

Southern Coos Health District
Strategic Plan Update 02-24-2025

STATUS	WBS	DESCRIPTION	OWNER	DUE DATE	RESOURCES	%
	1.0	People: Be the employer of choice and a Chartis top 100 rural hospital				
On Track	1.1	Be the kind of employer that drives top 100 hospital (Employee Engagement Survey)	Stacy Nelson	6/30/2027	Stacy, Amanda	26.94
On Track	1.1.1	Survey Current Employees about their current Workplace Experience: What's working, What's not working, What do they want in an Employer, Why are they at SCHHC, etc.?	Stacy Nelson	3/31/2025	Stacy Nelson	50
On Track	1.1.2	Identify the type of employee (performance/behavior) we want at SCHHC, and the culture we want to build on.	Stacy Nelson	3/31/2025	Stacy Nelson	50
On Track	1.1.3	Implement an employee-focused culture (so employees want to come and stay at SCHHC).	Stacy Nelson	6/30/2026	Executive Team	
On Track	1.1.4	Enhance employee engagement strategies	Stacy Nelson	6/30/2027	Executive Team	13.33
On Track	1.1.4.1	Utilize an Employee Engagement Survey Tool; Evaluate what we have done. What has worked? What has not	Stacy Nelson	3/31/2025	Stacy Nelson	40
On Track	1.1.4.2	Design plan for Employee Engagement, based on feedback from employees.	Stacy Nelson	6/30/2025	Executive Team	
On Track	1.1.4.3	Revamp Onboarding Process: The 4 C's: Culture, Compliance, Communication, and Connection.	Stacy Nelson	3/31/2025	Stacy Nelson	40
On Track	1.1.4.4	Implement plan for Employee Engagement	Stacy Nelson	9/30/2025	Executive Team	
On Track	1.1.4.5	Evaluate plan for Employee Engagement.	Stacy Nelson	9/30/2026	Executive Team	
On Track	1.1.4.6	Get certified as a, "Great Place to Work."	Stacy Nelson	6/30/2027	Executive Team	
On Track	1.1.5	Develop and Implement Wellness Strategies (Physical, Mental/Emotional, Spiritual, Financial).	Stacy Nelson	9/30/2025	Executive Team, HR Team	40
On Track	1.1.5.1	Implement monthly Employee Wellness Program through Employee Assistance Program Partner, Canopy	Stacy Nelson	6/30/2025	Stacy Nelson	40
On Track	1.1.6	Grow our SCHHC Workforce	Stacy Nelson	6/30/2026	Executive Team	8.33
On Track	1.1.6.1	Professional development for employees	Stacy Nelson	6/30/2025	Executive Team	25
	1.1.6.2	Employee Career Paths	Stacy Nelson	12/31/2025	Executive Team	
	1.1.6.3	Succession planning	Raymond Hino	6/30/2026	Executive Team	
On Track	1.2	Provide competitive compensation and robust benefits packages	Stacy Nelson, Antone Eek	6/30/2026	Stacy Nelson	62.5
On Track	1.2.1	Compensation	Stacy Nelson, Antone Eek	6/30/2025	Stacy Nelson	75
On Track	1.2.2	Evaluate current benefits package	Stacy Nelson, Antone Eek	12/31/2025	Executive Team	50
Completed	1.2.2.1	Medical Benefits (Reasonable Cost, Quality Coverage, Employee Assistance Program)	Antone Eek, Stacy Nelson	11/30/2024	Stacy Nelson, Antone Eek	100
On Track	1.2.2.2	Retirement Package	Stacy Nelson, Antone Eek	12/31/2025	Stacy Nelson, Antone Eek	25

