MINUTES
Board of Directors Meeting

6:30 PM - Wednesday, July 29, 2026
Conference Rooms 1&2 and Zoom

The meeting of the Board of Directors of South Peninsula Hospital was called to order on Wednesday, July 29, 2026, at 6:30 PM, in the Conference Rooms 1&2 and via Zoom.

1. CALL TO ORDER

The board went into Executive Session to discuss personnel and financial matters prior to the start of the regular meeting. The board when into Executive Session at 5:30pm. President Aaron Weisser called the regular meeting to order at 6:30pm.

2. ROLL CALL

BOARD PRESENT:	**Aaron Weisser, Edson Knapp, Michael Dye, Bernadette Wilson, Beth Wythe, Preston Simmons, Matthew Bullard, Christopher Landess, Kim Frost, Jim Anderson, and Ken Ciccoli**
BOARD EXCUSED:	
ALSO PRESENT:	**Ryan Smith (CEO), Rachael Kincaid (COO), Amber Gall (CNO), Christy Tuomi (CMO), Derotha Ferraro (Marketing Director), Catriona Reynolds (Service Area Board), Maura Gibson (Exec Asst)**
	Public Commenters: Chris Story, Ashley Story, Guy Rosi, Melanie Cox, Rita Turner, Dr. Kira Bendixen, Zoe Story, Deborah Isaak, Dr. Christy Martinez, Adam Greenwald, Dr. Paul Raymond, Mariah Greenwald, Cassie Lawver, Vicky Nelson and Sarah Vance. ***Only meeting participants who comment, report or give presentations are noted in the minutes. Others may be present on the room or on the virtual meeting.***

A quorum was present.

3. REFLECT ON LIVING OUR VALUES

Amber Gall shared a “Living Our Values” story about two long-term care residents who, through a partnership with the Independent Living Center, were able to join a four-hour halibut fishing charter aboard the Spirit. Long-term care staff coordinated POA permissions, transportation in the new LTC van, and on-boat support to ensure safety and comfort; each resident caught two halibut. The fish were later processed and used for a special fish-and-chips meal back at the facility, where other residents enjoyed the catch, and one resident even saved some fish to give to family across the bay—allowing him to “provide for them” in a way he hadn’t been able to in years, illustrating dignity, community partnership, and person-centered care.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

Aaron Weisser welcomed the members of the public and read excerpts from the Rules for Participating in a Public Meeting, which were provided in full on the website and printed copies were available in the room.

4.1. Rules for Participating in a Public Meeting

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

Chris Story provided a copy of his mother's obituary to all board members, and read a letter from his father, **Norm Story**, describing how his wife of 57 years was transferred to Providence, then denied transfer back to SPH. The family chartered a self-paid Guardian Flight so she could be near home and family at the end of her life. On presenting at the SPH Emergency Room upon arrival in Homer, Norm reports being met with, *"Why did you bring her here?"* and describes the hospitalist as rude, dismissive, and focused on lack-of-insurance. Norm's letter asserts that across decades of living, working, and paying taxes in Homer, he never imagined his wife and family would be treated this way, and he urges the board to ensure changes so no other patient is treated similarly.

Chris Story said he was speaking about hospital policy and repeatedly posed the question, "What if it was you?" asking board members to imagine a dying spouse or family member whose last request is to go home, surrounded by four generations of family. He again described the ordeal of attempting to bring his mother back to Homer for end-of-life care, and reported rude and inappropriate behavior by the hospitalist physician. He concluded that no policy or billing explanation can justify the lack of compassion and empathy shown to his family, and asked the board to remove the physician from patient care and commission an independent, external review of hospital culture and leadership

Ashley Story spoke on behalf of her grandparents, Norm and Lynn Story. She emphasized her grandmother's lifelong selflessness and felt her treatment at South Peninsula Hospital did not live up to what she deserved. She emphasized that the board should not be more concerned about her father's public advocacy than about her grandmother's treatment.

