

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?

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 are attached. Please review the policy and complete the questionnaire. Return the questionnaire along with this application.

Two references are required for successful board applicants to be considered for appointment. Please provide names and contact information for two references and a member of the board will reach out to them.

Reference #1

Name:

Phone Number:

Relationship to you:

Reference #2

Name:

Phone Number:

Relationship to you:

Please return the completed application to admin@sphosp.org.

South Peninsula Hospital, Inc.
Board of Directors
Conflict of Interest Questionnaire

Name: _____ Title: _____

Please circle one answer for each of the following questions:

1. Are you a voting member of the SPHI Board? ☐ Yes ☐ No
2. Were you or a family member² employed by SPH during the year ended December 31, 2023? ☐ Yes ☐ No
3. If you answered yes to question 2, did that compensation exceed \$10,000 during the organization's tax year? ☐ Yes ☐ No
4. Did you receive any expense reimbursements from SPHI during the year ended December 31, 2024? ☐ Yes ☐ No
5. If you answered "yes" to question 4, did total expense reimbursements exceed \$10,000 for the year ended ☐ Yes ☐ No
6. Were you an officer or employee of any *related organization*¹ during the year ended ☐ Yes ☐ No
7. If you answered "yes" to question 6, please list the related organization(s) here:

8. Were you or a *family member* involved in any *direct or indirect transactions*³ with SPHI during the organization's tax year? ☐ Yes ☐ No
9. If you answered "yes" to question 8, please describe the transactions below:

10. Are you aware of any conflicts of interest or the appearance of any conflicts of interest? ☐ Yes ☐ No
11. If you answered "yes" to question 10, please describe the conflict below:

¹ *Related organizations* are organizations that stand in a parent/subsidiary relationship, brother/sister relationship, or supporting/supported organization relationship.

² *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.

³ *Direct or indirect transactions* which are reportable on Form 990, Schedule L includes loans, *excess benefit transactions*⁴, grants assistance or business transactions

⁴ *Excess benefit transactions* are those in which remuneration to an individual or business exceeds the value of the services provided.

Signature

Date

Conflict of Interest Definitions

1. OUTSIDE INTERESTS

- To hold directly or indirectly, a position or a material financial interest in any outside concern from which the individual has reason to believe the hospital secures goods or services (including the services of buying or selling stocks, bonds, or other securities) or that provides services competitive with the hospital.
- To compete, directly or indirectly, with the hospital in the purchase or sale of property or property rights, interests or services.

2. INVESTMENTS

- With respect to yourself or your immediate family, all investments, other than publicly traded securities, that might be within the category of “a material financial interest”.

3. OUTSIDE ACTIVITIES


- To render directive, managerial, or consultative services to any outside concern that does business with, or competes with, the services of the hospital or to render other services in competition with the hospital.

4. GIFTS, GRATUITIES AND ENTERTAINMENT

- To accept gifts, excessive entertainment, or other favors from any outside concern that does, or is seeking to do, business with, or is a competitor of, the hospital – under circumstances from which it might be inferred that such action was intended to influence or possibly would influence the individual in the performance of his/her duties. This does not include the acceptance of items of nominal or minor value that are clearly tokens of respect or friendship and not related to any particular transaction or activity of the hospital.

5. INSIDE INFORMATION

- Using or disclosing information relating to the hospital’s business for personal profit or advantage of the individual or his immediate family. Full disclosure of any situation in doubt should be made so as to permit an impartial and objective determination. It should be particularly noted that disclosure relates not only to yourself but also to your immediate family.

	SUBJECT: Conflict of Interest	POLICY #: SM-01
		Page 1 of 3
Scope: Board of Directors Approved by: Board of Directors		Original Date: 9/24/03 Effective: 7/24/24
Revised: 5/28/08; 11/16/11; 3/4/19; 8/25/21; 7/24/24 Reviewed: 1/24/24		Revision Responsibility: Board of Directors

PURPOSE:

To protect the organization and board members by providing guidance for reducing or eliminating the potential of actual and perceived conflicts of interest.