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On Track	1.2.2.3	Evaluate other value-added benefits (i.e. Pet Insurance,	Stacy Nelson	12/31/2025	Executive Team	25
On Track	1.3	Expanding Volunteers and duties	Stacy Nelson	6/30/2026	Stacy Nelson	23.33
On Track	1.3.1	Bring volunteers back	Stacy Nelson, Raymond Hino	6/30/2026	Stacy	23.33
On Track	1.3.1.1	Identify a pool of volunteers to recruit.		12/31/2025	Stacy	25
On Track	1.3.1.2	Outreach to High School for volunteers		9/30/2025	Stacy	40
On Track	1.3.1.3	Develop program for youth to explore health care careers.		12/31/2025	Stacy	75
	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		
On Track	1.4	Designated as National Health Service Corps (NHSC) Site for eligibility for Loan Repayment Eligibility	David Serle, Stacy Nelson	12/31/2027	Stacy, David Serle	30
	1.4.1	Develop required policies and procedures	David Serle, Stacy Nelson	6/30/2026	Raymond Hino	
	1.4.2	Submit attestation to become an NHSC site	Stacy Nelson, Raymond Hino	6/30/2027	David Serle	
On Track	1.4.3	Submit attestation to become an Oregon Healthcare Provider Loan Repayment Program	Raymond Hino, David Serle	3/31/2025	Scott McEachern, Colene Hickman	90
On Track	1.5	Develop workforce housing options and opportunities, in collaboration with other large employers in Bandon.	Raymond Hino	12/31/2027	Antone	58.75
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
On Track	1.5.1.2	L2L				50
Completed	1.5.2	Employee Survey to find out needs	Stacy Nelson	10/31/2024	Executive Team	100
Completed	1.5.3	Find out what property the district owns for housing development	Antone Eek	9/1/2025	Executive Team, Real Estate Agent	100
Completed	1.5.3.1	Identify all properties owned by the District	Antone Eek	10/1/2024	Antone Eek	100
On Track	1.5.3.2	Value Property	Antone Eek	6/1/2025	Antone Eek	50
On Track	1.5.3.3	Property Allocation - Keep vs Sell	Antone Eek	9/1/2025	Antone Eek, Raymond Hino, Board of Directors	30
On Track	1.5.4	Collaborate with other leaders in the community	Raymond Hino	12/31/2027	Executive Team	25
	2.0	Service: what are we doing for our customer				
On Track	2.1	Collaborate with the community and other healthcare organizations.	Raymond Hino	12/31/2027	Executive Team	23.12
On Track	2.1.1	Collaborate with Coast to address challenges related to social determinants of health.	David Serle, Cori Valet	12/31/2025	Raymond Hino, Antone Eek, Alden Forrester Cori Valet, Scott McEachern	

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	2.1.2	Bay Area Hospital Collaboration	Cori Valet, Alden Forrester, Amanda Bemetz	4/1/2026		
	2.1.2.1	STEMI program	Amanda Bemetz, Alden Forrester, David Serle, Antone Eek	4/1/2026		
	2.1.2.2	Dietician program	Raymond Hino, Antone Eek	6/30/2025	Raymond Hino, Antone Eek, Rita Hamilton, Alden Forrester, Cori Valet	
On Track	2.1.3	Partnership with Coast Community	Raymond Hino	7/1/2025	Antone Eek, Scott McEachern, David Serle	100
Completed	2.1.3.1	MSA agreement	Raymond Hino	12/31/2024		100
On Track	2.1.4	Partnership with Bandon Dunes	Raymond Hino	12/31/2026	Executive Team	50
On Track	2.1.4.1	Hydration, etc.	Raymond Hino			
Completed	2.1.4.2	Annual Flu and COVID Vaccination Clinics for Bandon Dunes employees	Cori Valet	11/30/2024		100
On Track	2.1.5	Partner with CTCLUSI	Raymond Hino	8/31/2025	Executive Team	35
On Track	2.1.5.1	Electronic Medical Record System Interface	Scott McEachern	6/30/2025	Providence Health	35
On Track	2.1.6	Partnership with other businesses (Healthcare, transportation, gov, business, Tribes)	Raymond Hino	12/31/2027	Executive Team	
Attention	2.1.7	Develop a patient transportation strategy	Cori Valet	6/30/2026	Executive Team	
	2.1.7.1	clinic				
	2.1.7.2	ED				
	2.1.7.3	city transport services				
On Track	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, Scott McEachern, Cori Valet	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
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
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
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.	Raymond Hino	12/31/2025	Executive Team	25