Melanie Cox testified as a recently uninsured, self-pay patient who was initially told she would receive a 25% discount plus 10% prompt pay discount, and made care decisions accordingly. When paying her bills, she discovered the additional 10% for self-pay had been removed "to match policies" and extend a 25% discount to insured patients, leaving self-pay patients worse off and forcing her into multiple stressful calls to get the 10% honored for already scheduled visits. She urged the board to restore the 10% on top of the 25% for self-pay patients while also giving insured patients 25%, warning that otherwise people may seek care out of town where total costs (including travel) may be lower.

Guy Rosi argued that SPH keeps trying to expand while neglecting basic maintenance of existing facilities. He cited long-standing, unresolved requests for

items such as drainage/icing problems near the emergency department entrance, saying nothing substantial has been done. His core message was that the hospital should take care of what it already has before buying more properties or expanding further.

Rita Turner spoke as a patient of SPH for many years, who has generally had excellent care, including lifesaving interventions, but described serious recent failures by one provider. She reports the provider refused further screening for a condition for which she had a high-risk family history. She asserted the provider's lack of follow-through likely led to permanent impacts and questioned whether the hospital's review of her care was genuine, though she still rates 99% of her historical SPH care as positive.

Dr. Kira Bendixen, a former SPH hospitalist, said she left SPH despite loving her job due to deviation from standard practice and an administration that seemed unwilling to pursue process and quality improvements. She recounted an event approximately six months ago, nearly a year after her departure from SPH, involving her 3-year-old's son emergency department visit and critical illness. She felt that the new hospitalist did not follow the standard of care in terms of admission criteria and stated that because she is a physician, she was she able to insist her son be transferred to a higher level of care. A few days after her son's transfer to Providence, he moved to the pediatric ICU with a life-threatening diagnosis. She concluded that medical staff are no longer empowered to set standards of care and that senior leadership priorities have overtaken SPH's historic culture of compassionate, high-quality care.

Zoe Story, Lynn and Norm's granddaughter, affirmed Chris and Ashley's accounts and added concerns about SPH's culture and leadership based on her own experiences. She described a prior ER encounter she experienced as misogynistic and body-shaming that led to a secondary injury. She also recounted witnessing the CEO, after a radio appearance, appear aggressive in a conversation with a local physician who appeared on the show with him. Zoe said she loves Homer and wants to trust and use SPH but currently does not trust hospital leadership, questioned the presence of surgeons/hospital staff on the operating board, and called for an elected board and governance reform.

Deborah Isaak positioned the Story case as symptomatic of deeper, "root cause" issues, particularly SPH's aggressive expansion and capital projects that she believes are driven more by revenue than by patient need. She criticized the 2024 bond proposal and proposed nuclear medicine clinic and stated that SPH's pricing is exorbitant. She described SPH's pervasive physical presence in town as "spooky" and alleged that bond promotion included misleading claims, and urged the board to recognize community concern about costs, expansion, and governance.

6. APPROVAL OF THE AGENDA

Beth Wythe made a motion to approve the agenda as presented. Preston Simmons seconded the motion. Motion Carried.

7. APPROVAL OF THE CONSENT CALENDAR

Beth Wythe read the consent calendar into the record.

7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for June 24, 2026

7.2. Consideration to Approve June FY2026 Financials to include the Balance Sheet, Income Statement and Cash Flow Statement

7.3. Consideration to Approve Revised Board Policy EMP-08 CEO Performance Evaluation as Recommended by the Governance Committee

Beth Wythe made a motion to approve the consent calendar as read. Jim Anderson seconded the motion. Motion Carried.

