12/7/2024	Staff	80	
On Track	3.1.2	Post-Live Support Begins	Scott McEachern		Staff		
On Track	3.1.3	One Month Post Live: All provider documentation finished in Legacy EHR	Scott McEachern	1/11/2025	Medical Staff, Dr. Forrester		
On Track	3.1.4	One Month Post Live: Ellkay Archive Live	Scott McEachern	1/11/2025	Staff		
On Track	3.1.4.1	Communication to Providers regarding where data resides	Scott McEachern	1/4/2025	Staff		
On Track	3.1.5	1st Post Live Training for Providers and Clinical Staff	Scott McEachern	2/28/2025	Staff		
On Track	3.1.5.1	2nd Post Live Training for Providers and Clinical Staff	Scott McEachern	3/31/2025	Staff		
On Track	3.1.6	1st Post Live Training for Clinic	Scott McEachern	2/28/2025	Staff		
On Track	3.1.6.1	2nd Post Live Training for Clinic	Scott McEachern	3/31/2025	Staff		
On Track	3.1.7	Decommission Trubridge EHR and convert to legacy system	Scott McEachern	6/30/2025			

Status	#	Task	Owner	Due Date	Support	%	Notes
On Track	3.2	Achieve top 100 Hospital Status	Raymond Hino, Antone Eek, Cori Valet, Scott McEachern	12/31/2027	Executive Team, Managers, staff, providers, district board	30	**RaymondHino :** Report slippage from 6-30-2025 to 12-31-2025 to match change in timeline for Top 100 Hospital workplan
Completed	3.2.1	Implement new HCAHPS vendor	Scott McEachern	12/31/2022	Cori Valet	100	
On Track	3.2.2	Research criteria for achieving top 100 Hospital Status	Raymond Hino	6/1/2025	Executive Team	50	**ScottMcEachern :** Added 3.6.2 for Ray Hino and Exec team; review with Ray when he returns 2.10.23. This goal needs attention and discussion. **ScottMcEachern :** Adjusted date from 6/30/23 to 12/29/23 to give additional time for research and planning.
	3.2.3	Achieve 50% of Top 100 Hospital metrics	Raymond Hino	12/31/2026	Executive Team		
	3.2.4	Achieve 100% of Top 100 Hospital metrics Nationwide	Raymond Hino	12/31/2027	Executive Team		
	3.2.5	Work with Altius to improve staffing metrics to become a top hospital	Antone Eek	12/31/2025	Executive Team		
On Track	3.3	Develop and implement an organization-wide Risk Management Strategy	Amanda Bemetz	4/30/2025	Executive Team		
On Track	3.3.1	Perform Annual Risk Assessment- systemic approach to identify, analyze, and manage risks. Including likelihood of potential risks and developing strategies to reduce their likelihood and impact. The goal is to ensure the safety and quality of care for patients and healthcare professionals. Noting potential adjustments to strategies to address changing circumstances.	Amanda Bemetz	1/31/2025	Executive Team		
On Track	3.3.2	Internal analysis via internal audits and distribute resources and process improvement as applicable at the operational level; goal of being proactive versus reactive.	Amanda Bemetz	4/1/2025	Executive Team		
On Track	3.3.3	Recognizing risks, identifying their causes and effects, and taking the relevant actions to mitigate them in a collaborative supportive approach.	Amanda Bemetz		Executive Team		
On Track	3.3.4	Risk mitigation initiatives, strategy to include implementing related projects to achieve the KPIs by setting measurable targets: Key Performance Indicators (KPI's).These can be used to measure success, monitor changes, and explore improvement opportunities.	Amanda Bemetz	4/1/2025	Executive Team		
On Track	3.4	Develop a Clinical Informatics Roadmap	Scott McEachern	12/31/2024	Shawn March, Executive Team		
On Track	3.4.1	Develop a SCH Data Governance Model	Scott McEachern	12/31/2024	Executive Team, Managers		
On Track	3.4.1.1	Benchmark Data Accuracy	Scott McEachern				
On Track	3.4.1.2	Benchmark Accessibility Standards based on Roles & Responsibilities	Scott McEachern				
On Track	3.4.1.3	Benchmark Data Quality Standards	Scott McEachern		Amanda Bemetz, Executive Team		
	3.4.1.4						
	3.4.1.5						
On Track	3.5	Develop IS Strategy and roadmap	Scott McEachern	6/30/2025	Trevor Jurgenson, Executive Team		
On Track	3.5.1	Develop a Telehealth Strategy	Scott McEachern	10/31/2024			
On Track	3.5.2	Promote Health & Wellness in SCH's Community through use of technology	Scott McEachern	10/31/2024			
On Track	3.5.3	Enhance the Delivery and Experience of Care	Scott McEachern	10/31/2024			
On Track	3.5.4	Improve Patient Satisfaction through use of Innovative Workflows and Products	Scott McEachern	10/31/2024			