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On Track	2.2.4.2	Create and disseminate marketing collateral to local businesses and civic organizations	Raymond Hino	7/1/2025	Executive Team	
Completed	2.2.4.3	Assess local businesses' healthcare needs	Scott McEachern, Cori Valet	3/31/2023	Jeremiah Dodrill, Raymond Hino	100
Completed	2.2.4.4	Develop marketing plan for new orthopedic surgeon	Scott McEachern	12/29/2023	Scott McEachern, Amy Moss Strong	100
On Track	2.2.5	Behavioral health (Outpatient)	Antone Eek	7/1/2025	JR, Ray	
On Track	2.2.5.1	Geriatric Psych	Raymond Hino, Antone Eek, Alden Forrester	9/30/2022	Raymond Hino, Alden Forrester, Antone Eek	
On Track	2.2.5.2	Partner with Coast	Raymond Hino	9/30/2022	Executive Team	
On Track	2.2.5.3	Partner with Psychiatric Medical Care	Raymond Hino	9/30/2022	Executive Team	
Attention	2.2.6	Increase Utilization of Surgical Services	Cori Valet	7/1/2025	Executive Team, Alden Forrester	
Attention	2.2.6.1	Develop a marketing plan for surgical services	Scott McEachern	3/31/2025	Amy Moss Strong	
Attention	2.2.6.2	Develop a surgery growth strategy	Alden Forrester	12/31/2024	Raymond Hino, Alden Forrester, Antone Eek, Katelin Wirth	
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
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
	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	
	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	
	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, David Serle	12/31/2025	Karen Stafford	56.66
Completed	2.4.1	Expand case management in the acute setting to 7 days/week	Cori Valet	3/31/2025	Karen Stafford	100
Completed	2.4.1.1	Recruit and train 1 RN FTE to case management/UR Swing bed coordination	Cori Valet	3/31/2025	Karen Stafford, Stacy Nelson, Albert	100
On Track	2.4.2	Initiate Chronic care nurse program in the clinic	David Serle	12/31/2024	Stacy Nelson, Albert	20
On Track	2.4.3	Improve Transition of Care processes	David Serle, Cori Valet	6/30/2025	Karen Stafford	50
On Track	2.5	Level 4 Trauma designation	Alden Forrester, Cori Valet	9/30/2026	Nick Lucas, Dr. Evans, Ray Hino, Scott M., Antone E., Kim Russel, Stacey Nelson, Chris Amaral, Amanda Bemetz, Kerry Vincent	3.68

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On Track	2.5.1	Recruit/Hire a proportionate FTE Trauma Coordination/Management as required for Level IV Trauma center with less than 250 patients per year.	Cori Valet	5/30/2025	Nick Lucas, Stacy Nelson, Albert, Austin	37.5
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	Stacy Nelson, Cori Valet, Alden Forrester	3/31/2025	Nick Lucas, Albert Sanchez	
On Track	2.5.2	Engage ED providers with Trauma Center Designation	Alden Forrester	6/30/2025	Alden Forrester, Nick Lucas	20
	2.5.3	Establish Regional Trauma System engagement for standardization, implementation and performance improvement and patient safety (PIPS)	Alden Forrester, Cori Valet	4/30/2025	Executive team, Nick Lucas, Trauma Coordinator	
	2.5.4	Procure necessary equipment consistent with requirements of level 4 trauma designation	Cori Valet	10/31/2025	Nick Lucas, Chris Amaral	
	2.5.4.1	Engage lab manager and medical staff to determine what an "adequate supply of red blood cells and plasma" would be and determine equipment/expansion needed				
	2.5.5	Establish a Trauma Medical Director role that includes all required responsibilities for Level 4 Trauma center	Alden Forrester, Raymond Hino	1/31/2025	Antone E, Stacy Nelson	12.5
	2.5.5.1	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 credentialing of trauma team members. is current in ATLS.				25
	2.5.5.2	Obtain documentation that the board have empowered and grant authority to the TMD and TPM to lead the program				
	2.5.6	Develop a multidisciplinary PIPS committee chaired by the Trauma Medical Director (must meet quarterly and report to hospital or PI program)				
	2.5.6.1	Ensure committee defines and reviews response time to trauma surgical evaluation for activations other than the highest level				
	2.5.7	Update diversion or bypass policy/procedures				
	2.5.7.1	Prearrange alternative destinations with transfer agreements in place				
	2.5.7.2	Notify other centers of divert or advisory status - Maintain a divert log				

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	2.5.7.3	Subject all diverts and advisories to performance improvement procedures				
	2.5.8	Ensure board and medical staff approval of decision to become trauma center is received and documented.				
	2.5.8.1	Develop process to obtain reaffirmation of Administrative support of Trauma certification every 3 years				
	2.5.8.2	Develop process to obtain reaffirmation of medical staff support of Trauma certification every 3 years				
	2.5.8.3	Develop process to document administrative commitment from the board and medical staff				
	2.5.9	Establish Trauma Registry Process				
	2.5.9.1	Ensure data is collected and analyzed on all trauma patients.				
	2.5.9.2	Develop process to ensure registries entered within 60 days of discharge				
	2.5.9.3	Dedicate a proportionate FTE to be dedicated to the trauma registry. (0.5 FTE for >200/year, proportionate for <200/year.				
	2.5.10	Establish training policy for Trauma program that includes all involved, medical providers, all registry roles, etc.				
	2.5.11	Obtain endorsement of the trauma PIPS program by governing body, include empowerment to address events that involve multiple disciplines				
	2.5.12	Ensure participation in regional disaster/emergency management committees, health care coalitions, and regional mass casualty exercises				
	2.5.13	Establish on-going procedure to ensure two hospital drills or disaster plan activations that include a trauma response and are designed to refine the hospital's response to mass casualty events. Two per year must be performed.				
	2.5.14	Establish an injury prevention program with a designated injury prevention professional (must be someone other than the TPM or PI personnel)				
	2.5.15	Establish an organ procurement program that has 1) Affiliation with an OPO 2) Written policy for notification of regional OPO 3) protocols defining clinical criteria and confirmatory tests for the diagnosis of brain death				
	2.5.16	Expand Medical Imaging to ensure XR (within 30 min), CT (within 30 min) and POC US (within 15 min) available 24/7				