8. PRESENTATIONS

8.1. SPH Foundation: Rooted in Community Event

Derotha Ferraro and Beth Wythe gave a presentation on the upcoming SPH Foundation Fundraiser: Rooted in Community, on August 29th. All proceeds will support purchase of a new Siemens mammography unit (~$695,000) to replace an aging system, improve image quality and speed, and better support early breast cancer detection, consistent with CHNA data showing cancer as a leading cause of death. To date, approximately $445,000 has been raised via major gifts (Murdoch, Halle, Waterfall, Aurora, board members), plus about $77,000 in sponsorships, $5,000 in ticket sales, and a $100,000 community match, leaving roughly $67,000 to be raised in the room to fully fund the unit and free capital budget/tax dollars for other projects.

At the August board meeting, the Foundation board will join a pre-meeting education session to review Foundation history, the 2026 work plan, and the fundraiser. Derotha shared that more information and giving options are available at foundation.sphosp.org.

9. UNFINISHED BUSINESS

There was none.

10. NEW BUSINESS

There was none.

11. REPORTS

11.1. Balanced Scorecard

The new balanced scorecard data was presented by the CEO as part of his report (see below.)

11.2. Chief Executive Officer

The CEO, Ryan Smith, presented the quarterly balanced scorecard, covering clinical/service excellence, patient experience, workforce/IT, and financial health. He noted that SPH meets or exceeds many CMS and internal clinical targets (e.g., sepsis care above national/Alaska averages, excellent long-term care star rating), but highlighted areas needing improvement, including stroke door-to-CT timing, outpatient patient-experience percentiles, home health star ratings, and net days in A/R (still elevated post-Epic but improving month-over-month). He reviewed workforce metrics (turnover within targets but higher use of contract staff in specialties), high phishing-test pass rates, and stated that all financial health targets for the quarter were met except net days in A/R. He updated board members on ongoing Epic stabilization (stronger on inpatient than outpatient), efforts to improve clinic access and call handling via a new call center, and early impacts of the urgent care opening (shifting lower-acuity volume from the ED, with some increase in median ER time due to higher acuity of remaining ED cases).

11.3. BOD Committee: Finance & Pension

Michael Dye, committee chair, reported. The Finance Committee met prior to the board meeting and reviewed the preliminary June and year-end financial reports, noting these are not yet final; the final fiscal year year-end will be brought to the September board meeting after all reconciliations. Mr. Dye reported that days in accounts receivable and days cash on hand continue to improve, moving closer to established targets. He also noted that Anna Hermanson obtained national and state benchmarking reports and completed a comparative analysis of SPH against peers; this material is in the packet, and the intent is to have Ms. Hermanson present the benchmarking analysis at a future board meeting

11.4. BOD Committee: Strategic Planning & Community Relations

The Strategic Planning & Community Relations Committee received an in-depth update from Derotha Ferraro on the Community Health Needs Assessment work, focusing on how community and organizational priorities were identified and how they will drive the hospital's strategic initiatives for the next two years. The committee also discussed ongoing and future community relations efforts, including the live public Q&A session with Mr. Smith and Mr. Weisser, and development of a governance FAQ for the website to explain SPH's complex governance structure (public facility/private nonprofit). Finally, they reviewed recent advocacy and outreach activities and began framing the next phase of community messaging and engagement around hospital strategy and priorities

11.5. BOD Committee: Governance

Beth Wythe, committee chair, reported on board development and policy work. Ms. Wythe noted that the committee's primary current task is implementing the board peer evaluation system; surveys were sent out (due mid-August) and members were asked to complete them so results can inform training and

priorities for the coming year. The committee is also preparing to launch a board self-evaluation process on a similar timeline, and continues its routine policy review and revision responsibilities

11.6. BOD Committee: Quality

Preston Simmons, committee chair, reported on the Quality Committee meeting, which focused on laboratory services. Lab leadership (Holley Hightower and Vanessa Fuson) reviewed recent improvements, including enhancements to the lab waiting area (more seating, better ambiance) in response to patient feedback and workflow/process changes following the Epic implementation (a new tracking system to verify/review orders, in-progress build-out of reference labs in Epic, and planned blood bank software). They reported creation of a lab assistant position to support point-of-care testing on inpatient units (with plans to expand to outpatient clinics), described participation in the Rotary Health Fair, and outlined the lab's regulatory environment (CLIA and other accreditation standards) and a developing preceptor program to host UAA students and help address lab staffing/recruitment challenges

11.7. Chief of Staff

The Chief of Staff was providing patient care and was unable to attend the meeting.