Status	#	Description	Owner	Date	Team		
On Track	3.5.5	Improve Patient Continuity of Care through SCH's participation in Health Information Exchanges, Building Connections with other medical facilities, and maintaining high interoperability standards	Scott McEachern	10/31/2024			
	3.5.5.1	HIE participation					
	3.5.5.2	Build Connections with Medical Facilities: CTCLUSI, CCHC					
	3.5.5.3	Maintain high Interoperability Standards:					
On Track	3.5.6	Develop SCH AI Strategy	Scott McEachern	10/31/2024			
On Track	3.5.7	Improve Cybersecurity Posture	Scott McEachern	6/30/2025			
On Track	3.5.7.1	Conduct Three Live All Staff Tabletop Exercises	Scott McEachern	6/30/2025			
On Track	3.5.7.2	Coordinate a community-wide cyberattack training episode with medical and civic partners	Scott McEachern	6/30/2025			
On Track	3.6	Develop an organizational clinical quality program: Patient Safety	Amanda Bemetz	1/30/2026	Executive Team		
On Track	3.6.1	Organizational dissemination of measures: Inpatient Quality Indicators (IQI's)	Amanda Bemetz	4/30/2025	Executive Team		
On Track	3.6.2	Organizational dissemination of measures: Patient Safety Indicators (PSI's)	Amanda Bemetz	4/30/2025	Executive Team		
On Track	3.6.3	Identifying and implementation of applicable quality measures including rural-relevant measures; annual data mapping and disseminate to key stakeholders.	Amanda Bemetz	7/30/2025	Executive Team		
On Track	3.6.4	Implement a Patient Safety Culture Survey program; possibly implementing the AHRQ tool Surveys on Patients Safety Culture (SOPS) Hospital Survey, determine frequency, route, dissemination, and result driven focus points. Goal of Spring 2025.	Amanda Bemetz	1/30/2026	Executive Team, HR Director		
On Track	3.6.5	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS):	Amanda Bemetz	1/30/2026	Executive Team		
On Track	3.6.5.1	New version/ measures 2025: January 1, 2025, will be known as HCAHPS 2.0; Patient Discharged- pending rulemaking	Amanda Bemetz	4/30/2025	Executive Team		
On Track	3.6.5.2	Value-based Purchasing: CMS adjusted payments for performance on the survey, including the quality of their clinical care.	Amanda Bemetz, Antone Eek	4/30/2025	Executive Team		
On Track	3.6.5.3	Public Reporting: from CMS, results reported on Hospital Compare: Address critical aspects, evaluate and assess for trends, implement identified	Amanda Bemetz	1/30/2026	Executive Team		
	4.0	**Growth**					
	4.1	Develop and Implement Comprehensive District Marketing Plan for 2025-2026	Raymond Hino	6/30/2025	Amy Moss Strong, Executive Team, Leadership Team		
	4.1.1	SCH Marketing Strategy 2025: Epic Transition	Scott McEachern				
	4.1.1.1	Increase Patient Portal (My Chart) utilization by 50%	Scott McEachern				
	4.1.1.2	Regular Project Press Releases	Scott McEachern				
	4.1.2	Deploy Short Videos	Raymond Hino				
	4.1.2.1	Implement Who Works Here Wednesdays Videos	Scott McEachern				
	4.1.3	Enhance SCHHC Website	Raymond Hino				
	4.1.4	Revisit Rebranding to Bandon Regional Health	Raymond Hino				
	4.1.5	Conduct Regular HIPAA Risk Audits on Marketing Efforts	Scott McEachern				
	4.1.6	Increase Investment in Digital Technologies to assist in streamlining the Patient Journey	Scott McEachern				
	4.1.6.1	Explore chatbots and virtual assistants	Scott McEachern				
	4.1.7	Increase Patient Access by Connecting all Elements of SCHHC Ecosystem	Raymond Hino				

	4.1.7.1	SCHHC Website, MyChart Patient Portal, Patient Statements, Phone Tree	Scott McEachern				
On Track	4.2	Develop a facility master plan for the entire facility that will encompass equipment, clinical tools, and infrastructure	Antone Eek, Raymond Hino	7/1/2026	Board of Directors, Executive Team, Design architects, Managers	35	**ScottMcEachern :** Timing and scope to be evaluated by Exec Team in context of state funding requested by David Brock Smith. 2.7.23 **JeremiahDodrill :** Timing updated for all 4.2 activities pending the potential funding from the State of Oregon represented in SB 829 funding requested by David Brock Smith. **RaymondHino :** Report slippage of completion date from 12-31-2023 to 12-31-2024, due to higher priority EMR project and surgery renovation project
Completed	4.2.1	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	35	**ScottMcEachern :** Subsequent dates will adjust after kickoff with consultant.