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	2.5.17	Establish evidence-based practice guidelines, protocols, or algorithms that are reviewed every three years				
	2.5.17.1	Ensure transfer agreement in place with all applicable facilities				
	2.5.17.2	Ensure transfer protocols are clearly defined with types of patients, expected time frames for initiating; and accepting a transfer, and predetermined referral centers for outgoing transfers				
	2.5.17.3	Criteria for tiered activations				
	2.5.17.4	Develop massive transfusion protocol developed collaboratively between the trauma service and the blood bank				
	2.5.17.5	Identification of vulnerable geriatric patients and patients who will benefit from the input of a health care provider with geriatric expertise				
	2.5.17.6	Prevention, identification and management of dementia, depression,; and delirium				
	2.5.17.7	Process to capture and document what matters to patients including preferences and goals of care, code status, advanced directives and identification of a proxy decision maker				
	2.5.17.8	Medication reconciliation and avoidance of inappropriate medications				
	2.5.17.9	Screening for mobility limitations and assurance of early,; frequent, and safe mobility				
	2.5.17.10	Implementation of safe transitions to home or other health care facility				
	2.5.17.11	Assessment of children for non accidental trauma				
	2.5.17.12	Rapid reversal protocol for patients on anticoagulants				
	2.5.17.13	Establish Diversion Protocols approved by TMD				
	2.5.17.14	Establish policy that defines the types of neurotrauma injuries that can be treated at SCHHC and a Protocol for ensuring evaluation of neurosurgical evaluation within 30 min of request for specific patients				
	2.5.17.15	Establish a policy to perform a pediatric readiness assessment during the verification cycle. Establish plan for gaps identified.				
	2.5.17.16	Establish an OR booking policy that specifies timely access to the OR based on level of urgency and includes access targets for a range of clinical trauma priorities				

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	2.5.17.17	If performing surgical services for traumas, establish a policy that requires any ICU level of admission to be admitted to a trauma surgeon (trauma surgeon must retain responsibility while in ICU)				
	2.5.17.18	Protocol/procedure for documenting al trauma discharges level of care and specific rehab care, required at their next level of care				
	2.5.17.19	Protocol/procedure for screening patients at high risk for psychological sequelae with subsequent referral to a mental health provideer as well as a process for referral to mental health provider when required				
	2.5.17.20	protocol/procedure for screening all trauma patients over 12 y/o for alcohol misuse and associated interventions documented				
	2.5.17.21	Written quality data plan				
	2.5.17.22	trauma registry policy/procedure				
	2.5.18	Define the shared roles and responsibilitiers of the Trauma surgeons and emergency medicine physicians for trauma resuscitation (must be approved by the TMD)				
	2.5.19	Clearly defined the criteria for tiered trauma activations.				
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				

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	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				
Attention	2.6.3	Endoscopy	Cori Valet, Antone Eek, Alden Forrester	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, Cori Valet, Alden Forrester	12/31/2024	Katelin Wirth, Danielle Wirt	
On Track	2.6.3.5	Review and analyze all data and determine Go/No Go Decision	Alden Forrester, Cori Valet, 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	Cori Valet, Alden Forrester, Antone Eek	12/31/2024	Katelin Wirth, Danielle Wirt	
Attention	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				
	2.6.4.6	Present proposal to board of directors for approval if applicable				
	2.6.4.7					
On Track	2.6.5	Expand Pain Program	Cori Valet, Antone Eek, David Serle	4/30/2025	Katelin Wirth, Danielle Wirt, Victoria Schmelzer	
	2.6.5.1	Conduct preliminary analysis to determine if following steps worthy of completion	David Serle			
	2.6.5.2	Prepare projected income statement	David Serle			
	2.6.5.3	Conduct Market Survey	David Serle			
	2.6.5.4	Create business and operations plan to include equipment, facility, personnel, supply availability and overhead	David Serle			
	2.6.5.5	Review and analyze all data and determine Go/No Go Decision	David Serle			

