



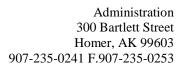
City of Homer

# **Candidate Questionnaire**

To help us select the best possible candidates for membership on the Board, we ask that you provide some demographic information, then review the information below and answer a few questions. The information you provide will be used by members of the Governance Committee to guide their interview with you and help them present information to the Board in support of your nomination. Once the Governance Committee has had an opportunity to review your application, you will be contacted to schedule an interview. A copy of the Board member responsibilities is attached.

Name:				
	Last	First	Middle Initial	Suffix
Nickname:				
Business or	Employer N	ame:		
Occupation	:			
Home Addr	ess:			
Business Ad	ddress:			
Home:	W	ork:	Cell:	
FAX:			E-Mail:	
How long h	ave you lived	l in the area?: _		
from South family mem Family members sisters (by well great grandel If you are el- independent	Peninsula Hober who receivers include sphole or half-blaildren, and splected as a bott board member 1997.	ospital in composives more than bouse; brother or ood); ancestors, bouses of childrenard member of oper? <b>YES:</b>	ensation or other paymers \$10,000 per year from sister (by whole or half-lechildren (including legallen, grandchildren and great South Peninsula Hospital	ital, do you qualify as an
	strategic planues, and Goals		he Board has identified i	ts Stakeholders, Mission,
Key Stakeh	<i>'</i>			
Service Area		Medical S		
Service Area	a Board	Kenai Per	ninsula Borough Admini	stration and Assembly

**Employees** 





### Mission

South Peninsula Hospital promotes community health and wellness by providing personalized, high quality, locally coordinated health care.

#### Vision

South Peninsula Hospital is the healthcare provider of choice with a dynamic and dedicated team committed to service excellence.

#### **Core Values**

**Compassion** – We provide compassionate patient- and resident-centered quality care, and a safe and caring environment for all individuals.

**Teamwork** – We work together as a dynamic, collaborative team embracing change and speaking as one.

**Commitment** – We are responsible and accountable for supporting the vision, mission, values, strategies and processes of our organization.

**Respect** – We show respect for the dignity, beliefs, perspectives and abilities of everyone.

**Trust** – We are open, honest, fair and trustworthy.

## **Key Goals**

- Maintain and enhance the reputation of SPH by focusing on services and clinical excellence
- Continuously improve organizational performance throughout the hospital
- Maintain, improve and develop new strategic Physician/Hospital partnerships
- Provide services that increase utilization of SPHI as a first choice medical facility and service point in the Service Area
- Assure positive financial performance, cost justified rates and appropriate reimbursement strategies
- Assure appropriate management of Human Resources
- Provide for cost effective technology, information management and equipment usage
- Provide a facility and campus with resources and space to best support

	•	organizational goals	pport
Are y	ou a cui	rrent board member seeking to renew for a new term?   YES	$\square$ NO
• /	-	answer the following and submit ONLY pages 1 & 2 of this queskip the two questions below and complete pages 3-5.	estionnaire
1.	Are th SPH?	ere any changes in either your capacity for or commitment to board	l service at

2. What committees have you participated with as a board member at SPH?





1.	Do you think you would have any problem supporting any of these concepts or issues? If so, what problems do you foresee?
2.	Why are you interested in serving on the Board?
3.	What healthcare issues would you like to see addressed or programs would you like to see implemented for our South Peninsula Service Area?
experie	e following questions you may attach a resume of your work or volunteer ence, if you have one available. If not, please answer each question. Attach nal sheets, if necessary.
4.	Have you served any boards on in the past? If so, please list.
5.	Are you currently serving on any boards? If so, please list.





6.	What leadership positions have you held on those boards?
7.	What other community leadership positions have you held?
8.	If you did not attach a resume, please provide a summary of your work or volunteer experience.
9.	Board meetings normally last 3-4 hours per month. Preparation for the meetings may require 1 to 2 hours of your time to review materials. In addition to participation in the board meetings, members are expected to serve on at least one committee, which will require additional time for preparation and participation. Do you see any problems with making a time commitment of this magnitude?





10. Continuing education is an important part of participation on the Board. Normally the hospital holds an annual retreat which focuses on Board development and education. The retreat usually is held over a weekend in the fall or winter. Do you see any problems with making the commitment to participate in the Board retreat? 11. Please describe the strengths or special skills that you believe you could contribute to the success of the Board. 12. Please describe those areas that might be considered weaknesses or areas that you would like to improve to help you be a more effective member of the Board. 13. As a requirement of the Centers for Medicare and Medicaid services, all Board members must submit their name, date of birth, social security number and certify that they have not been involved in any fraud regarding these services. Will you be willing to submit this information?

Avoiding conflicts of interest or the appearance of a conflict of interest is critical to maintaining the community's confidence in the Board of Directors. A copy of the Board Policy on conflict of interest and a conflict of interest questionnaire is attached. Please review the policy and complete the questionnaire. Return the questionnaire along with the information requested above.

Please return your completed form to admin@sphosp.org.