	4.3	Create Project Management Infrastructure at SCHHC	Scott McEachern				
	4.3.1	Inventory current SCHHC projects by 2/28/23	Scott McEachern				
	4.3.2	Set up weekly project meetings	Scott McEachern				
	4.3.3	Set up MS Project SCHHC Project Tracker	Scott McEachern				
	4.3.4	Quarterly Governance Committee Meeting	Scott McEachern				
	4.3.4.1	Quarterly Project Review	Scott McEachern				
On Track	4.4	Epic Community Connect Implementation	Scott McEachern	3/31/2025		56.04	
Completed	4.4.1	Imprivata SSO	Scott McEachern	10/1/2024		100	
On Track	4.4.2	Sage/Intacct Go Live	Scott McEachern	10/1/2024	Antone Eek	90	
Completed	4.4.3	EHR Technical Dress Rehearsal	Scott McEachern	10/15/2024		100	
On Track	4.4.4	EHR Workflow Dress Rehearsal	Scott McEachern	11/15/2024		25	
On Track	4.4.5	Scheduling/Registration Conversion	Scott McEachern	11/30/2024		25	
On Track	4.4.6	Epic Community Connect Go-Live	Scott McEachern	12/7/2024		63.33	
On Track	4.4.6.1	Epic Community Connect	Scott McEachern	12/7/2024		75	
On Track	4.4.6.2	Data Conversion to Epic:	Scott McEachern	12/7/2024		40	
On Track	4.4.6.3	Imprivata Go Live	Scott McEachern	12/7/2024		75	
On Track	4.4.7	Data Conversion to Epic Third Extract	Scott McEachern	12/31/2024		45	
On Track	4.4.8	Archive Go-Live	Scott McEachern	3/31/2025			
On Track	4.4.8.1	Convert staff to use of Epic data and Archive and d/c use of Trubridge	Scott McEachern	6/30/2025			
	4.5	Expand and Optimize Pharmacy Services	Antone Eek	12/31/2025	Scott McEachern, Ray Hino	22.22	
	4.5.1	Outpatient Pharmacy	Antone Eek	12/31/2025		25	
Completed	4.5.1.1	Agreement with Cardinal	Antone Eek	8/1/2024	Ray	100	
	4.5.1.2	Contractor - Pharmacy Build (Project Management & Architect)	Antone Eek	11/30/2024		50	
	4.5.1.3	Contractor - Pharmacy Build (General Contractor)	Antone Eek	12/31/2024			
	4.5.1.4	Contractor - Cardinal (Payor Contracts)	Antone Eek	8/1/2025			
	4.5.1.5	Contractor - Cardinal (Pharmacy Setup)	Antone Eek	3/1/2025			
	4.5.1.6	Contractor - Cardinal (POS System	Scott McEachern, Antone Eek	8/1/2025			
	4.5.2	Optimize 340B program	Antone Eek	12/31/2025		41.66	
Completed	4.5.2.1	Pharmacy Tech - JD and Posted	Antone Eek			100	
On Track	4.5.2.2	Pharmacy Tech - Hire	Antone Eek			25	
	4.5.2.3	Pharmacy Tech - Trained / Database Cleaned	Antone Eek				
	4.5.3	Inpatient Pharmacy	Antone Eek	12/31/2025			
	5.0	Finance:Self sustainable					

On Track	5.1	Review and renegotiate and include quality metrics for all payer contracts	Antone Eek	7/1/2025	Raymond Hino, Dawn Gray, Advance Healthcare	25	**RaymondHino :** Meeting with Advance Health scheduled for 12/16/22 **RaymondHino :** Team needs to follow up with Advanced Health; schedule f/up meeting to review data. Due date expect adjustment. **RaymondHino :** Jeremiah Dodrill and Dawn Gray met with Advanced Health on 4/7/23. Chris Hogan, CFO of Advanced Health will be putting together a draft to