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	2.6.5.6	Present proposal to board of directors for approval if applicable	David Serle			
On Track	2.6.6	Service lines for telemedicine	David Serle, Antone Eek, Cori Valet	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 Tele Medicine strategy.	Alden Forrester, Cori Valet	6/30/2025	Antone, Ray, Exec Team	70
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	70
On Track	2.8	Expand Access to Care at Clinic	David Serle	12/31/2027	Executive Team	75
Completed	2.8.1	Increase clinic hours	David Serle	8/1/2024		100
Completed	2.8.2	Recruit a Physician Medical Director and additional FNP	David Serle, Stacy Nelson	12/31/2024	Raymond Hino	100
Completed	2.8.3	Develop plan to increase clinic space to accommodate additional providers	Antone Eek, David Serle	12/31/2024	Executive Team	100
On Track	2.8.4	Feasibility study for creating an Urgent Care clinic to expand access to care and address ED overutilization	David Serle, Antone Eek	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	67.33
Completed	3.1.1	Epic Go-Live	Scott McEachern	12/7/2024	Staff	100
Completed	3.1.2	Post-Live Support Begins	Scott McEachern	2/28/2025	Staff	100
Completed	3.1.3	One Month Post Live: All provider documentation finished in Legacy EHR	Scott McEachern	1/11/2025	Medical Staff, Dr. Forrester	100
On Track	3.1.4	Elkay (Medical Record Archive) Live	Scott McEachern	4/30/2025	Shawn March	36.66
Completed	3.1.4.1	Communication to Providers regarding where data resides	Scott McEachern	1/4/2025	Staff	100
On Track	3.1.4.2	Final Data Extract from Trubridge EHR		3/31/2025	Shawn March	10
On Track	3.1.4.3	Communication to Providers describing data archive (post-live archive)		4/30/2025	Shawn March	
On Track	3.1.5	Decommission Trubridge EHR and convert to legacy system	Scott McEachern	6/30/2025	Raymond Hino, Antone Eek	
On Track	3.2	Achieve top 100 Hospital Status	Raymond Hino, Scott McEachern, Cori Valet, Antone Eek	12/31/2027	Executive Team, Managers, staff, providers, district board	30
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
	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	

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	3.2.5	Work with Altius to improve staffing metrics to become a top hospital	Antone Eek	12/31/2025	Executive Team	
Attention	3.3	Develop and implement an organization-wide Risk Management Strategy	Amanda Bemetz	4/30/2025	Executive Team	25
Completed	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	100
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	4/30/2025	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	4/30/2025	Executive Team	
Attention	3.4	Develop a Clinical Informatics Roadmap	Scott McEachern	2/28/2025	Shawn March, Executive Team	
Attention	3.4.1	Develop a SCH Data Governance Model	Scott McEachern	2/28/2025	Executive Team, Managers	
On Track	3.4.1.1	Benchmark Data Accuracy	Scott McEachern		Staff	
On Track	3.4.1.2	Benchmark Accessibility Standards based on Roles & Responsibilities	Scott McEachern		Staff	
On Track	3.4.1.3	Benchmark Data Quality Standards	Scott McEachern		Amanda Bemetz, Executive Team	
On Track	3.5	Develop IS Strategy and roadmap	Scott McEachern	6/30/2025	Trevor Jurgenson, Executive Team	10
On Track	3.5.1	Promote Health & Wellness in SCH's Community through use of technology	Scott McEachern	6/30/2025		
On Track	3.5.2	Improve Patient Satisfaction through use of Innovative Workflows and Products	Scott McEachern	6/30/2025		
On Track	3.5.3	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	6/30/2025		50
Completed	3.5.3.1	HIE participation	Scott McEachern	1/31/2025		100
On Track	3.5.3.2	Maintain high Interoperability Standards:	Scott McEachern	1/31/2025		
On Track	3.5.4	Develop SCH AI Strategy	Scott McEachern	6/30/2025		
On Track	3.5.5	Improve Cybersecurity Posture	Scott McEachern	6/30/2025		

