


Park Hospital District 06-May-2025 Election Candidates In the Order They Appear on the Ballot

				
Max Salfinger	Thomas E Leigh	Tim Cashman	Ralph Strickland	Janet E Zeschin

The 5 candidates were asked to respond to the following 5 questions:

1. Why did you decide to run for the Park Hospital District Board? (100 words max) -page 2
2. Describe any attributes, skills, or experience you have that would make you an effective Park Hospital District board member (100 words max) – page 3
3. Describe your past experience serving on boards and what you did to make those boards effective (100 words max) – page 4
4. What are the three most important issues facing the Park Hospital District and how should the Board address these issues? (200 words max) – page 5
5. Are you for or against the possible partnership with UCHhealth, and describe your reasons for or against the partnership (100 words max) – page 6

The answers the candidates provided to the five questions are below

1. Why did you decide to run for the Park Hospital District Board? (100 words max)	
Max Salfinger	Since moving to Estes Park in 2021, my wife and I have embraced this incredible community. Whether it is volunteering, attending town hall meetings, or enjoying the natural beauty of Rocky Mountain National Park, we are deeply invested in Estes Park's future. As a frequent attendee of Park Hospital District Board meetings, I see both the strengths and challenges facing Estes Park Health, and I believe my experience can help shape a bright future for healthcare in our community. The elected board will have different responsibilities once the affiliation moves forward. I am extremely excited to help build a new relationship between the hospital, UCHealth and the elected board.
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.
Tim Cashman	And yes, I am a former CFO for Estes Park Health; from May 2017 thru July 2021. I've been working in this industry for over 35 years. I am retired, yet I believe my skill set can be of value to the community and to EPH. I am well skilled and practiced in the industry of Critical Access Hospitals. I would like to be of help, particularly with the ongoing plan to affiliate with UCHealth.
Ralph Strickland	Simply put, I chose to run for the Park Hospital District (PHD) board out of a desire to continue to serve my community. Also, as I believe there's demand for transparency, I saw this opportunity to contribute and chose to step-up. Although, I don't have any 'alphabet soup' after my name, nor any licensure, nor a medical filter through which I view the world... I believe that frees me to be more candid and transparent in my dealings with friends and neighbors, and I imagine possibly more so than others seeking the same PHD vacancies.
Janet E Zeschin	Running for the Board was a decision made after feeling personally and professionally compelled to do so. I am a service-oriented individual and with my healthcare knowledge and experience, I feel I can be a voice for the community, EPH staff and the facility. The EPH Board, its functions and processes/procedures are familiar to me from my previous employment at EPH as the Director of Quality, Patient Safety and Risk Management as well as my experience at other hospitals both critical access and large metropolitan.

2. Describe any attributes, skills, or experience you have that would make you an effective Park Hospital District board member (100 words max)	
Max Salfinger	As a team player, my career has been built on improving public health systems, ensuring accurate and timely diagnostics, and leading teams toward innovation. Now, I want to apply that experience to ensure Estes Park Health remains a trusted, highquality resource for our community. My experience serving on the Estes Park Health Foundation Board since December 2023 has enabled me to develop relationships with management and hospital staff as well as gaining an understanding of the Estes Park Health needs and operations. My membership on various committees helps me understand and identify fund raising needs and opportunities.
Thomas E Leigh	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.
Tim Cashman	As noted above, I've been doing this a long time. I bear no grudge or any issues. I am simply volunteering to be of help.
Ralph Strickland	My present and past experiences working in public health, closely collaborating with non-profit organizations and building rapport with private citizen stakeholders – prior to, during and following the pandemic – make me a well-rounded candidate for a seat at PHD's board. I think there is value in what I can contribute – given that I am a bit of a non-conformist, free thinker, and a simple man at heart. Finding consensus can be challenging in times of change – like with the possible UCHHealth partnership – but I can foster genuine communication, engage Estes Valley stakeholders and broker some much-needed transparency if selected.
Janet E Zeschin	I retired in 2020 from EPH after a 46-year professional nursing career that included the USAF Nurse Corp and 20+ years in Hospital and Medical Staff Quality, patient safety, patient experience, risk management, utilization review, infection prevention as well as federal and state accreditation and regulatory compliance. This work included a leadership role working with hospital Boards, administration, medical staff, and hospital staff, as well as the Colorado Hospital Association, Colorado Rural Health Center, regulatory and quality improvement organizations. My experience also includes several years as a Quality and Utilization Review Consultant in hospitals across the country and in Alaska.

3. Describe your past experience serving on boards and what you did to make those boards effective (100 words max)	
Max Salfinger	Currently, I serve as vice chair of the Estes Park Health Foundation and chair of its Fund Development Committee. On the professional side, I am the treasurer of the American Friends of the International Union Against Tuberculosis and Lung Disease. Furthermore, I am the inaugural chair of the Association of Public Health Laboratories Nontuberculous Mycobacteria working group. I was a state legislature in Switzerland and chaired the Personnel Committee. Whatever tasks I have committed to, I am always prepared for the meetings by doing research about the topic at hand and I am always committed to investing whatever time is required to get the job done.
Thomas E Leigh	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.
Tim Cashman	I have worked with many hospital Boards, particularly Rural Community facilities. I have not served on any Hospital Boards, but have significant experience working with Hospital Boards, as a CFO.
Ralph Strickland	Given my experience of being a part of a non-profit's leadership, in two significant positions, I know I positively affected the marketing of our organization, it's footprint in the community, and improved communication related to the services for our target populations to the extent that fund-raising improved, as well as building new relationships with external (corporate) stakeholders within the county and region.
Janet E Zeschin	My Board experience includes 10+ years on Rotary Boards in 2 different Clubs (past president and secretary Longs Peak, and currently Estes Park Sunrise secretary) as well as hospital Board participations that included but were not limited to hospital and medical staff quality, patient safety, regulatory compliance, and risk management reporting. I am currently serving the Estes Valley Library Friends of the Foundation Board as secretary since 2024. In Board discussions, I am effective by comprehensively summarizing discussions, keeping conversations on track, engaging nonparticipants, and focusing on collaborative dialogues.