be reviewed mid to late May. Adjusting due date from 3/1/2023 to 6/1/2023. **RaymondHino :** Dawn Gray and Jeremiah Dodrill met with Chris Hogan with Advanced Health on 5-16-23. No progress from last month's meeting.. Will escalate to CEO Ben Messmer if no new contract terms by 5-31-23. **RaymondHino :** Escalation to Advanced Health CEO Ben Messmer is required. **RaymondHino :** Updated target date. Continue to work to engage with Advanced Health to address contracting needs.
	5.2	Profitability plan to define a X% increase to the bottom line.	Antone Eek		Katelin Wirth		
	5.2.1	OP Pharmacy	Antone Eek				
	5.2.2	OP Clinics	Antone Eek, Dawn Gray				
	5.2.2.1						
	5.3	Optimize ACO performance	Raymond Hino, Dawn Gray	12/31/2025	Antone Eek, Amanda Bemetz	25	**RaymondHino :** In the middle of year 1 with new ACO
	5.3.1	Utilize the ACO's platform to manage and track patient-centered care through Annual Medicare Wellness Visits and monthly check-ins with patients who are high utilizers of the ED.	Dawn Gray	4/30/2025	Shawn March, Kelli Cotton		
On Track	5.3.2	Benchmark current state of performance metrics and develop plan of improvement to reach ACO's metric goals	Amanda Bemetz, Dawn Gray	11/30/2024	Scott McEachern, Shawn March	50	
On Track	5.4	ERP implementation	Scott McEachern, Antone Eek	10/1/2024		100	
	6.0	**Accreditation and regulatory compliance**					
On Track	6.1	DNV Continuous Readiness; DNV Required documents current and ready	Amanda Bemetz	8/8/2025	Executive Team	50	
On Track	6.1.1	Attain ISO 9001 Certification at 2025 DNV Accreditation Survey	Amanda Bemetz	8/8/2025	Executive Team		
	6.1.2	2024 DNV Non-Conformities Corrective Action Plan complete	Amanda Bemetz	8/8/2025	Executive Team	100	
	7.0	**General SCHHC Projects**					
Completed	7.1	Upgrade Sterile processing department	Cori Valet	10/31/2024	Jason Cook, Joe Kunkle, Denise Ebinal, Danielle Wirt, Chris Ameral	100	
Completed	7.1.1	Install DI water system	Antone Eek, Cori Valet	8/30/2024	Jason Cook, Chris Amaral, Denise Ebinal	100	

Status	#	Task	Owner	Date	Team	%	Notes
Completed	7.1.2	Install 3 bay sink, pass through window, and ICU breakaway doors	Cori Valet, Antone Eek	9/13/2024	Jason Cook, Chris Amaral, Denise Ebinal	100	
Completed	7.1.3	Install vinal flooring in OR	Cori Valet, Antone Eek	9/13/2024	Jason Cook, Chris Amaral, Danielle Wirt, Densie Ebinal	100	
Completed	7.1.4	Procure and install table and storage options in Decontam, Sterile and OR	Antone Eek, Cori Valet	9/24/2024	Jason Cook, Chris Amaral, Danielle Wirt	100	
Completed	7.1.5	Obtain approval of project from OHA	Cori Valet	8/16/2024	Jason Cook, Joe Kunkle, Denise Ebinal	100	
Completed	7.1.6	Establish SPD operational plan for time period of construction	Cori Valet, Antone Eek, Raymond Hino	8/1/2024	Danielle Wirt, Denise Ebinal	100	
Completed	7.1.7	Establish regular meetings for project communication	Cori Valet	8/2/2024	Jason Cook, Joe Kunkle	100	