11.8. Board President Report (Executive Committee, Education Sessions & Generative Discussions)

Aaron Weisser shared that the brief generative discussion prior to Executive Session surrounded the potential for connecting charity and philanthropy.

11.9. Service Area Board Representative: Catriona Reynolds

Service Area Board (SAB) member Catriona Reynolds reported that the SAB does not typically meet in June and July, but held a special meeting on June 4 to approve PREF funding for work at 324 West Fairview Avenue, as that project involves hospital property supported by service area tax dollars. She reminded the board that the SAB has nine elected members serving three-year terms, with seats D, E, and F up for election this fall and a candidate filing period of Aug. 16–31. She noted the next regular SAB meeting is August 13 in the same room (committee of the whole at 5:30 pm, regular meeting at 6:30 pm) and expressed that she sees increased community engagement—this board meeting and the upcoming public Q&A—as positive steps.

12. DISCUSSION

There was no further discussion.

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

Dr. Christy Martinez, a family medicine physician and former acute care medical director/hospital medicine director at SPH, read from her March–April 2025

correspondence with the board explaining why she left after 8.5 years. She said leadership decisions were interfering with her ability to provide safe, evidence-based inpatient care and that she had already raised concerns about standards of care and the CEO with the chief of staff, CMO, and physician board members while still on staff. After leaving SPH in the spring of 2025, she states that she declined the board's request to reroute her concerns back through the chief of staff and HR; she told the board she had done her duty by alerting those in authority and noted that when she declined to expand further on her concerns with written examples, the board responded in 2025 by stating no further action was necessary and the matter was "closed."

Adam Greenwald testified that his wife was turned away from the SPH ER three times within 48 hours while acutely ill, and was sent home despite obvious ongoing distress. He suspects the hospital only admitted her once the ER doctor realized he was retired military with more insurance than Medicare; she then spent seven days hospitalized for a significant condition that he believes was undertreated initially. Adam also described a later, non-standard procedure at SPH that caused a year-long ordeal and required definitive repair in Seattle, and, invoking his 20 years of military service, said hospital leadership has caused a "loss of confidence," calling for leadership/operational changes and an elected board with no hospital employees.

Dr. Paul Raymond, a longtime local physician, said he has been a "critic" of SPH's leadership not because he hates the hospital, which he says he loves, but because he believes it is run in a predatory, non-collaborative way that marginalizes independent providers. He described non–hospital-employed physicians as treated like second-class citizens, noted that when he dropped his privileges 10 years ago no one followed up except a former CEO in a narrow context, and cited the 62% community rejection of the hospital bond contrasted with immediate purchase of an $800,000 building as evidence the board does not listen. He said he has personally heard multiple recent end-of-life stories very similar to the Story case (different staff, same pattern of being turned away and needing outside intervention) and urged the board to reflect on why so many in the community see SPH as "all about the money."

Chris Story highlighted that on June 4, the same day his family was struggling to have his dying mother admitted to SPH, the hospital and Service Area Board held a special meeting to secure $175,000 in PREF funds to demolish the "Walls home" at 324 West Fairview, which SPH had purchased for $500,000. He contrasted the willingness to rapidly secure taxpayer money to tear down a building, despite asbestos concerns and potential private buyers, with the reluctance and conditionality his family encountered in seeking basic end of life care,

Mariah Greenwald described two events that left her feeling abandoned by her community hospital. First, when her husband suffered a head injury, he received appropriate care in the ER but was then abruptly discharged after "another crisis came in." Ms. Greenwald says she was left alone to manage a confused, half-dressed husband, had to chase someone down for ill-fitting clothes, and walked him barefoot through the parking lot in October with no escort. About a month later, she herself was

repeatedly turned away when acutely ill, as her husband previously shared tonight. On her third visit to the ER, Ms. Greenwald recalls sitting in the car asking God to take her life due to pain and despair at being turned away. She said these experiences have broken her trust in SPH despite her deep lifelong connection to the hospital and community; this includes her father serving on the operating board.

Guy Rosi gave a brief second comment, reiterating that many more people are likely to come forward because "we are not being heard," and criticized SPH for buying up the town and pushing out other operators. His core message remained that the hospital's current trajectory. The expansion, acquisitions, and perceived crowd-out of others should cease.

Cassie Lawver questioned SPH's financial priorities, noting that the hospital is fundraising from the community for a mammography unit while simultaneously purchasing a house slated for demolition and entering long-term leases on multiple houses. She argued that if SPH can afford extensive real estate acquisitions and housing projects, it should be able to buy critical clinical equipment without leaning on a high cost of living community for philanthropy. She said she intends to scrutinize hospital finances and urged more transparency about where money is going.

Vicky Nelson's brief testimony focused on communication direction and priorities. She noted that the board had spoken about "bringing its concerns to the community," and responded that the process should be reversed, with the community bringing concerns to the hospital board.

Rita Turner spoke again and raised concerns relayed from geologist Ed Berg about hospital housing being built on potentially unstable bluff areas with landslide/tsunami risk.

Representative Sarah Vance spoke both as a state legislator and as a community member who hears from constituents. She described a close friend who delayed care at SPH due to feeling poorly treated and later required urgent, major treatment in Anchorage. She also detailed an earlier case in which Russian Old Believer parents brought 3-month-old twins to SPH and felt the children were quickly taken into OCS custody without clear communication or advocacy, leading much of that community to avoid SPH entirely, including a subsequent pregnancy that went largely without prenatal care. She emphasized that they had not been told they were entitled to a cultural/linguistic advocate. Vance contrasted these experiences with compassionate care her friend received at Central Peninsula Hospital and urged SPH to rebuild trust, dignity, and culturally sensitive communication, especially for vulnerable populations.

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

The CEO had no comment.

14.2. Board Members

Beth Wythe thanked community members for coming and acknowledged how hard it is to share these stories publicly. She said the board will route what was heard into the committe process and explained that while the board meetings are not set up for questions and answers, there is a public Q&A session scheduled for the next day via Zoom, which is an appropriate venue for direct questions and answers.

Dr. Edson Knapp expressed appreciation for everyone's presence and the courage it took to speak. He said it was important for the board to hear the pain, frustration, and emotion, and that he was grateful for the testimony shared

Jim Anderson spoke about being both a Story family in-law and a board member, acknowledging deep grief and the impossibility of "fixing" that after the fact. He emphasized the need for accountability, transparency, more community engagement, and asking hard questions, while expressing confidence that the board and administration can have a positive impact if the community continues to participate. He urged ongoing, not crisis-only, involvement from the public and said he personally joined the board to help improve communication and trust.

Ken Ciccoli thanked everyone for sharing their experiences, including stories he had and hadn't heard before. He said he was proud to serve as a conduit for these conversations, and noted that "compassion" was a recurring word he would take home. He also suggested that board rounding should include a formal mechanism to document what board members see and hear so it can feed into committee and board discussions.

Dr. Christopher Landess thanked commenters for their courage and said he was sorry for what they had gone through. He affirmed that no one with a conscience would wish such experiences on anyone and said he looked forward to helping improve things going forward.

Michael Dye offered condolences to Norm and the Story family and thanked all who participated. He said he was certain everyone had been heard and answered Chris's "What if it were you?" by saying that everyone should feel compassion and empathy at their community hospital.

