

Strategic implementation plan (SIP) template

Fill in this template based on the SIP elements definitions below. Identify workgroup members and deadline for completing the template.

Workgroup member(s): _____

Deadline for completing this template: _____

SIP TERM	DEFINITION/DESCRIPTION
Priority	A category of focus.
Needs	Subcategory of topics to be addressed under priority area.
Target population	Those high-needs populations addressed by a community benefit strategy.
Goal	A goal describes in broad, strategic terms the desired outcome of the planning priority.
Objective	Objectives articulate goal-related outcomes in specific and measurable terms. Objectives are SMART (specific, measurable, achievable, relevant, time-phased).
Outcome indicators	Data-driven measure(s) of a change in status. These indicators ultimately let your team know if the plan was successful in impacting the priority. This may help you identify activities that are useful in meeting your objective(s), and those that are not. Outcome indicators are NOT how you will know that the strategy has been implemented. Baseline is the current value; target is the year 3 value.
Strategy	A strategy describes an approach to achieving the objective. It is less specific than action steps but tries broadly to answer the question, “How can we get from where we are now to where we want to be?” In SIP terms, these are specific programs or initiatives to address a priority area or objective.
Timeline	The methods you will use to track and capture data on strategies and activities (e.g., quarterly reports, participant evaluations from training).
Hospital (and other) contribution(s)	The allocation of staff salaries, physical space, or other contributions provided by the hospital to implement the strategy.
Monitoring/evaluation approaches	The methods used to track and capture data on strategies and activities (e.g., quarterly reports, participant evaluations from training).
Potential partners	Those individuals or organizations who are key to achieving the objective. Potential partners could also be organizations who already have initiatives underway in the objective area.

Community benefit definition:

Per the IRS guidelines, community benefit is programs or activities that provide treatment and/or promote health and healing as a response to identified community needs, especially for those community members who are most vulnerable/highest need. Community benefit generates a low or negative financial return. Such programs or activities include:

- Financial assistance
- Government-sponsored means-tested programs — unpaid costs of public programs
- Other community benefit services (e.g., initiatives offered to the broader community designed to improve community health)
- Community health improvement services
- Health professions education
- Subsidized health services
- Research
- Cash and in-kind contributions (e.g., use of facility space for community group meetings)
- Community-building activities
- Community benefit operations

Priority 1

Priority 1:

Goal 1:

OBJECTIVE 1.1

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
1.1.1						
1.1.2						
1.1.3						
1.1.4						
1.1.5						
1.1.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 1

OBJECTIVE 1.2

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
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1.2.3						
1.2.4						
1.2.5						
1.2.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 1

OBJECTIVE 1.3

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
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1.3.3						
1.3.4						
1.3.5						
1.3.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 2

Priority 2:

Goal 2:

OBJECTIVE 2.1

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
2.1.1						
2.1.2						
2.1.3						
2.1.4						
2.1.5						
2.1.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 2

OBJECTIVE (2.2)

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
2.2.1						
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2.2.5						
2.2.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 2

OBJECTIVE (2.3)

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
2.3.1						
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2.3.4						
2.3.5						
2.3.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 3

Priority 3:

Goal 3:

OBJECTIVE (3.1)

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
3.1.1						
3.1.2						
3.1.3						
3.1.4						
3.1.5						
3.1.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 3

OBJECTIVE 3.2

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
3.2.1						
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3.2.4						
3.2.5						
3.2.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 3

OBJECTIVE 3.3

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
3.3.1						
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3.3.4						
3.3.5						
3.3.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 4

Priority 4:

Goal 4:

OBJECTIVE 4.1

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
4.1.1						
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4.1.4						
4.1.5						
4.1.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 4 | OBJECTIVE 4.2

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
4.2.1						
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4.2.4						
4.2.5						
4.2.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 4 | OBJECTIVE 4.3

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
4.3.1						
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4.3.3						
4.3.4						
4.3.5						
4.3.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 5

Priority 5:

Goal 5:

OBJECTIVE 5.1

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
5.1.1						
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5.1.3						
5.1.4						
5.1.5						
5.1.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 5

OBJECTIVE 5.2

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
5.2.1						
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5.2.4						
5.2.5						
5.2.6						

Monitoring/evaluation approaches:

Potential partners:

Priority 5

OBJECTIVE 5.3

OUTCOME INDICATORS (be sure to address specific populations):	BASELINE	TARGET AT END OF YEAR 3
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STRATEGIES	TIMELINE			HOSPITAL \$\$ CONTRIBUTION	OTHER SOURCE A	OTHER SOURCE B
	Y1	Y2	Y3			
5.3.1						
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5.3.3						
5.3.4						
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Monitoring/evaluation approaches:

Potential partners:
