

# NEHALEM BAY HEALTH CENTER & PHARMACY

### COMPASSIONATE COMMUNITY CARE

# 2023-2025 Strategic Plan Update

Compassionate Community Care

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### **EXECUTIVE SUMMARY & STRATEGIC HIGHLIGHTS**

The Nehalem Bay Health Center and Pharmacy 2022-2025 Strategic Plan is an update to work originally initiated in 2020. The 2020 Strategic Plan was completed just prior to the onset of the COVID-19 pandemic. As a result, the Board and staff of the Nehalem Bay Health Center and Pharmacy (NBHCP) re-initiated that planning process.

This 2022-2025 Strategic Plan builds upon staff and Board efforts that occurred between 2020 and 2022. It incorporates additional background and current conditions information, reports on the process of updating the updated Plan, and updates the Strategic Priorities.

The updated Strategic Priorities incorporate new Objectives from the Plan implementation that occurred between 2020 and 2022 and those that were developed in a Strategic Planning meeting on September 10, 2022. These new Objectives appear in an updated Plan Elements in Action template. They include additional items related to the finance and planning of a new facility, engagement by the CEO, operational risk management, technology enhancements, Board engagement, and recognition of the important role of the Equity Committee in the organization.

Due to the ongoing nature of strategic planning and the need for flexibility in implementation, the Plan Elements in Action template is designed to allow for more detailed Critical Tasks to be developed through the Annual Work planning processes (an ongoing process throughout the year), rather than be documented here.



### OVERVIEW OF THE NEHALEM BAY HEALTH CENTER & PHARMACY

#### Service Area and Description

The NBHCP, formerly known as the Rinehart Center & Pharmacy, is located at 230 Rowe Street (PO Box 176); Wheeler, Oregon 97147.

The Center is a 501(c)(3) nonprofit organization and is a Federally Qualified Health Center (FQHC), with funding from Health and Human Services, and having Federal Public Health Service (PHS) status.

The NBHCP service area encompasses several zip codes, including the following:

- 97131 Nehalem
- 97147 Wheeler
- 97136 Rockaway Beach
- 97141 Tillamook
- 97130 Manzanita
- 97118 Garibaldi
- 97107 Bay City

The NBHCP is a Health Resources and Services Administration (HRSA) Heath Center Program awardee. The HRSA provides background data through a standardized reporting system. The HRSA also provides a map of the service area, which appears in Figure 1, p 5.

Additional data provided by the HRSA includes age and race/ethnicity, patient characteristics, services, Center data, cost data, and program requirements. This information can be accessed through the HRSA website at: <a href="https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS10593">https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS10593</a>

More information is also available through the Center's website at: https://www.rinehartclinic.org/about-the-clinic



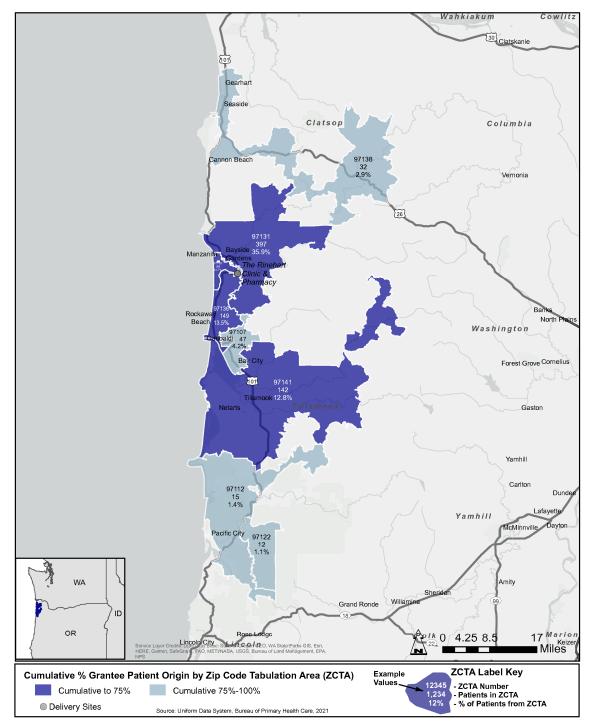
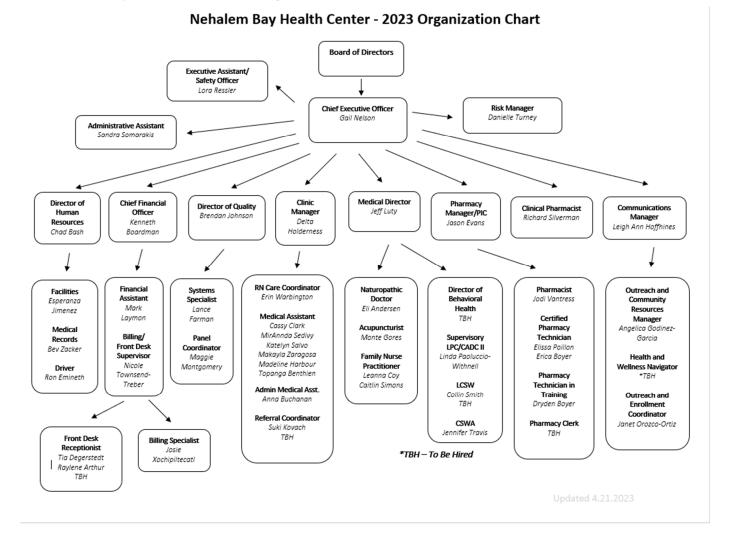


Figure 1: HRSA Health Center Data<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> Health Resources and Services Administration. Health Center Program Uniform Data System Data Overview. Retrieved 9/18/22 from <u>https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS10593</u>



#### Nehalem Bay Health Center Organizational Chart

#### **Equity Committee**

In addition to the organizational structure noted above, the Center has established an Equity Committee that has been informing internal and external work. The mission and vision of the Committee appears below.

- **Mission:** Acknowledging the impact of systemic oppression on health, the Equity Committee's mission is to foster a culture that is committed to providing equitable healthcare for all in our community.
- **Vision:** The Equity Committee believes the diversity of our experiences and perspectives makes our community stronger, healthier, and safer. We are committed to holding the healthcare system accountable, including the team at Nehalem Bay Health Center & Pharmacy, for providing equitable healthcare for all. We will work to identify and eliminate inequities, both internal and external, by modeling practices that promote health equity, by adopting policies and procedures that support the mission, and by collaborating with key partners to further understanding and accountability.