Kim Frost noted that she and Mike had just completed a six-month Center for Rural Health Leadership training focused on how to be a good board member, and said it had been eye-opening. She appreciated the opportunity to apply that learning and implied it would inform how the board responds to what it heard.

Bernadette Wilson expressed sorrow for what people had experienced at the hospital and thanked them for sharing. She stressed that the board values community feedback and that members are interested in hearing concerns to support needed change.

Matt Bullard thanked everyone for coming and sharing their stories, and stated he'd like to see members of the public more often. He reiterated that everyone wants to have a good hospital.

Preston Simmons thanked the public for coming and acknowledged how hard it is to tell such stories in this forum, especially the end-of-life accounts. He said he believes the board and leadership team want to do what is right and that the testimony would be a catalyst for improvement. He also mentioned the creation of a Patient & Family Advisory Committee (PFAC) and encouraged interested community members to consider serving on it as another conduit for ongoing input.

Aaron Weisser acknowledged the hurt in the room. He emphasized that the board and hospital can only act effectively when they have detailed, written information about patient experiences. He urged anyone who spoke—or knows of others with negative experiences—to submit written accounts with specifics (dates, details, individuals involved), either via the hospital's patient feedback form, the board email, or directly to him, noting that all such correspondence is reviewed at multiple levels, both for the specific incident and for any pattern. He reiterated the board's commitment to improving care quality and culture, stressed that they will continue living in, and working with, the same community as neighbors and collaborators, and closed by stating the board is highly committed to using this information to drive improvements.

15. INFORMATIONAL ITEMS

There were no additional informational items.

16. ADJOURN TO EXECUTIVE SESSION (IF NEEDED)

There was no additional Executive Session.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

17.1. Consideration to Approve Resolution 2026-16, Approving the Medical Staff Credentialing for July 2026

Beth Wythe made a motion to approve SPH Resolution 2026-16, Approving the Medical Staff Credentialing for July 2026, to include the reappointment of the following providers with an effective date of July 31, 2026:

Gregory Aird, MD	*Radiology*	*Active*
Ruxandra Costa, MD	*Neurology*	*TeleStroke-Providence*
Robert Joodi, MD	*Radiology*	*TeleRad-vRad*
David Krakowski, MD	*Radiology*	*TeleRad-vRad*
Richard Mitchell, MD	*Radiology*	*TeleRad-vRad*
Lien Nguyen, DO	*Neurology*	*TeleStroke-Providence*
Darragh O'Mahony, MD	*CC & Pulmonology*	*TeleICU-Providence*
Ty Ovella, MD	*Radiology*	*TeleRad-vRad*

Meghan Romba, MD	*Neurology*	*TeleStroke-Providence*
John VanTassel, MD	*Radiology*	*TeleRad-vRad*
Renda Knapp, MD	*OB/Gyn*	*Active*

And the initial appointment of the following providers with an effective date of July 31, 2026:

Christian McCartney, MD	*Orthopeadics*	*Part-Time Active*
Gregory McCormick, MD	*Emergency Medicine*	*Part-Time Active*
Jeffrey Roger, MD	*Emergency Medicine*	*Part-Time Active*

Jim Anderson seconded the motion. A roll call vote was held:
Jim Anderson – Yes
Matthew Bullard – Yes
Ken Ciccoli – Yes
Michael Dye – Yes
Kim Frost – Yes
Edson Knapp – Recused due to conflict of interest
Christopher Landess – Yes
Bernadette Wilson – Yes
Beth Wythe – Yes
Aaron Weisser – Yes

Motion Carried.

18. ADJOURNMENT

The meeting adjourned at 9:07pm.

Respectfully Submitted,

Maura Gibson, Executive Assistant

Accepted:

Aaron Weisser, President

Minutes Approved: 08/26/2026

Mary E. Wythe, Secretary