



My name is Thomas E Leigh

I am an Emergency Physician with 35 years experience. There is currently no physician on the PHD BOD, and there should be. I struggle to understand how a small hospital board could function effectively without physician input. I worked at EPH for over 9 years and am intimately familiar with the hospital, this community, and the health care needs of this community. I have worked in many settings, from large academic medical centers and Level I through Level IV trauma centers and several critical access hospitals. This hospital has struggled for the last several years

and I am passionate about helping it thrive and restore and expand services to meet the needs of our community.

I graduated from the CU School of Medicine, completed residencies in Internal Medicine at the University of Michigan and Emergency Medicine at Denver General Hospital, (Now Denver Health). I have taught EMTs and paramedics. I helped start, owned and grew an urgent care in Alaska. I have helped a small rural medical staff in Alaska with peer review. I believe that emergency physicians are expert at gathering information, getting to the source of a problem quickly, and taking appropriate action.

I served on the board of a community mental health center in Alaska for 12 years. As Chief of Staff at Valley Hospital in Palmer, AK (now Mat-'Su Regional Medical Center) for two terms and as voting member of the hospital board, I helped rewrite the medical staff bylaws and lead the hospital through formation of a For-profit/ Not-for profit partnership. I always strived to help the Board arrive at a consensus on important decisions.

The three most important issues currently facing EPH are the dwindling medical services, the persistent financial struggles/UCHealth affiliation, and the toxic working conditions at the hospital which have led to high staff turnover. The Board could start by revitalizing the Senior Leadership team (perhaps by having a director of leadership development, culture and education), performing a Community Needs Assessment and a hospital staff and medical staff satisfaction survey. Also, there should be a contingency plan, which the PHD BOD could work on with the community, medical staff and hospital staff if the UCHealth

affiliation does not go through. The Board also needs to be transparent with and communicate substantively with the community.

With regard to the UCHealth affiliation, I support it enthusiastically IF it is in the best interest of the community. There currently is no available information about how this affiliation would be structured, and I can foresee the possibility of both acceptable and unacceptable deals. But in reality, in the next few years, health care trends will probably require smaller hospitals to affiliate, in some manner with large health systems. It has to be done in a way that benefits the community as a whole.