### Current Conditions: Service and Center Overview Center Service and Utilization

|                                  | 2017   | 2018   | 2019   | 2020   | 2021   |
|----------------------------------|--------|--------|--------|--------|--------|
| Total Patients                   | 1,075  | 1,006  | 1,092  | 1,017  | 1,199  |
| Age (% of total patients)        |        |        |        |        |        |
| % Children (< 18 years)          | 9.12%  | 11.73% | 12.27% | 9.24%  | 11.01% |
| % Adults (18 – 64 years)         | 60.65% | 57.16% | 59.16% | 61.55% | 59.72% |
| % Older Adults (Age 65 and over) | 30.23% | 31.11% | 28.57% | 29.20% | 29.27% |

Below, Table 1, reports on Center utilization by reported age.

Table 1: Percent Patient Utilization by Age 2017 - 2021<sup>2</sup>

While the Center serves patients throughout the area, nearly 30% of patients are over 65. This is higher than the average in Oregon FQHCs, where the percentage of these patients was much lower at 11.7%. In addition, this group of patients often present unique challenges, such as the following:

- Approximately 80% are likely to have a chronic condition; 68% are likely to have at least two chronic conditions.
- Most common chronic conditions are hypertension, diabetes, and arthritis.
- Increase risk of senior suicides. For example, the United Health Foundation found a 12% increase in senior suicides from 2014 to 2018.
- More likely than any other group to face hunger-related health concerns. Though many seniors are eligible for programs like SNAP, they do not uniformly use these services.

Table 2 reports on Center utilization by race and ethnicity and Table 3, reports on the language needs of patients.

| Patients By Race & Ethnicity (% known)              | 2017   | 2018   | 2019   | 2020   | 2021   |
|---|--------|--------|--------|--------|--------|
| % Racial and/or Ethnic Minority Patients            | 9.64%  | 9.85%  | 11.19% | 11.83% | 14.04% |
| % Hispanic/Latino Patients                          | 6.12%  | 6.01%  | 7.81%  | 8.67%  | 11.19% |
| % Non-Hispanic White Patients                       | 91.99% | 91.62% | 91.09% | 90.35% | 88.65% |
| % Asian Patients *                                  | -      | -      | -      | -      | -      |
| % Native Hawaiian/Other Pacific Islander Patients * | -      | -      | 0.00%  | -      | -      |
| % Black/African American Patients *                 | -      | -      | -      | -      | -      |
| % American Indian/Alaska Native Patients *          | -      | -      | -      | -      | -      |
| % More than one race Patients *                     | 1.60%  | 1.85%  | -      | -      | -      |

Table 2: Patients by Race & Ethnicity 2017-2021<sup>3</sup>

| Language (% known)                             | 2017         | 2018  | 2019  | 2020  | 2021  |
|--|--------------|-------|-------|-------|-------|
| % Best Served in a Language other than English | 4.00%        | 4.08% | 5.22% | 4.72% | 6.17% |
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Table 3: Patient Language Needs 2017-2021<sup>4</sup>

<sup>&</sup>lt;sup>2</sup> Ibid.

<sup>&</sup>lt;sup>3</sup> Ibid.

<sup>&</sup>lt;sup>4</sup> Ibid.

In addition, NBHCP patients often grapple with unique sociological and psychological conditions. For example, in 2020, nearly 19% of our patients received mental health services, and for Oregon FQHCs in general, this percentage was lower, at approximately 14%.

#### **Financial Snapshot**

#### Expenditures and Financial Overview

Additional perspective on the financial aspects of the Center can also inform strategy. While, the Nehalem Bay Health Center & Pharmacy does not have any long term debt, maintaining a sufficient cash balance has been a challenge. In addition, the most recent 8 months has shown a slight increase in patient visits and prescriptions compared to the same month(s) last year, but utilization is still slightly below 2019-2020 activity.

Table 4 reports on how the NBHCP compares to benchmarks established by Capital Link. It also reports on how the Center compares to other Oregon and rural FQHCs in the United States.

| Key Financial Metrics   | Target    | 2018   | 2019   | 2020  | 2021 | OR FQHCs<br>Median<br>2021 | U.S. Rural<br>FQHCs<br>w/800-<br>3000<br>Patients,<br>\$1.5M-<br>\$5.0M<br>Median<br>2021 |
|---|-----------|--------|--------|-------|------|----------------------------|---|
| Operating Margin  | > 3%      | -18.3% | -10.5% | 5.1%  | 6.2% | 16.6%                      | 12.9%   |
| Bottom Line Margin  | > 3%      | -18.3% | 10.5%  | 5.1%  | 6.2% | 16.9%                      | 12.9%   |
| Personnel-Related<br>Expense as<br>Percentage of<br>Operating Revenue | < 70%     | 103.5% | 98.0%  | 80.7% | 65%  | 66.1%                      | 64.9%   |
| Days Cash on Hand   | > 60 Days | 45     | 33     | 78    | 69   | 164                        | 170   |
| Days in Net Patient<br>Receivables                                    | < 45 Days | 35     | 41     | 61    | 45   | 31                         | 41  |
| Benchmark Unmet   |           |        |        |       |      |                            |   |

Table 4: Key Financial Metrics Performance Evaluation Profile Snapshot<sup>5</sup>

#### Revenue Sources

In terms of revenue sources, additional perspective on the ways in which patients pay for services at the Center appears below in Table 5.

<sup>&</sup>lt;sup>5</sup> Capital Link. 2022. Performance Evaluation Profile Snapshot Rinehart Center & Pharmacy 2017-2020.

| Payer Mix                  | 2018 | 2019 | 2020 | 2021 | OR FQHCs<br>Median<br>2021 | US Rural<br>FQs w/800-<br>3000<br>patients,<br>\$1,5M-<br>\$5.0M |
|----------------------------|------|------|------|------|----------------------------|--|
| Self-Pay, % Total Patients | 15%  | 14%  | 8%   | 10%  | 12%                        | 14%  |
| Medicaid, % Total Patients | 30%  | 34%  | 35%  | 33%  | 48%                        | 28%  |
| Medicare, % Total Patients | 36%  | 32%  | 34%  | 33%  | 15%                        | 17%  |
| Private, % Total Patients  | 19%  | 20%  | 23%  | 24%  | 18%                        | 32%  |

Table 5: Revenue Source by Payer 2018-20216

Further information regarding the insurance status of patients appears below in Table 6.

| Insurance Status    | 2015  | 2016  | 2017  | 2018  | 2019 | 2020  | 2021  |
|---------------------|-------|-------|-------|-------|------|-------|-------|
| Uninsured           | 7.38  | 8.59  | 9.86  | 15.2  | 13.7 | 14.34 | 9.67  |
| Medicaid/CHIP       | 35.45 | 23.23 | 31.91 | 29.72 | 34.3 | 35.10 | 32.78 |
| Medicare            | 28.36 | 37.55 | 37.67 | 35.68 | 32.1 | 34.3  | 32.86 |
| Other Third Parties | 28.8  | 24.63 | 20.56 | 19.38 | 20.0 | 22.6  | 24.69 |

Table 6: Service Area Financials by Payer Source Percent of Total Patients7

The data presented in this section was used to help inform the feedback from key interests and strategic planning meeting participants. The next section of this Plan outlines the process of planning, critical gaps, and strategic goals.