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On Track	3.5.5.1	Conduct Three Live All Staff Tabletop Exercises	Scott McEachern	6/30/2025		
On Track	3.5.5.2	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				
On Track	4.1	Develop and Implement Comprehensive District Marketing Plan for 2025-2026	Raymond Hino	6/30/2025	Amy Moss Strong, Executive Team, Leadership Team	14.28
Completed	4.1.1	SCH Marketing Strategy 2025: Epic Transition	Scott McEachern	6/30/2025	Executive Team	100
Completed	4.1.1.1	Increase Patient Portal (My Chart) utilization by 50%	Scott McEachern	1/31/2025		100
Completed	4.1.1.2	Regular Project Press Releases	Scott McEachern	12/31/2024		100
On Track	4.1.2	Deploy Short Videos	Raymond Hino	4/30/2025	Raymond Hino, Amy Moss Strong	
	4.1.2.1	Implement Who Works Here Wednesdays Videos	Raymond Hino			
	4.1.3	Enhance SCHHC Website	Raymond Hino	6/30/2025	Raymond Hino, Amy Moss Strong	
	4.1.4	Revisit Rebranding to Bandon Regional Health	Raymond Hino	6/30/2025	Executive Team	
On Track	4.1.5	Conduct Regular HIPAA Risk Audits on Marketing Efforts	Scott McEachern	6/30/2025	Scott McEachern	

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On Track	4.1.6	Increase Investment in Digital Technologies to assist in streamlining the Patient Journey	Scott McEachern	6/30/2025	Scott McEachern	
On Track	4.1.6.1	Explore chatbots and virtual assistants	Scott McEachern	6/30/2025		
On Track	4.1.7	Increase Patient Access by Connecting all Elements of SCHHC Ecosystem	Raymond Hino	6/30/2025	Executive Team	
On Track	4.1.7.1	SCHHC Website, MyChart Patient Portal, Patient Statements, Phone Tree	Scott McEachern	6/30/2025		
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	50
Completed	4.2.1	Engage consultant to guide development of facility master plan, including RFP, selection of architects, and development of TCO	Antone Eek	4/30/2025	Jonathan Yamasaki, Scott McEachern, Jason Cook, Joe Kunkle	50
Completed	4.2.1.1	RFP / Grant for Facility Master Plan	Scott McEachern	1/1/2025	Raymond Hino, Scott McEachern, Alix McGinley	100
On Track	4.2.1.2	Start Meetings to review current needs and future needs	Scott McEachern, Antone Eek, Raymond Hino	1/31/2025	Raymond Hino, Antone Eek, Scott McEachern, Alden Forrester, Healthcare Collaborative	100
On Track	4.2.1.3	Determine Current Building Needs to bridge gap to Master Facility Objective	Antone Eek, Raymond Hino, District Board	9/30/2025	Executive Team, Board of Directors, Healthcare Collaborative	
On Track	4.2.1.4	Workforce Housing Need	District Board, Raymond Hino, Antone Eek	12/31/2025	Executive Team, Board of Directors, Healthcare Collaborative	
Attention	4.3	Create Project Management Infrastructure at SCHHC	Scott McEachern	6/30/2025	Executive Team	
Attention	4.3.1	Inventory current SCHHC projects by 2/28/23	Scott McEachern			
Attention	4.3.2	Set up weekly project meetings	Scott McEachern			
Attention	4.3.3	Set up MS Project SCHHC Project Tracker	Scott McEachern			
Attention	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		92.7
Completed	4.4.1	Imprivata SSO	Scott McEachern	10/1/2024		100
Completed	4.4.2	Sage/Intacct Go Live	Scott McEachern	11/1/2024	Antone Eek	100
Completed	4.4.3	EHR Technical Dress Rehearsal	Scott McEachern	10/15/2024		100
Completed	4.4.4	EHR Workflow Dress Rehearsal	Scott McEachern	11/15/2024		100
Completed	4.4.5	Scheduling/Registration Conversion	Scott McEachern	11/30/2024		100
On Track	4.4.6	Epic Community Connect Go-Live	Scott McEachern	12/7/2024		91.66
Completed	4.4.6.1	Epic Community Connect	Scott McEachern	12/7/2024		100
On Track	4.4.6.2	Data Conversion to Epic:	Scott McEachern	12/7/2024		75
Completed	4.4.6.3	Imprivata Go Live	Scott McEachern	12/7/2024		100
Completed	4.4.7	Data Conversion to Epic Third Extract	Scott McEachern	12/31/2024		100
On Track	4.4.8	Archive Go-Live	Scott McEachern	3/31/2025		50
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		50

