

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 Name: _____

Occupation: _____

Home Address: _____

Business Address: _____

Home: _____ Work: _____ Cell: _____

FAX: _____ E-Mail: _____

How long have you lived in the area?: _____

An “independent” board member is one who does not receive more than \$10,000 per year from South Peninsula Hospital in compensation or other payments AND does not have a family member who receives more than \$10,000 per year from South Peninsula Hospital. *Family members* include spouse; brother or sister (by whole or half-blood); spouses of brothers or sisters (by whole or half-blood); ancestors, children (including legally adopted); grandchildren, great grandchildren, and spouses of children, grandchildren and great grandchildren.

If you are elected as a board member of South Peninsula Hospital, do you qualify as an independent board member? **YES:** ☐ **NO:** ☐

**Note: answering “No” to this question does not disqualify you from serving on the board*

Through our strategic planning process, the Board has identified its Stakeholders, Mission, Vision, Values, and Goals.

Key Stakeholders:

Service Area Residents

Medical Staff

Service Area Board

Kenai Peninsula Borough Administration and Assembly

City of Homer

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 SPH 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

Are you a current board member seeking to renew for a new term? ☐ YES ☐ NO

If yes, please answer the following and submit **ONLY** pages 1 & 2 of this questionnaire.

If no, please skip the two questions below and complete pages 3-5.

1. Are there any changes in either your capacity for or commitment to board service at SPH?
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?

For the following questions you may attach a resume of your work or volunteer experience, if you have one available. If not, please answer each question. Attach additional 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.

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.