<sup>&</sup>lt;sup>6</sup> Ibid.

<sup>7</sup> Op Cit., Health Resources and Services Administration.

## STRATEGIC PLANNING OVERVIEW AND PROCESS

### Why Strategic Planning

As communities have been facing increasing challenges and demands for excellence and efficiency in health care service delivery, strategic plans offer the means balance limited resources with important outcomes. Strategic plans allow for policy makers, such as governing boards, to balance goals and trade-offs.

For staff, strategic plans represent a clearly identifiable set of goals that can be used for decision making or the dayto-day implementation of goals.

Plans are often used throughout the organization to achieve efficiency and effectiveness; leverage activities to achieve maximum outcomes; further transparency; communicate priorities, constraints, and future goals; and track progress.

### **NBHCP Strategic Planning Process**

To produce the NBHCP Strategic Plan, the organization has taken several successive steps. In 2020, just prior to the widespread COVID-19 pandemic, the Center engaged Dr. Margaret Banyan of the Nonprofit Institute at Portland State University to facilitate a strategic planning meeting of board and staff members.

The purpose of the 2020 planning meeting was to answer four basic guiding questions to identify priorities and activities for the plan time horizon:

- 1. Are the Mission, Vision, and Values of the Nehalem Bay Health Center & Pharmacy in line with the current community and organization expectations?
- 2. What are the current Strengths, Weaknesses, Opportunities, and Threats facing the Nehalem Bay Health Center & Pharmacy?
- 3. What new initiatives or tasks will strategically position the Nehalem Bay Health Center & Pharmacy to achieve its goals?
- 4. How do we measure the accomplishment of goals in a way that will inform future decisions?

Following the 2020 planning meeting, the NBHCP staff continued to populate the Plan's Goals, Objectives, and Priorities with implementation tasks designed to bring the plan to fruition. These planning documents were used in 2020 and 2021.

In September 2022, the NBHCP renewed its planning efforts with the assistance of Dr. Margaret Banyan. This strategic planning meeting was designed to update the existing plan with the inclusion of new board members, staff, and updated information. The goals of the 2022 planning meeting were as follows:

- 1. Re-engage the organizational visioning process in an inclusive process.
- 2. Reflect on updated information regarding the organization's current conditions and implications for future Strategic Priorities, Objectives, and Critical Tasks.
- 3. Provide opportunities for the development of new or revised Strategic Priorities.

In both 2020 and 2022, staff and board member attendance, engagement, and interaction were an essential and valuable part of the planning process. The following plan is based on this input.<sup>8</sup>

<sup>&</sup>lt;sup>8</sup> Portions of the 2020 Plan are retained and additional, updated information from 2022 is included / updated. Where appropriate, updates are noted.

### MISSION, VISION & VALUES

### Vision

A community in which all people achieve their full potential for health and well-being across their life span.

#### **Mission**

The mission of Nehalem Bay Health Center & Pharmacy is to deliver compassionate team-based health care and wellness education to improve the lives of ALL in our community.

### Slogan

Compassionate Community Care

#### **Core Values**

The core values of the Nehalem Bay Health Center & Pharmacy are the foundation for how we work to achieve our mission and vision.

- We respect the personalized individual needs of every patient and deliver superior service in the most responsive, accessible, and effective way.
- We serve our patients as their comprehensive healthcare team with kindness, compassion, integrity, confidentiality, and a high degree of professionalism.
- We earn trust and ongoing support of community members by using donated resources efficiently and effectively to help people who need them most.
- We guide our patients in finding the best integrated healthcare solutions so they can experience supportive care, genuine hope, and peace of mind.
- We champion a spirit of caring, learning, professional development and teamwork, by recruiting and retaining a quality staff, and providing a wholesome and safe work environment with competitive wages and benefits.

# STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS (SWOT)

A SWOT analysis helps to identify the critical areas of focus for a planning effort. It works to help highlight the areas that the organization is currently doing well and where it can improve and/or develop strategies to achieve its vision. This analysis uses the heading 'areas of concern' rather than weaknesses. Areas of concern can be internal or external and is a more accurate designation for the current conditions in the Center.<sup>9</sup>

