

**Willapa Harbor Hospital**  
**Minutes of the Governing Board**  
**Cedar Room**  
**February 24, 2026**

**Board Members Present:** Kathy Spoor, Jeff Nevitt, Toni Williams, Steve Holland and Gary Schwiesow

**Others Present:** Matthew Kempton, CEO, Kimberly Polanco, CFO, Chelsea MacIntyre, CNO, Renee Clements, COO, Dawn Pearson, Executive Assistant

**Board Members Absent:**

**Others Absent:** Steven Hill, DO, CMO

**Guests:** None

**Audience:** None

**I. Call to Order:**

The meeting was called to order at 5:30 pm by Kathy Spoor

Pledge of Allegiance

**Additions to the Agenda:** None

*Approval of January 27th, 2026, Regular Board Meeting minutes: Jeff Nevitt made a motion to approve January 27th, 2026, Regular Board Meeting minutes as written. Gary Schwiesow 2nd the motion, all in favor, motion carried.*

**Consent Agenda**

*Toni Williams made a motion to approve the January consent agenda. Jeff Nevitt 2nd the motion, all in favor, motion carried.*

Vouchers/Warrants:	January	\$1,741,342.22
Payroll/Payable:	January	\$ 843,043.44
Write-offs: Bad Debt	January	\$ 84,929.53

**II. New Business**

➤ **Quality**

• **Review 2025 Operational and Strategic Goal Performance**

Using our Huron Leadership Evaluation Management tool, Matt presented an overview of Willapa Harbor Hospital's 2025 Operational Goals, including tracking methods and alignment with the hospital's Strategic Plan.

Discussion followed regarding Emergency Department (ED) patient experience scores. It was clarified that scores are based on "top box" survey results and benchmarked both internally and against other facilities.

Clinic survey results reviewed. The current goal reflects meeting 2 of 4 domains, with Access to Care and Care Coordination identified as ongoing challenges. The board suggested prioritizing improvement in the lowest-performing domains.

It was also noted that some operational metrics continue to be monitored at the departmental level even if no longer included as organizational goals.

Discussion concluded with clarification on our patient surveys. Leadership selects four key domains from HCAHPS results to monitor based on the organizational goals. They choose the ones that they feel need to be maintained as well as those which need improvement.

- **Review Proposed 2026 Organizational Goals**

The proposed 2026 Goals were reviewed.

Renee provided an overview of the PSSM (Patient Safety Structural Measures), a key initiative discussed was the development of a Patient Advisory Council, which will support quality and safety while also strengthening communication with the community. The goal is to include representation across a diverse range of age groups, with anticipated implementation by August.

The board would like to schedule a Special Meeting to work with the executives and discuss Strategic Planning and 2026 Operational Goals. The Executive Team will revise the 2026 goals based on the Board's feedback. In the interim, executives will communicate 2026 goals (excluding service-specific goals) to department leaders so initial work can begin

The Quality Plan will be presented at the next Board meeting for review, approval, and signature.

### **III. Continued Business**

- **Facility Master Planning**

The final report and findings from Anderson Dabrowski Architects have not yet been received.

Joe Kunkle with The Healthcare Collaborative proposed scheduling a half-day workshop with the Board and Executive Team once the report is available. The purpose of the workshop will be to review all options in detail and allow the Board to refine and align priorities before presenting information to the community group.

### **IV. Reports and Presentations:**

#### **CEO Report – Matt Kempton**

##### **Recognition & Gratitude**

- I want to thank and recognize Jenni Kuker, FNP. Jenni started in December and has really done a great job caring for her patients at WMC. Our patients and staff love her!

### **Facility Master Planning**

- Anderson Debrowski is continuing to work on their facility assessment. Jon has been communicating with Renee, Chelsea, Paul and others to get the information he needs to complete a thorough assessment. Joe Kunkle has the ribbon cutting and dedication of the hospital in Moses Lake tonight during our board meeting tonight, otherwise he would be in attendance.
- Joe mentioned to me that the board may want to consider a half day or day long initial “workshop” meeting with no more than 2 board members in late March or April where the focus could be on facility planning instead of on regular meeting agenda items. He feels this meeting would help the board be prepared with all possible options in detail during its future public planning meetings with the TA group and with the community.

### **Willapa Medical Clinic**

- We added Jeremy’s 4<sup>th</sup> day of clinic availability for patients in January. He now works Thursday – Sunday. Thursdays and Fridays are primarily for L&I appointments, Sports physicals, and DOT appointments. Saturdays-Sundays are primarily walk-in clinic days although there are occasions where sports physicals walk in and a few occasions where DOT appointments need to be scheduled on some Sundays (he is the only provider that will perform DOT appointments and care for L&I patients).
- We have approved hiring another traveler, ARNP, we are waiting for the final contract and start date.
- We conducted an initial interview of a family medicine physician candidate in January with an onsite visit and interview scheduled for the end of February. This candidate completes her residency at UW in June of 2026. If we could get one or two board members to attend the lunch during the onsite visit and one or two to attend the dinner, it would help make a good impression of our organization and the community.