Completed	7.1.8	Install Steris Mechanical Washer	Cori Valet, Antone Eek	9/22/2024	Jason Cook	100	
Completed	7.1.9	Brick repairs to external wall and exterior paint	Antone Eek, Cori Valet	9/29/2024	Jason Cook	100	
	8.0	Community Health Needs Assessment					
On Track	8.1	Expand Access to care in SCH Clinic	Dawn Gray	7/1/2025	Executive Team	81.25	
Completed	8.1.1	Implement Triage Line	Dawn Gray	10/1/2023	Executive Team	100	
On Track	8.1.2	Tracking Call Volume and Time	Scott McEachern	7/1/2025	Executive Team, SCHHC IS Department	50	
On Track	8.1.3	Same Day (Fast Track) Appointments in SCH Clinic	Dawn Gray	7/1/2025	Executive Team	75	
Completed	8.1.4	Extended Hours in the SCH Clinic	Dawn Gray	8/1/2024	Executive Team	100	**ScottMcEachern :** Hinshaw starts at 7am; Preslar begins at 7am W,TH,FR
On Track	8.2	Assess Potential Specialties to improve local access	Raymond Hino	7/1/2025	Executive Team	66.66	
Completed	8.2.1	Assess top three opportunities	Raymond Hino	8/1/2024	Executive Team	100	
Completed	8.2.1.1	Dermatology	Raymond Hino	11/21/2023	Executive Team	100	**ScottMcEachern :** Dr. Webster covers this in our clinic.
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	**ScottMcEachern :** Currently covered by Dr. Qadir
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	**ScottMcEachern :** Currently researching opportunities to partner with regional healthcare facilities for onsite psychiatric services; for example, Confederated Tribes.
Completed	8.2.1.12	Orthopedics	Raymond Hino	11/21/2023	Jeremiah Dodrill	100	**ScottMcEachern :** Hired Ivanitsky for ortho; hired Monsaivais for plastics.
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	7/1/2025	Executive Team		**ScottMcEachern :** Kassandra Keller to provide wait time data based on referral patterns. **ScottMcEachern :** Neurology, Urology: up to three months to get appointment
On Track	8.2.2.3	Reputation of local providers	Raymond Hino	7/1/2025	Executive Team		
Completed	8.3	Improve Service Offerings to SCHHC Patients	Raymond Hino	12/31/2023	Executive Team	100	
On Track	8.3.1	Chronic Care Management	Dawn Gray	12/31/2023	Executive Team	100	
Completed	8.3.1.1	Hire a Chronic Care Management Coordinator	Dawn Gray	12/31/2023	Executive Team	100	
Completed	8.3.2	Hire School Nurse Replacement	Dawn Gray	8/14/2023	Scott McEachern	100	

Status	#	Item	Owner	Due Date	Responsible	%	Notes
On Track	8.4	Increase community awareness about our services	Scott McEachern	6/30/2025	Executive Team	66.66	**ScottMcEachern :** Refer to Current Strategic Plan # **ScottMcEachern :**
Completed	8.4.1	Improve Google Star Ratings	Scott McEachern	6/30/2024	Amy Moss Strong	100	**RaymondHino :** On 5-21-2024, our Google Star rating = 4.4. In the past 30 days, we have received 19 5-star ratings and 1 4-star rating. The lowest Star ratings are all 2 years old or older.