| Strengths  | Areas of Concern (Weaknesses)   |
|--|---|
| <ul> <li>Passionate, caring, professional, quality, and engaged staff and CEO</li> <li>Engaged board</li> <li>Collaboration with community partners (NKN school district, NCRD)</li> <li>Variety of health care services (Classes, education, women's service, pharmacy)</li> <li>Location of Center and pharmacy</li> <li>Affordability of services</li> <li>Accessibility of services (open hours, bilingual team, available appointments, home visits, nurse follow up after ER visits)</li> <li>Large local employer</li> <li>National Health Service Core (NHSC) site</li> <li>Status as a FQHC (training and financial opportunities)</li> <li>Significant grant support</li> <li>Equity Committee contributions to organization</li> <li>Provider Stability<sup>+</sup></li> <li>Patient Transportation<sup>+</sup></li> <li>Newsletter<sup>+</sup></li> <li>Quality of Care<sup>+</sup></li> <li>New Name<sup>+</sup></li> </ul> | <ul> <li>Long term financial sustainability and grant<br/>dependence</li> <li>Staff engagement (e.g., PCPs in strategic planning)</li> <li>Current facility (aging facility, lack of space, quality of<br/>facility)</li> <li>Community awareness (current name, pharmacy,<br/>services, new residents)</li> <li>Service gaps (dental, vision)</li> <li>Accessibility of services (weekend hours, bilingual front<br/>desk / pharmacy)</li> <li>Staff and board turnover (employee benefits, staffing<br/>strategy, increased MD providers needed)</li> <li>Insurance coverage gaps (e.g., Naturopath not covered<br/>by Medicare)</li> <li>Funding strategy for new building (lack of)</li> <li>Staff turnover, Front Line<sup>+</sup></li> <li>Responsiveness/Timeliness, Scheduling<sup>+</sup></li> <li>Customer Service Skills, Compassion<sup>+</sup></li> <li>Technology (phones + pharmacy options) clunky &amp;<br/>challenging<sup>+</sup></li> </ul> |
| Opportunities  | Threats   |
| <ul> <li>Collaborative partnerships</li> <li>Funding (e.g., creative funding resources, grants outside the health care realm, increase patient base)</li> <li>Increase services (local health, in-home, mental health, acupuncture). Dental, specialists (OB, Pedi, Geriatric), expanded pharmacy, vaccinations, Flu Shots, drive-up, and X-Ray<sup>+</sup></li> <li>Board turnover (increase diversity / representativeness)</li> <li>Community reach (e.g., Name change, grow brand recognition, pharmacy as bridge to increase clients/patients, capture new residents)</li> <li>Local focus (local health services and local business)</li> <li>Increase access (e.g., Telehealth)</li> <li>New facility / building - expand and diversify services</li> </ul>   | <ul> <li>Turnover and staffing (e.g., provider turnover, overdependence one individual / lead provider, entry level staff)</li> <li>Lack of affordable local housing for staff</li> <li>Finances (e.g., decreased grant funding, rising number of uninsured, federal funding for all programs, loss of patients to Portland area, political climate</li> <li>Losing community support</li> <li>Cuts to social services and insurance(s)</li> <li>Competition from new facilities in North County</li> </ul>   |

<sup>&</sup>lt;sup>9</sup> Much of this SWOT analysis was initially conducted in 2020 and are still relevant. Additional areas were added as a result of the 2022 strategic planning meeting. In addition, the Center's Patient Advisory Committee developed positive and negative impressions as well as a list of desirable services. These impressions are noted with a (+) designation. Desirable services are included in the opportunities list, also noted by a (+)

## CRITICAL ISSUES AND GAPS

The purpose of identifying critical issues and gaps is to highlight those areas that, from a strategic standpoint, would most leverage the Nehalem Bay Health Center & Pharmacy to meet its mission and achieve its vision.

Consistent with the section below (described below), the issues and gaps fall into five main categories or perspectives. Two of these are externally focused, two internally focused, and one is associated with governance.

| Community  | Financial   | Operational   | Employee Growth<br>& Development   | Governance  |
|--|---|---|--|---|
| <ul> <li>Patient numbers<br/>/ counts<br/>(retention and<br/>recruitment)</li> </ul> | <ul> <li>Financial stability<br/>in short and long<br/>run (patient<br/>numbers and<br/>operational<br/>funding)</li> </ul> | <ul> <li>Staffing<br/>(Turnover,<br/>providers, and<br/>language<br/>capacity)</li> </ul> | <ul> <li>Staff well-being<br/>(recruitment,<br/>retention,<br/>satisfaction,<br/>growth, training,<br/>housing)</li> </ul> | <ul> <li>Diverse and<br/>representative<br/>board</li> </ul>                                |
| <ul> <li>Center<br/>marketing,<br/>education, and<br/>outreach</li> </ul>            | <ul> <li>Billing and coding</li> </ul>  | <ul> <li>Hours, services,<br/>and care<br/>integration</li> </ul>                         |  | <ul> <li>Board<br/>engagement in<br/>operational and<br/>capital<br/>fundraising</li> </ul> |
|  | <ul> <li>New facility<br/>planning</li> </ul>   | <ul> <li>New facility<br/>planning</li> <li>Technology<br/>enhancements</li> </ul>        |  |   |

The critical issues and gaps highlight that these are inter-related and inter-dependent themes. For example, the condition and usability of the facility impacts the perception of the Center for both clients and new Board members, the ability to serve diverse client needs, increase revenues, and recruit new providers. Likewise, patient numbers impact financial stability, reputation, and staffing. Staff well-being impacts the ability to address turnover and recruitment of new staff and ultimately impacts the Center reputation as providing good service. As a result, the following plan should illustrate that the strategies have impacts across the multiple perspectives noted above.

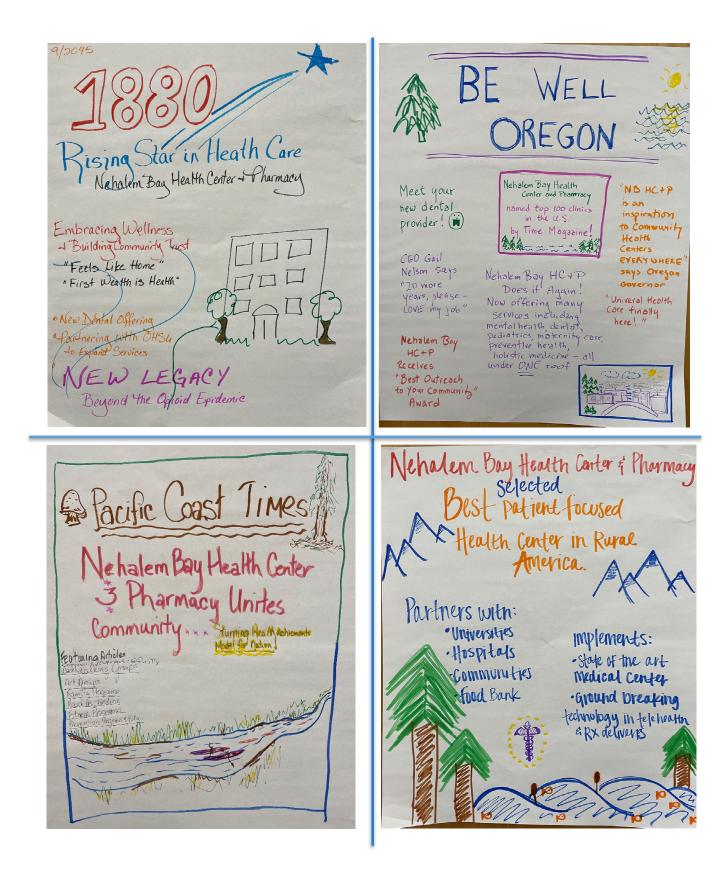
## PLAN OVERVIEW

Accomplishing the Nehalem Bay Health Center & Pharmacy vision requires the tools to organize and focus efforts. This plan outlines Strategic Priorities, Objectives, Critical Tasks, and Timelines associated with the near term (0-3 years). This plan embraces the idea that working on the organizational fundamentals must be in place for the Center to accomplish its goals. These fundamentals are financial, operational, and employee centered.

The 2022 strategic planning meeting built upon the good work accomplished in 2020. Participants were asked to reimagine the Center 20 years in the future through a series of drawings (represented on following page).

This exercise, and many of the conversations that ensued, reinforced the centrality of several common themes in the development of Strategic Priorities. These themes included:

- The Center as a leader in health care and rural health care (expressed as a model or exemplary service)
- Emphasis on community achievement of wellness, holistic care, and preventative care
- Partnering with the Community by establishing trust, being immersed in the community, and taking a holistic vision of community, including patients, agencies, grocery stores, and food banks, state agencies, university, and schools
- Strategic collaborations to fill the gaps and expand access to services
- Continuous/ongoing learning and growing, including innovative technologies and adapting services to meet needs



# STRATEGIC PRIORITIES

Following identification of critical issues and gaps, based on an understanding of the common themes, the Strategic Priorities were organized into five main categories, or perspectives, consistent with a moderated Balanced Scorecard Approach.<sup>10</sup> These are two externally focused perspectives, two internally focused perspectives, and one associated with governance. Where the Balanced Scorecard generally suggests four perspectives, governance is important to capture the character of the Center as a nonprofit organization with a Governing Board. Figure 2, on the following page, illustrates the relationship between these perspectives to one another and the mission of the Center. Additionally, in the 2022 strategic planning meeting, the feedback was to add equity to the diagram, indicating its central importance to these five perspectives. The externally focused perspectives are indicated in green, and internally focused perspectives are indicated in blue. These perspectives are described below.

### The Community Perspective

The Community Perspective considers how the Center is related to and seen by the community, considering who it serves and the relationships it values. The Community Perspective identifies the healthcare needs of all community members and ensures full, timely access to the clinic's healthcare services. In recruiting new employees from the local community, this perspective describes how we look for those attributes we seek in our equity mission. It is guided by the question: "To achieve our mission, how do we want to be seen by our community and what activities and services help to enhance their expectations?"

### The Financial Perspective

The Financial Perspective considers the financial resources of the Center that are needed to achieve the mission. As the clinic generates greater revenue and devotes greater resources to increasing access to healthcare services for uninsured and underinsured members of the community, it is guided by the question: "To achieve our mission, how do we succeed financially?"

### The Internal Operations Perspective

The Internal Operations Perspective is inward-facing and considers what the Center must excel at to achieve its mission. This perspective emphasizes how inclusion of all staff in decision making can be incorporated; to include building more time for staff and department engagement to discuss the equity mission and equity-focused objectives. It is guided by the question: "To achieve our mission, how must we arrange our work?"

### The Employee Development & Growth Perspective

This perspective is inward-facing and considers how the Center will work with its employees to change and improve to achieve its mission. This perspective emphasizes how the standards for employee development and growth must be fully included, participation in meaningful work, and equal access to promotion opportunities and career development. It is guided by the question: "To achieve our mission, how must employees be supported and engaged to do their best work?"

<sup>&</sup>lt;sup>10</sup> The Balanced Scorecard Approach is not attributable to one main, or set of, scholars. Rather, several organizational theorists have contributed to its understanding. It was made more popular by Robert Kaplan and D. P. Norton through their work: *The Balanced Scorecard: Translating Strategy into Action.* Boston, MA.: Harvard Business School Press. ISBN 978-0-87584-651-4.

### The Governance Perspective

The Governance Perspective considers the way in which the Nehalem Bay Health Center & Pharmacy Board engages its duties to govern the Center in a way to achieve the mission. Because the Board has ultimate responsibility for ensuring that the mission of the organization is achieved, governance is uniquely different from the other perspectives. This perspective focuses on how Board members are recruited to reflect the community we serve; Board member equity training; and staff involvement in Board recruitment. The Board may also have certain goals, in terms of providing oversight for the Strategic Plan and establishing performance measures.



Figure 2: Five Perspectives on Strategic Priorities

### PLAN ELEMENTS IN ACTION: PRIORITIES AND OBJECTIVES

As a tool for Center management, this Strategic Plan should be considered as a living document. It provides short-term direction for a 0-3 year period, builds a shared vision, sets goals and objectives, and optimizes resources.

The Strategic Priorities listed below describe the aim, or target, of an activity. These form the logic and ultimate direction to support activity. These are suitable for reporting in the context of Center documents, quarterly reports, or an annual work plan. Objectives are more specific in that they describe the steps that are to be taken to accomplish a Strategic Priority.

The Plan Elements in Action is structured as a template for implementation. In the interim period between the 2020 Plan and this updated 2022 Plan, Center used this structure in its annual work planning. It further articulated Critical Tasks, assigned detailed responsibility, and tracked progress.

This template that appears below, retains, and expands the Strategic Priorities and Objectives and lists high-level Critical Tasks. As in the previous Strategic Plan, however, detailed activities should be developed as the Center pursues implementation. A Strategic Plan work group of staff from different departments will be convened to develop a detailed plan as well as to get feedback from staff who did not attend the Strategic Planning Session. Similarly, the Timeline and Lead is also indicated in the tables below is also left to the Annual Work Plan process. It is important to note that although there is a lead noted, there are often multiple staff members involved in accomplishing the Strategic Priorities, Objectives, and Critical Tasks as outlined. The staff are encouraged to continue using these templates in their annual work planning and in the development of measures to track the Plan.

The tables that follow are intended to provide clear guidance for activities in the upcoming planning period as a way to address critical gaps. These activities are not designed to be exclusive, nor are they intended to constrain all Center activities. In other words, the excellent on-going work of the Center should continue beyond what is listed here. The workload of staff to achieve daily operations in addition to those identified in this plan, should be considered as the Center implements this Plan.

### Goal-Based Plan: Strategic Priorities, Objectives, Tasks, Timeframe, and Responsibilities

The Community Perspective

| Strategic Priority                                   | Objective  | C <del>r</del> itical Tasks  | 0-6 mos   | 7-12 mos | 13-24 mos | 25-36 mos | Ongoing | <b>Lead</b> w/support<br>as noted (unbold)                    |                              |
|--|--|--|---|----------|-----------|-----------|---------|---|------------------------------|
| 1. Expand quality of and access to care              | 1.a. Develop processes and strategies to provide services in                                 | • Identify the service needs and desired outcomes of a team-based approach   |   |          |           |           | X       | Quality Director<br>Quality                                   |                              |
| through an integrated<br>service model,<br>community | a wrap-around team-based approach  |  | Implement and evaluate effectiveness of team-based     approach for clients |          |           |           |         | х   | Committee,<br>Clinic Manager |
| partnerships   | 1.b. Collaborate with<br>community partners to increase<br>effectiveness of current services | • Collaborate with partners for new facility planning  |   |          |           |           | х       | <b>CEO</b><br>Exec Committee                                  |                              |
|  | and explore new opportunities<br>for targeted service  | • Implement Measure 110 strategies and opportunities through collaborative workgroup meetings and network  |   | X        |           |           |         | Quality Director<br>Quality<br>Committee,<br>Clinic Manager   |                              |
|  |  | • Actively participate in collaborative plans with other<br>entities for programming (e.g., Nehalem Bay Health<br>District, Oregon Food Bank, OHA); Telehealth<br>specialists, Oregon Food Bank, Food Roots, City of<br>Tillamook, Consulate |   |          |           |           | X       | Communications<br>Manager<br>Exec Committee<br>Outreach Staff |                              |
|  |  | • Develop asset map and identify strategic partners for collaborative programs (e.g., schools, recreation district, health district)   |   |          | х         |           |         | Outreacti Stari   |                              |
| 2. Develop excellent reputation through              | 2.a. Change Center name  | Continue roll-out of new name  |   |          |           |           | Х       | Communications  |                              |
| community outreach<br>and engagement                 |  | • Develop and implement strategic plan for marketing and communication of new name   |   |          |           |           | х       | <b>Manager</b><br>Exec Committee                              |                              |
|  | 2.b. Develop strategies for<br>marketing to increase<br>community awareness and              | • Implement marketing and community plan with assessment processes to monitor success  |   |          | x         |           |         | Communications<br>Manager                                     |                              |
|  | support  | • Develop and implement marketing plan for new facility planning.  |   |          |           | x         |         | Quality Director<br>Exec Committee                            |                              |
|  | 2.c. CEO Engagement in<br>Community Initiatives  | CEO participation on steering committees and other community initiatives   |   |          |           |           | X       | <b>CEO</b><br>Communications<br>Manager                       |                              |

| Strategic Priority | Objective  | Critical Tasks   | 0-6 mos | 7-12 mos | 13-24 mos | 25-36 mos | Ongoing | <b>Lead</b> w/support<br>as noted (unbold) |
|--------------------|--|--|---------|----------|-----------|-----------|---------|--|
|                    | 2.d. Engage Community<br>Advisory Committee for<br>ongoing awareness and<br>feedback | • Develop and implement outreach for committee recruitment and appointment |         | X        |           |           |         | <b>CEO</b><br>Equity Committee             |
|                    |  | • Support committee to define purpose, tasks, and action plan              |         |          |           |           | X       |  |

#### The Financial Perspective

| Strategic Priority               | Objective  | Critical Tasks   | 0-6 mos | 7-12 mos | 13-24 mos | 25-36 mos | Ongoing | <b>Lead</b> w/support as noted (unbold)                    |
|----------------------------------|--|--|---------|----------|-----------|-----------|---------|--|
| 3. Ensure short<br>and long term | 3.a Develop a short and<br>long term financial   | • Develop financial status report to increase awareness across the Clinic and stakeholders                           | Х       |          |           |           |         | <b>CFO</b><br>Finance Committee                            |
| financial<br>sustainability      | strategy and plan for new and existing services  | • Identify budget and reserve targets and benchmarks at the Board and Clinic Staff level(s)                          | Х       |          |           |           |         |  |
|                                  |  | • Implement and monitor benchmarks on a regular basis (e.g., quarterly, and annually)                                |         | X        |           |           |         |  |
|                                  |  | • Assess feasibility and cost-benefit of new services  |         | X        |           |           |         |  |
|                                  | 3.b. Increase patient revenue  | Identify opportunities to increase patient access  |         | X        |           |           |         | <b>CFO</b><br>Finance Committee,                           |
|                                  |  | Pursue outreach to assigned and unengaged CCO members  |         |          |           |           | Х       | Medical Director,<br>Pharmacy                              |
|                                  |  | • Identify opportunities to leverage 340B Program  |         |          |           |           | Х       |  |
|                                  |  | Educate providers on billing services  |         | X        |           |           |         |  |
|                                  |  | • Increase awareness Nehalem Bay Health Center and services offered (see Objective 2.b)                              |         |          |           |           | X       |  |
|                                  | 3.c. Increase alternative<br>revenue sources (non-<br>grant and non-patient)<br>while monitoring and | • Search private funding opportunities for unique wellness offerings and contract with grant writer for applications |         |          | х         |           |         | <b>CEO</b><br>Executive Committee,                         |
|                                  | maintaining current<br>funding sources   | Implement Silent Auction activities  |         | X        |           |           |         | Gerald Wineinger? 🖔  |
|                                  |  | • Leverage annual report with funding appeal   |         | X        |           |           | X       | Communications<br>Manager                                  |
|                                  | 3.d. Enhance risk<br>management program<br>and compliance program<br>activities                      | • Identify and act on opportunities to protect assets through risk management programs                               |         |          |           |           | X       | <b>Risk Manager,</b><br>Risk Committee<br>Quality Director |

| 3.e. Develop capital<br>fundraising plan and | • Analyze current fundraising goals and techniques                             | Х |  |   | CEO<br>CFO                 |
|--|--|---|--|---|----------------------------|
| strategy for new facility                    | • Develop short and long term strategy for capital funding (see Objective 2.b) |   |  | Х | Finance Committee<br>Board |
|  | • Implement fundraising plan and monitor progress                              | Х |  |   |                            |