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On Track	4.5	Expand and Optimize Pharmacy Services	Antone Eek	12/31/2025	Scott McEachern, Ray Hino	49.66
On Track	4.5.1	Director of Pharmacy Services	Antone Eek	4/30/2025		50
	4.5.1.1	JD Posted				100
	4.5.1.2	Director of Pharmacy Hired				
On Track	4.5.2	Outpatient Retail Pharmacy	Antone Eek	3/31/2026		37.5
Completed	4.5.2.1	Agreement with Cardinal	Antone Eek	8/1/2024	Ray	100
Completed	4.5.2.2	Contractor - Pharmacy Build (Project Management & Architect)	Antone Eek	11/30/2024		50
On Track	4.5.2.3	Contractor - Pharmacy Build (General Contractor)	Antone Eek	12/31/2024		
On Track	4.5.2.4	Contractor - Cardinal (Payor Contracts)	Antone Eek	8/1/2025		
On Track	4.5.2.5	Contractor - Cardinal (Pharmacy Setup)	Antone Eek	3/1/2025		
On Track	4.5.2.6	Contractor - POS System	Antone Eek, Scott McEachern	2/28/2025		75
On Track	4.5.3	Optimize 340B program	Antone Eek	4/30/2026		73.33
Completed	4.5.3.1	340B Coordinator CPhT - JD and Posted	Antone Eek			100
Completed	4.5.3.2	340B Coordinator CPhT - Hire	Antone Eek			100
On Track	4.5.3.3	340B Coordinator CPhT - Trained / Database Cleaned	Antone Eek			20
	4.5.4	Inpatient Pharmacy	Antone Eek	4/30/2026		
On Track	4.5.5	Outpatient Pharmacy Licensing	Antone Eek			87.5
Completed	4.5.5.1	NPI	Antone Eek			100
Completed	4.5.5.2	NCPDP	Antone Eek			100
Completed	4.5.5.3	Oregon Board of Pharmacy	Antone Eek			100
On Track	4.5.5.4	DEA	Antone Eek			50
	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, David Serle, Advance Healthcare	30
Completed	5.1.1	Healthcare Consulting Services - Contracted Services to renegotiate contracts	Antone Eek	11/1/2024	Colene Hickman	100
On Track	5.1.2	Advanced Health	Antone Eek, Raymond Hino	7/1/2025	Andy Werking, Antone Eek	10
	5.1.3	Payer Contracts - Renegotiated	Antone Eek	1/5/2026	Andy Werking, Katelin Wirth	10
	5.1.4	Payer Contracts - Updated and Loaded into Billing System	Antone Eek	7/1/2025	Katelin Wirth	
Attention	5.2	Profitability plan to define a X% increase to the bottom line.	Antone Eek	3/3/2025	Katelin Wirth	1.66
Attention	5.2.1	Identify revenue gap to profitability	Antone Eek	2/3/2025	Katelin Wirth	
Attention	5.2.2	Lines of business (Revenue Streams) identified in the strategic plan to help with profitability and long term organizational stability / patient care	Antone Eek	6/30/2025	Katelin Wirth	3.33
Completed	5.2.2.1	OP Pharmacy - Analysis (Revenue Starts)	Antone Eek	3/31/2025		100
Completed	5.2.2.2	OP Clinic - Dermatology Analysis	Antone Eek			100
On Track	5.2.2.3	OP Clinic - General Surgery (Analysis)	Antone Eek			25
On Track	5.3	Optimize ACO performance	Amanda Bemetz, David Serle, Raymond Hino	12/31/2025	Antone Eek, Amanda Bemetz	25

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On Track	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.	Raymond Hino, David Serle	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	David Serle, Amanda Bemetz	11/30/2024	Scott McEachern, Shawn March	50
Completed	5.4	ERP implementation	Scott McEachern, Antone Eek	11/1/2024	Scott McEachern, Antone Eek	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	
Completed	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, Cori Valet, Joe Kunkle, Denise Ebinal, Danielle Wirt, Chris Ameral	100
	8.0	Community Health Needs Assessment				
On Track	8.1	Expand Access to care in SCH Clinic	David Serle	7/1/2025	Executive Team	81.25
Completed	8.1.1	Implement Triage Line	David Serle	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	David Serle	7/1/2025	Executive Team	75
Completed	8.1.4	Extended Hours in the SCH Clinic	David Serle	8/1/2024	Executive Team	100
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
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, Antone Eek, Raymond Hino	100
On Track	8.2.2.2	Wait times	David Serle	7/1/2025	Executive Team	
On Track	8.2.2.3	Reputation of local providers	Raymond Hino	7/1/2025	Executive Team	

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Completed	8.3	Improve Service Offerings to SCHHC Patients	Raymond Hino	12/31/2023	Executive Team	100
Completed	8.3.1	Chronic Care Management	David Serle	12/31/2023	Executive Team	100
Completed	8.3.1.1	Hire a Chronic Care Management Coordinator	David Serle	12/31/2023	Executive Team	100
Completed	8.3.2	Hire School Nurse Replacement	David Serle	8/14/2023	Scott McEachern	100
On Track	8.4	Increase community awareness about our services	Raymond Hino, David Serle, Alden Forrester	6/30/2025	Executive Team	66.66
Completed	8.4.1	Improve Google Star Ratings	Raymond Hino	6/30/2024	Amy Moss Strong	100
On Track	8.4.2	Regular Billboard Rotation: every 3 months	Raymond Hino	8/1/2024	Executive Team	100
On Track	8.4.3	Promote Pulmonary Disease Program	Alden Forrester, Cori Valet	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	David Serle, 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				
Completed	9.1	Increase awareness about Health Equity and Social Drivers of Health	Amanda Bemetz	1/30/2025	Executive Team	
On Track	9.1.1	Collection of data for screening patients with health equity goals	Scott McEachern, Amanda Bemetz	1/30/2025	Executive Team	
On Track	9.1.1.1	Tool (Questionnaire form) to be determined. Goal of having tool built within (EHR).	Amanda Bemetz, Scott McEachern	1/30/2025	Executive Team	
On Track	9.1.1.2	Collection methodology to be determined. Goal to be within EHR and have designated analyzing/ reporting capabilities.	Scott McEachern, Amanda Bemetz	1/30/2025	Executive Team	
On Track	9.1.2	Create a shared language for Health Equity	Amanda Bemetz	1/30/2025	Executive Team	
On Track	9.1.2.1	Create and disseminate a shared glossary via Policy management system, introduce in Orientation and annually thereafter? <input checked="" type="checkbox"/> Population health <input checked="" type="checkbox"/> Social determinants of health <input checked="" type="checkbox"/> Health equity <input checked="" type="checkbox"/> Health disparity and health inequity <input checked="" type="checkbox"/> Health care disparity <input checked="" type="checkbox"/> Diversity <input checked="" type="checkbox"/> Inclusion <input checked="" type="checkbox"/> Bias <input checked="" type="checkbox"/> Unconscious (implicit) bias <input checked="" type="checkbox"/> Micro-aggression/Micro-inequity	Amanda Bemetz	1/30/2025	Executive Team, HR Director	
Completed	9.1.2.2	Health Equity module training at orientation and annually thereafter?	Amanda Bemetz, Stacy Nelson	1/30/2025	Executive Team	

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On Track	9.2	Optimize Health Screening and Immunizations to drive Health Equity	Cori Valet, David Serle	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	David Serle	6/30/2025	Kelli Cotton	
On Track	9.2.3	PSA screening promotion	David Serle	6/30/2025	Cindy Kessler	
On Track	9.2.4	Expand SCHHC presence at Health Fairs	David Serle, Cori Valet	6/30/2025		
On Track	9.2.5	Expand access to Sports Physicals	David Serle	6/30/2025	Liz Deters	
On Track	9.2.6	Expand access to Immunizations	David Serle, Cori Valet	6/30/2025	Nick Lucas	
On Track	9.3	Partner with the Community to Improve Health Equity	David Serle, Cori Valet	12/31/2026	Case Management	
	9.3.1	Partnerships (Coast)	David Serle, Cori Valet		Case Management	
	9.3.2	Food Banks	Cori Valet, David Serle		Case Management	
	9.3.3	City/County	David Serle, Raymond Hino			
	9.4	Elderly loneliness	David Serle	12/31/2027		
	9.4.1	Implement a community engagement and support program	Raymond Hino, David Serle	12/31/2027	Executive Team	
	9.4.2	Provide access to mental health professionals who can offer counseling and support	David Serle, Raymond Hino	12/31/2026	Executive Team	
On Track	9.5	Build Infrastructure to Support Health Equity	Amanda Bemetz	4/30/2025	Executive Team	12.5
Completed	9.5.1	Operationalizing a health equity strategy requires dedicated resources, including human resources. Health Equity module training at orientation and annually thereafter- TBD	Stacy Nelson, Amanda Bemetz	1/30/2025	Executive Team	
On Track	9.5.2	Expand the Collection, Reporting, and Analysis of Standardized Data	Amanda Bemetz, Scott McEachern	12/31/2025	Executive Team	25
On Track	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	25
	10.0	Foundation				
On Track	10.1	Restructure the SC foundation and fundraising.	Raymond Hino	12/31/2025	Executive Team, Foundation Board of Directors	100
Completed	10.1.1	Hire new foundation Exec Dir	Raymond Hino	12/31/2024	Executive Team, Foundation Board of Directors	100