On Track	8.4.2	Regular Billboard Rotation: every 3 months	Scott McEachern	8/1/2024	Executive Team	100	
On Track	8.4.3	Promote Pulmonary Disease Program	Scott McEachern	7/1/2025	Executive Team		
On Track	8.5	Staff Education	Raymond Hino	7/1/2025	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	7/1/2025	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	7/1/2025	Executive Team		
On Track	8.5.3	Expanded HIPAA Privacy Training	Scott McEachern	7/1/2025	Executive Team		
	9.0	**Health Equity and Social Drivers of Health**					
Attention	9.1	Increase awareness about Health Equity and Social Drivers of Health	Amanda Bemetz	1/30/2025	Executive Team		
Attention	9.1.1	Collection of data for screening patients with health equity goals	Scott McEachern, Amanda Bemetz	1/30/2025	Executive Team		
Attention	9.1.1.1	Tool (Questionnaire form) to be determined. Goal of having tool built within (EHR).	Scott McEachern, Amanda Bemetz	1/30/2025	Executive Team		
Attention	9.1.1.2	Collection methodology to be determined. Goal to be within EHR and have designated analyzing/ reporting capabilities.	Amanda Bemetz, Scott McEachern	1/30/2025	Executive Team		
Attention	9.1.2	Create a shared language for Health Equity	Amanda Bemetz	1/30/2025	Executive Team		
Attention	9.1.2.1	Create and disseminate a shared glossary via Policy management system, introduce in Orientation and annually thereafter? □ Population health □ Social determinants of health □ Health equity □ Health disparity and health inequity □ Health care disparity □ Diversity □ Inclusion □ Bias □ Unconscious (implicit) bias □ Micro-aggression/Micro-inequity	Amanda Bemetz	1/30/2025	Executive Team, HR Director		
Attention	9.1.2.2	Health Equity module training at orientation and annually thereafter?	Amanda Bemetz, Stacy Nelson	1/30/2025	Executive Team		
On Track	9.2	Optimize Health Screening and Immunizations to drive Health Equity	Cori Valet, Dawn Gray	8/31/2026	Karen Stafford, Nick Lucas, Amanda Myers, Kerry Vincent, Leah Hyman		
On Track	9.2.1	Mammography screening promotion	Cori Valet	6/30/2025	Leah Hyman		
On Track	9.2.2	Medicare Annual Wellness Visits	Dawn Gray	6/30/2025	Kelli Cotton		
On Track	9.2.3	PSA screening promotion	Dawn Gray	6/30/2025	Cindy Kessler		
On Track	9.2.4	Expand SCHHC presence at Health Fairs	Dawn Gray, Cori Valet	6/30/2025			
On Track	9.2.5	Expand access to Sports Physicals	Dawn Gray	6/30/2025	Liz Deters		
On Track	9.2.6	Expand access to Immunizations	Dawn Gray, Cori Valet	6/30/2025	Nick Lucas		

On Track	9.3	Partner with other entities for Equity Improvement (Proactive for what will be required in the future)	Dawn Gray, Cori Valet	12/31/2026	Case Management		
	9.3.1	Partnerships (Coast)					
	9.3.2	Food Banks					
	9.3.3	City/County					
	9.4	Elderly loneliness	Dawn Gray	12/31/2027			
	9.4.1	Implement a community engagement and support program	Dawn Gray, Raymond Hino	12/31/2027	Executive Team		
	9.4.2	Provide access to mental health professionals who can offer counseling and support	Raymond Hino, Dawn Gray	12/31/2026	Executive Team		
Attention	9.5	Build Infrastructure to Support Health Equity	Amanda Bemetz	4/30/2025	Executive Team		
Attention	9.5.1	Operationalizing a health equity strategy requires dedicated resources, including human resources. Health Equity module training at orientation and annually thereafter- TBD	Amanda Bemetz, Stacy Nelson	1/30/2025	Executive Team		
Attention	9.5.2	Expand the Collection, Reporting, and Analysis of Standardized Data	Scott McEachern, Amanda Bemetz	12/31/2025	Executive Team		
Attention	9.5.2.1	Using data to support efforts to improve equity is vital to communicate and build will by showing the need to leaders, employees, and the community. Understand and disseminate our patient demographic data, stratified by race, ethnicity, language, and other factors.	Amanda Bemetz, Scott McEachern	12/31/2025	Executive Team		
	9.6	Partner with the Community to Improve Health Equity	Raymond Hino	12/31/2025	Executive Team		
	9.6.1	Work in partnership with community members and community-based organizations that are highly engaged with community members.	Raymond Hino	12/31/2025	Executive Team		
	10.0	**Foundation**					
	10.1	Restructure the SC foundation and fundraising.	Raymond Hino	12/31/2025	Executive Team, Foundation Board of Directors	25	
On Track	10.1.1	Hire new foundation Exec Dir	Raymond Hino	12/31/2024	Executive Team, Foundation Board of Directors	25	