#### The Internal Operations Perspective

| Strategic Priority  | Objective  | Critical Tasks   | 0-6 mos | 7-12 mos | 13-24 mos | 25-36 mos | Ongoing                                 | <b>Lead</b> w/support<br>as noted<br>(unbold)          |
|---|--|--|---------|----------|-----------|-----------|---|--|
| 4. Align operations and infrastructure  | 4.a. Assess team-based service model and enhance care  | • Develop staffing strategy for team-based approach (see Obj. 1a)  |         |          |           |           | X                                       | Quality<br>Director,                                   |
| development with<br>community and<br>financial goals                          | integration  | • Evaluate and monitor financial and operational efficiencies and effectiveness of team-based approach                               |         |          |           |           | х                                       | Quality<br>Committee,<br>CFO,                          |
| 0   |  | • Develop plans for integration during patient visit(s)<br>(e.g., pharmacy, dietician, etc. with language<br>interpretation support) |         |          |           |           | X                                       | Finance<br>Committee,<br>Admin Team                    |
|   | 4.b. Develop sustainable staffing plan and model to  | • Identify current and desired services for which staffing will be required  | X       |          |           |           |   | HR Director,<br>CEO,                                   |
| support the access to care goal   | Develop and implement longer term / phased<br>staffing model with recruiting and financial<br>implications |  | х       | х        |           |           | Executive<br>Committee,<br>HR Director, |  |
|   |  | • Coordinate staffing with new facility planning   | X       | X        |           |           |   | Admin Team   |
|   | 4.c. Increase operational<br>efficiency and effectiveness  | • Identify and implement strategies to increase efficiency and effectiveness (e.g., addition of Scribe)                              | X       | X        |           |           |   | <b>HR Director</b><br>CEO, Executive                   |
| through training programs and<br>other measures<br>4.d. Plan for new facility | 0 01 0   | • Monitor strategies and amend as needed   |         |          |           |           | х                                       | Committee,<br>Quality Director<br>Quality<br>Committee |
|   | 4.d. Plan for new facility   | • Develop processes for staff and community involvement in facility planning   |         |          | Х         |           |   | <b>CEO,</b><br>Executive                               |
|   |  | • Assess patient population and service strategy for new facility planning (prior to building design)                                |         |          |           |           |   | Committee<br>Admin Team                                |
|   |  | • Identify internal space needs for existing and future services and programs  | Х       |          |           |           |   | Clinical Team  |
|   |  | • Coordinate facility and capital fundraising strategies (see Obj. 3.e.)   |         | X        |           |           |   |  |
|   |  | Participate in Nehalem Bay Health District site     planning efforts   | Х       |          |           |           |   |  |

| Strategic Priority | Objective  | Critical Tasks  | 0-6 mos | 7-12 mos | 13-24 mos | 25-36 mos | Ongoing | Lead w/support<br>as noted<br>(unbold)                  |
|--------------------|--|---|---------|----------|-----------|-----------|---------|---|
|                    | 4.f. Leverage technology to<br>enhance the patient care<br>experience and create<br>operational efficiencies | <ul> <li>Develop strategies for technology advances to free<br/>up provider time (automated appoint reminders, self-<br/>check in, self-scheduling, &amp; pharmacy notification<br/>systems, online patient forms – ability to fill and<br/>submit online)</li> </ul>   |         |          |           |           | Х       | Quality<br>Director,<br>Quality Team,<br>Communications |
|                    |  | <ul> <li>Develop strategies for technology advances to assist<br/>patient services (automated appoint reminders, self-<br/>check in, self-scheduling, &amp; pharmacy notification<br/>systems, online patient forms – ability to fill and<br/>submit online as well as any supporting documents<br/>that are needed)</li> </ul> |         |          |           |           | X       | Manager   |
|                    |  | • Research and Develop strategies for technology<br>advances in patient services for other languages<br>(Multi Language options for pharmacy app, MyChart<br>app, phone auto-refill line for prescriptions)   |         |          |           |           | X       |   |

#### The Employee Development & Growth Perspective

| Strategic Priority                        | Objective  | Critical Tasks   | 0-6 mos   | 7-12 mos | 13-24 mos | 25-36 mos | Ongoing | <b>Lead</b> w/support<br>as noted<br>(unbold) |  |
|---|--|--|---|----------|-----------|-----------|---------|---|--|
| being and professional support staff team | 5.a. Develop strategies to<br>support staff team-work,<br>satisfaction, and well-being to  | • Utilize staff engagement survey and other tools to identify and implement opportunities for staff engagement and team-building   | X   |          |           |           |         | HR Director,<br>Executive<br>Committee,       |  |
| 0   | enhance recruiting and retain<br>current staff   |  | X   |          |           |           |         | Quality Director,<br>Quality                  |  |
|   |  | • Develop, and document in the NBHC Workforce<br>Development Plan, strategies for improving<br>recruitment and retention of staff, including<br>improved recruitment to underserved community<br>members | X   |          |           |           |         | Committee                                     |  |
|   |  | • Partner with local high schools and community colleges to develop apprenticeship, job shadow, and internship/externship programs for high school and community college students                        | X   |          |           |           |         |   |  |
|   |  | • Create career pathway visuals to utilize in recruitment and outreach to students   | X   |          |           |           |         |   |  |
|   |  | • Focus recruitment on community members with attributes of equity mission   | X   |          |           |           |         |   |  |
|   |  | Revamp recruitment ads to emphasize career     pathways at NBHC  | X   |          |           |           |         |   |  |
|   | <ul> <li>focused on equitable opportunities for traini professional development, career growth</li> <li>Implement ongoing Workforce Development Committee recommendations for recruiting retention as approved by the CEO</li> <li>Develop, under the auspices of a Workforce</li> </ul> | focused on equilable opportunities for training,   | X   |          |           |           |         |   |  |
|   |  | Committee recommendations for recruiting   | Implement ongoing Workforce Development<br>Committee recommendations for recruiting and<br>retention as approved by the CEO |          |           |           |         | x   |  |
|   |  | • Develop, under the auspices of a Workforce<br>Development Committee open to all employees, an  | X   |          |           |           |         |   |  |
|   |  | 11   |   |          |           |           | Х       |   |  |