### **CFO Report – Kimberly Polanco**

#### **January Financial Status**

Willapa Harbor Hospital reports a Total Net Loss of (\$18,680) for January. This reflects both the core operation of providing healthcare services and other financial activities. The Total Margin for January was (0.1%). Days cash on hand increased 9 days from December to 88.

January operations resulted in an operating loss of (\$82,254). The Operating Margin for January was (2%). Non-operating revenue from Maintenance and Operations Tax and Timber Tax and investment interest totaled \$63,574.

### **Patient Service Revenue**

January Patient Revenue was \$4,760,031, 7% under budget and 4% over January 2025. Net Patient Revenue for January was under budget (\$217,614), or 6.8%.

The payer mix in January was 31% Medicare, 18% Medicare Advantage, 24% Medicaid, 19% Commercial, 6% Tricare/VA, and 2% Self Pay.

Revenue deductions in January were 37%, in line with the budgeted rate.

Safety Net Assessment Funds supplementing low Medicaid reimbursement are included in the January financials reducing revenue deductions by \$99,750 for the month. Charity care was \$95,985, 4% over budget.

### **Accounts Receivable**

Patient service revenue collections were \$2,016,071, approximately 25% lower than average due to Medicare claims processing issues acknowledged by Medicare, however remain unresolved and continue to delay collections in February. Net Days in AR increased 3 days to 41.

### **Expenses**

January expenses were \$3,054,801, 6.8% under budget primarily due to lower professional fees and lower bad debt than budgeted.

### **CNO Report – Chelsea MacIntyre**

#### **Wins -**

- The inpatient ADC is UPPP in February! 😊
- We really enjoyed being part of Project Community Connect.

#### **Recognition -**

- To Kris and Melanie, for diligently completing our facility applications for upcoming re-categorization for cardiac and stroke programming.

#### **Projects -**

- Vocera
  - Clinical build is now complete. Jim is hard at work on the IT build.
  - New wireless access points are in progress as well as a determination of where those will be most optimally placed to ensure system success.
- Behavioral Health/Recovery Navigator Program/Designated Crisis Responder/Crisis System
  - Collaborating with the Pacific County Health Dept to improve systems of care for patients with suicide attempts and those with substance use disorders.

- Met with the Crisis team at HHS on 1/26 to update our framework for data sharing and optimizing mandatory reporting requirements.
    - Potentially assisting to improve Narcan saturation in our region.
  - Hospital Staffing Committee
    - Working with HR on process improvements around meal/rest breaks.
    - 2026 Hospital Staffing Plan is finalized and has been submitted to the Department of Health.
    - Our RNs have optimized a break scheduling tool that will be going live soon.
  - IV Therapy and Swing Bed
    - We are continuing to see growth in our referrals to our swing bed program. We have set increased targets for 2026.
  - Infection Control and Employee Health
    - We are conducting audits on employee files, especially in light of rising measles cases.
    - We have a weekly evaluation of risk of local, regional and statewide data that is shared with us from the Health Dept. We use this in combination with our internal data to stratify risk and determine precaution levels that optimize safety.
  - Serving on the Rural Collaborative Ethics Committee
  - Newspaper Column
    - Recent columns on pediatric influenza and important considerations for adolescent screen time.
  - Chairing the Rural Collaborative Chief Nurse Executive Committee.
    - In 2026, co-chairing with my friend and colleague Curtis Shumate from Whidbey Health.
  - Education
    - Have been gathering information on the Rural Nursing Education Program and hope to potentially become a Community Partner.
      - Attended a webinar on 2/18. If we decide to proceed, applications are due to the state by 3/23.
    - We had another year of successful participation in the Grays Harbor College Nursing Career Fair.

### **Quality -**

- We are working together as an executive and leadership team to develop and implement our 2026 quality goals.
- We have identified a targeted reduction in urinary catheter days as a quality improvement plan for Infection Control in 2026.

### **Service -**

- We are working to ensure that nurses have training in education in therapeutic phlebotomy as part of a process improvement. Emily and I recently created updated training materials for nursing.

## **Gratitude -**

- I am immensely grateful for the many regional partners we collaborate with to improve outreach, services, and outcomes for North Pacific County.

## **COO Report – Renee Clements**

**Recognition** - Toni and Marshall for obtaining quotes rapidly for our Imaging Expansion Proposal. Jim in IT for a smooth transition to our new Nuclear Medicine Vendor.

## **Operations-**

**Cardiopulmonary**- Win- New revenue capture related to Respiratory therapy treatments.

- RT procedures-127 performed 54 projected; >200% above budget
- EKGs Outpatient/ER/Medical-143 performed 175 projected 82% of budget
- Cardiac Rehab- 24 visits and 36 projected 66% of budget. Process improvements in place to increase access and visits. CDC/DOH Space limitation restrictions are easing around number of clients who can exercise at a time.
- Cardiology visits at RHC- 82 of projected 62=132% of budget
- Echocardiograms-33 performed of 30 projected. 110% of budget.