4. What are the three most important issues facing the Park Hospital District and how should the Board address these issues? (200 words max)	
Max Salfinger	<p>Successful Affiliation with UC Health – Completing the affiliation with UC Health is the number one priority. This will provide sustainable long-term healthcare for the Estes Valley for the foreseeable future. Representing Community Interests - According to a recent press release from Estes Park Health, the Park Health District Board will have different responsibilities after affiliation with UCHealth. I will make sure that the healthcare needs of the Estes Valley community are heard and considered by our new partners. Strengthening Financial Stability - A financially strong hospital is essential for maintaining high-quality care. I will work with UC Health to advocate for sustainable financial strategies that prioritize patient care, staff retention, and smart resource allocation. Community Health Needs Assessment - Inspired by the Rocky Mountain National Park, the Estes Park Valley community is unique in various aspects - an older community and many of us are living here because of the hospital; a seasonal economy; a needed workforce which has difficulty finding affordable housing. What is missing is a holistic approach for the well-being and health of our entire community – a community health needs assessment is a must which should not only include the hospital but also the health needs for less fortunate ones, mental health, dental screening in the school, pharmacy services, home and hospice care.</p>
Thomas E Leigh	<p>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.</p>
Tim Cashman	<p>Honestly, I do not have enough information to suggest the 3 most important issues, but I will say this - we need this hospital to survive, it is a vital asset and a key economic driver for our community. I think it will be important to keep critical services, maintain jobs, and stabilize finances.</p>
Ralph Strickland	<p>a) There should be a recurring and full accounting as to why the Estes Valley District residents' and business owners' taxes are being collected – nowhere in the Minutes did I see an explanation. b) Items mentioned/annotated in the Regular Monthly meetings, should require monthly updates (with funding impacts) until the action is considered 'complete' – without 'tabling' it indefinitely; c) as Balance Sheets and Statements of Revenue don't provide comprehensive explanations as to how our taxes are spent – there needs to be an Agenda item in the Finance Subcommittee's Meeting for Public Comments on Items ON the Agenda.</p>
Janet E Zeschin	<p>The issues facing the PHD include financial stewardship, the possible partnership with UCHealth and its relationships with the EPH Medical Staff, hospital staff and the community. The current Board should continue its difficult and challenging path to keep finances on the upward trajectory. Through painful decisions, EPH is now in a favorable financial position to tenuously sustain on its own, or partner with a larger organization. The community has historically insisted on an independent community facility, which is not tenable in today's healthcare environment. The partnership with UCHealth has the potential to provide EPH with additional resources (staff and leadership training, purchasing economies of scale, potential new service lines, etc.), and "lessons learned" from their small, rural facilities. Lastly, relationships need repaired. Monthly Board meetings are open to everyone, and town hall meetings with specific groups can be held to address concerns. Issues identified need addressed transparently, understanding that there are confidential issues in any business. Whether these are covered by healthcare privacy statutes or business contractual clauses, transparent shared information and assurances need to be made with an understanding that decisions are not wholly financial but made in good faith, are fair and for the benefit of all concerned.</p>

5. Are you for or against the possible partnership with UCHHealth, and describe your reasons for or against the partnership (100 words max)	
Max Salfinger	As a new Park Hospital District board member, I would support the affiliation 100%. I believe our hospital and the community will benefit from the stronger purchasing power of the UCHHealth system – higher reimbursement rates and better pricing when purchasing equipment and consumables. Besides these positive financial incentives, the availability of medical services and efficiency of the operation will increase. When implementing new processes, the wheel does not need to be invented again – another hospital in the system may have already done that. Doctors and nurses can seek consultations easier with other professional colleagues within the system when caring for unusual situations.
Thomas E Leigh	With regard to the UCHHealth 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.
Tim Cashman	I do not have enough information to answer this question. I would need more information as to the details of this discussion to make any judgement.
Ralph Strickland	This is a simple question with a complex answer. It has been my personal experience, as a patient of hospital systems (in my past) that in such ‘mergers’ things are both gained and lost – it is the inevitable mark of change. Do we need more services? Yes; but, at what frequencies such specialists can be retained is going to require proper assessments and more than simple surveys tossed at us. Will the proposed partnership require tax increases to/for the PHD? That will largely depend on what we could expect to get for the taxes we currently provide.
Janet E Zeschin	The partnership with UCHHealth is a wise path for EPH. It became apparent to me when I first worked at EPH that the organization was trying to be all things to all people, which for the size of staff and facility was not a sustainable long-term strategy. Critical access hospitals continue to close every year. There is significant value added for EPH patients, providers and staff in this affiliation from likely additional provider resources and referrals for patients to expanded administrative collaboration and potential staff education and training.