| Strategic Priority | Objective  | Critical Tasks  | 0-6 mos | 7-12 mos | 13-24 mos | 25-36 mos | Ongoing | Lead w/support<br>as noted<br>(unbold) |
|--------------------|--|---|---------|----------|-----------|-----------|---------|--|
|                    |  | • Implement policy & procedures to implement pay programs for needed skills (e.g., interpretation)  |         |          | Х         |           |         |  |
|                    |  | Review and implement policy, procedures, programs     and benefits to support staff health and wellness   |         |          |           |           | Х       |  |
|                    |  | • Monitor staff satisfaction through survey and other tools for on-going improvement  |         |          |           |           | Х       |  |
|                    | 5.b. Support all non-licensed and licensed staff professional                                      | • Identify and implement opportunities for mentoring  |         |          |           |           | Х       | HR Director,<br>Executive              |
|                    | growth and engagement<br>through enhanced training and<br>growth opportunities                     | • Develop, and document in the NBHC Workforce<br>Development Plan, an organization-wide training<br>program led by a senior member of management            |         | x        |           |           |         | Committee                              |
|                    |  | • Dedicate time each month for training in every department and implement core skills competency testing for key positions identified by the CEO            | х       |          |           |           |         |  |
|                    |  | • Implement ongoing recommendations from the<br>Workforce Development Committee for improving<br>training opportunities for staff as approved by the<br>CEO |         |          |           |           | X       |  |
|                    |  | • Develop, and document in the NBHC Workforce<br>Development Plan, internal career pathways. Make<br>staff aware of internal career pathways                | х       |          |           |           |         |  |
|                    |  | • Identify current and desired skills and career objectives for every employee and tie career objectives to internal career pathways                        | X       | x        |           |           |         |  |
|                    |  | Create I and II position tiers for positions identified<br>by the Workforce Development Committee and<br>approved by the CEO                                | X       |          |           |           |         |  |
|                    | • Identify and implement opportunities for all staff to engage in training for professional growth |   |         |          |           | Х         |         |  |
|                    | 5.c. Support and integrate<br>Diversity, Equity, and Inclusion<br>into operational practices and   | • Identify and implement ongoing training, educational opportunities, and changes to policy and practices for all staff and Board                           |         |          |           |           | Х       | Equity<br>Committee,<br>Board          |
|                    | programs   | • Support and engage in ongoing work of Equity<br>Committee through funding, training, release time,<br>or other initiatives                                |         |          |           |           | X       |  |

| Strategic Priority                            | Objective  | Critical Tasks  | 0-6 mos | 7-12 mos | 13-24 mos | 25-36 mos | Ongoing | Lead w/support<br>as noted<br>(unbold)                    |
|---|--|---|---------|----------|-----------|-----------|---------|---|
| 6. Sustain long range planning and continuous | 6.a. Complete, implement, and monitor strategic plan   | Review and adopt updated Strategic Plan   | X       |          |           |           |         | <b>Board,</b><br>CEO,                                     |
| improvement                                   |  | Develop assessment measures for ongoing<br>performance monitoring and budgeting   |         | X        |           |           |         | Quality Director,<br>Quality                              |
|   |  | Develop annual board work plan based on Strategic     Plan  |         | X        |           |           |         | Committee   |
|   |  | • Plan and budget processes   |         | X        |           |           |         |   |
|   | <ul> <li>6.b. Review strategic plan for equity focus</li> <li>6.c. Expand and sustain representation on Board</li> </ul> | Review the Goal-Based Plan against the equity focus described in the Strategic Priority Perspectives  | X       |          |           |           |         | <b>Board,</b><br>CEO,                                     |
|   |  | • Identify gaps in Objectives throughout the plan   |         | X        |           |           |         | Equity<br>Committee                                       |
|   |  | Provide updated / revised Objectives to Board for approval  | Х       |          |           |           |         |   |
|   |  | Develop Critical Tasks and implement in annual<br>work plan   | Х       |          |           |           |         |   |
|   |  | • Continual assessment of current board for<br>representative characteristics (e.g., client/customer,<br>diversity, and geographic representation) and identify<br>gaps (see also Goal 2) |         |          |           |           | X       | <b>Board Chair,</b><br>Board<br>Development,<br>Committee |
|   |  | Develop and implement plan for recruiting new<br>Board members (e.g., communication plan and<br>recruitment strategy)   |         | x        |           |           |         | Committee   |
|   |  | • Develop and implement strategies for retaining<br>Board members through training and engagement<br>opportunities  |         | х        |           |           |         |   |
|   | 6.d. Increase community and<br>Board engagement through<br>increased community and staff<br>engagement                   | • Consistent with Goal 2, develop processes to enhance community and staff transparency and engagement with Board   |         |          |           |           | Х       | <b>CEO</b><br>Board                                       |

The Governance Perspective

| 6.e. Engage Board in capital<br>fundraising strategy and | • Involve Board in review and adoption of capital fundraising strategy (see also Obj. 3.e. and 4.d.) | Х |  | <b>CEO,</b><br>Board |
|--|--|---|--|----------------------|
| campaign   | • Develop work plan for Board implementation of capital fundraising                                  | Х |  |                      |

### **MEASURING PERFORMANCE**

There are two approaches to measuring performance. The first measures accomplishment of the goals and objectives described in this Strategic Plan. However, because the plan requires regular review and revision to keep up with accomplishments and environmental changes, a second approach is also required. The second approach measures performance of the Center outcomes.

Outcomes can also be known as "Performance Measures." Performance measures are designed to assess the outcomes of the Center activities and how it achieves its mission. Performance measures allow the Center to regularly assess its methods, budget to achieve goals, and communicate effectively with the public. They can be reported in the Annual Report, on the webpage, or used in email newsletters. Ideally, performance measures should remain consistent over time to ensure that there is standardization from year-to-year. Ultimately, they should assess inputs, outputs, efficiency, service quality, and outcomes.

# SUCCESS OF THE STRATEGIC PLAN - ACHIEVING ONGOING EXCELLENCE

The success of this Strategic Plan and the Nehalem Bay Health Center & Pharmacy in executing its goals, depends on the extent to which all members of the Center support and engage with it as a dynamic tool. The tools and the processes described herein can unify internal, and external stakeholders in the achievement of the Center's mission, vision, and values. This requires all members to use, measure, change, and adapt the Plan with the ultimate outcome of Center success.

This 2022-2025 Strategic Plan focuses on those areas that the Nehalem Bay Health Center & Pharmacy will pursue as a way to deliver on its vision. Meeting these challenges will require continued collaboration and communication. That said, the Center would like to thank everyone who has had a role in this update. The work is made both rewarding and possible with the committed team of community, partners, staff, and Board.

### **ACKNOWLEDGEMENTS**

#### Nehalem Bay Health Center & Pharmacy Board of Directors

Jerry Spegman, President Patricia Johnson, Vice President Keri Scott, Secretary David Boone, Treasurer Paul Erlebach Scott Galvin Yvana Iovino Gerald Wineinger

#### Nehalem Bay Health Center & Pharmacy Strategic Planning Committee

Nehalem Bay Health Center & Pharmacy Staff

**Community Members & Supporters**