## **Radiology**

- CT including a ‘Critical Diagnostic Expansion Project’ with a focus on Women’s Health submitted to the state for the federal grant request for appropriations for our project. Awaiting approval to prepare for the purchase of our critical equipment needs-CT scanner, Plain film Xray room and Portable Xray. Dexascan machine proposed for new access to care and growth for bone density testing.
- Highlights:
  - CT: 222/247=90% of budget
  - Nuclear Medicine: 16/20= 80% of budgeted volumes-Transition to new vendor creates a dip in volumes for January and February.
  - MRI: 60/50=% 120% of budget
  - Ultrasound: 126/132 95% of budget
  - Mammography 50/58 86% of budget

**Lab** - 6446/6500=99% of budgeted volumes. Middleware Data innovations install upcoming in preparation for the new Microbiology Analyzer project.

**Diabetes/Dietitian Programs** - ADCES/DEAP accreditation approval pending. 83 Diabetes Education visits in January, surpassing all historical stats. 40 CGM monitors provided free of charge.

**Food Services** - Program improvements surrounding Recipe components in Nutritional Analysis, Allergies and Expiration dates.

## **Quality/Risk/Informatics-**

- 60-day response post DNV approval of corrective action for the one \*NC-1\* submitted 02.12.2026.

- QMS program compliance activities completed- Quality Meetings, Process Improvements and data analysis and submission to all state, federal and regional agencies. End of Year Programs Review.
- Ambience AI- preparation- Policy and Procedure/consent and physician training upcoming.
- Complaints: One (January) resolved. Zero public records request.
- Quality Goals for 2026-
  1. Close out DNV accreditation correction activities (10).
  2. Patient Safety Structural Measures: Five (5) measures to achieve (3) out of (5) by end of year 2026.

### **Facilities/Emergency Preparedness**

- Completed works in November:
  - Fire extinguisher testing and repairs
  - Eye Wash station/sink installation in Surgery/CS.
  - Apollo Energy Efficiency Analysis Energy Efficient Code for Washington State's new clean building act.
  - HazMat trailer exchange and supply inventory from old to new trailer.
  - WorkPlace Violence and Safety new committee commenced. New meeting structure and a WorkPlace Violence Plan developed. Risk Analysis completed for WPV, and P&P updated for compliance of RCW 49.020. Including De-escalation in-person education & training offerings at WHH.
  - Dish Machine motor repair (under warranty).
  - Parking lot space analysis- (report and quote pending).
- **Pending:**
  - 25 y/o Generator failed Battery testing and Fuel filter- Repair & Maintenance \$7,000.00 approved.
  - 25 y/o Fuel tank failed Fuel analysis. \$5,968.55 approved for Fuel tank remediation and prevention of water and particles.
  - IT server room- Fire Mitigation plan
  - Anderson Architects-Architecture walk through, MEP analysis and draft report prepared for Joe Kunkel of The Health Collaborative Group.

### **CMO Report – Steven Hill, DO**

#### **Staffing –**

- **Willapa Harbor Hospital Hospitalist coverage**
  - RPG continuing with 14 out of 28 and myself covering the other 14
- **Emergency Room**
  - Physicians in ER who work regularly - Rookstool, Bhullar, Souza  
Leaving April 2026 - Smith and Kuypers
    - Dr Bhullar/Souza are willing to work a few more each month.
  - 4 per diem who work intermittently (Dueber, Wilson, Kim, Frakes)

- Currently onboarding a new locums ER Dr Nunez who is willing to pick up several shifts per month.
- We have another ER doctor from Seattle who would like to work 2-3 x 24-hour shifts starting in June.
  
- **Office at Willapa Medical Clinic**
  - Dr Busey and Dr Hill each work 4 days per week (Mon-Thurs).
  - Jennifer Kuken, ARNP works 4 days weekly (Tue-Fri).
  - Ayan Omar, ARNP works Mon-Thurs (locums).
  
- **General Medical Staff issues**
  - We have made med changes on formulary.
  - No other issues.

**V. Appointments/Reappointments**

None

**VI. Executive Session:** Closed for Executive Session at 7:25 pm for Annual CEO Evaluation, RCW 42.30.110. Executive Session Closed at 7:58 pm.

**VII. Adjournment:** Regular meeting reopened at 7:58

*Jeff Nevitt made a motion to approve 60.6% of the potential 10% annual performance bonus cap amount for payment, according to the CEO's employment contract. This motion was due to the CEO's 2025 annual evaluation and the organization's performance on the 2025 operational and strategic goals. Gary Schwiesow seconded the motion; all voted in favor, motion carried.*

- Meeting adjourned at 8:00 pm

Submitted:



Toni Williams, Secretary to the Board