DEFINITION(S):

Actual conflicts of interest include, but are not limited to:

- Being employed by South Peninsula Hospital (SPH), or having family member(s) that are employed by SPH,
- Receiving, or having a family member that receives direct or indirect transactions which are reportable on Form 990, Schedule L including loans, excess benefit transactions, grants assistance or business transactions.
- Being employed by, or an officer for any related organization,
- Other activities or associations that may create a direct or indirect conflict

Family members include spouse/domestic partner; brother or sister (by whole or half-blood); spouses/domestic partners of brothers or sisters (by whole or half-blood); ancestors, children (including legally adopted); grandchildren, great grandchildren, and spouses/domestic partners of children, grandchildren, and great grandchildren.

Excess benefit transactions are those in which remuneration to an individual or business exceeds the value of the services provided.

Related organizations are organizations that stand in a parent/subsidiary relationship, brother/sister relationship, or supporting/supported organization relationship.

Potential conflicts of interest may include, but are not limited to:


- Close personal relationships with individuals that are covered by the items listed above, or
- Activities or relationships that may appear to be covered by the items listed above.
- For additional considerations for physician board members see Attachment A.

POLICY:

- Board service carries with it a requirement of loyalty and fidelity to the hospital. It is the responsibility of the members of the board to govern the hospital's affairs honestly and economically, exercising their best care, skill, and judgment for the benefit of the hospital.
- Any duality of interest or possible conflict of interest can best be handled through full disclosure of such interest, together with abstention from any discussion or vote where the interest is involved.
- Each board member is responsible for identifying actual or perceived conflicts of interest at the appointed time on the agenda.
- A board member who believes another member has a conflict or personal interest and hasn't disclosed it, may move that the member has a conflict so the board can discuss the matter.

PROCEDURE:

- The board has identified potential conflict of interest situations in the "Conflict of Interest Questionnaire." Candidates for appointment shall complete the questionnaire prior to appointment. Responses to the questionnaire will be considered by the board when evaluating candidates.

	SUBJECT: Conflict of Interest	POLICY #: SM-01
		Page 2 of 3
Scope: Board of Directors Approved by: Board of Directors		Original Date: 9/24/03 Effective: 7/24/24
Revised: 5/28/08; 11/16/11; 3/4/19; 8/25/21; 7/24/24 Reviewed: 1/24/24		Revision Responsibility: Board of Directors

2. Any duality of interest or possible conflict of interest on the part of board members will be disclosed to the other members of the board and made a matter of record, annually or when the interest becomes a matter of board action. Members will file a Conflict of Interest Questionnaire at the Annual Meeting each January.
3. Any board member having a duality of interest or possible conflict of interest on any matter will not participate in discussions regarding the matter or vote on the matter. He/she must leave the room prior to the discussion and vote, and will not be counted in determining the quorum for the vote. The minutes of the meeting will reflect that a disclosure was made, the absence from the room, and the quorum situation. The minutes will reflect the return of the member to the room following the completion of the discussion and vote.
4. The foregoing requirements will not be construed as preventing the board member from stating his/her position in the matter, nor from answering pertinent questions of other board members, since his/her knowledge may be of assistance.
5. Following the declaration of conflict, a motion and second will be made that the member has a conflict of interest. The Board may discuss the matter and ask questions of the conflicted member. Following the discussion, a roll-call vote of the remaining board members will be taken. The conflicted member will not vote. If the motion passes, the member deemed to have a conflict must leave the room while the board takes up the matter. This process will also be followed when a board member identifies a conflict or potential conflict of another board member.

ADDITIONAL CONSIDERATIONS:


N/A

REFERENCE(S):

1. IRS Form 990

CONTRIBUTORS:

Governance Committee, Board of Director

	SUBJECT: Conflict of Interest	POLICY #: SM-01
		Page 3 of 3
Scope: Board of Directors Approved by: Board of Directors		Original Date: 9/24/03 Effective: 7/24/24
Revised: 5/28/08; 11/16/11; 3/4/19; 8/25/21; 7/24/24 Reviewed: 1/24/24		Revision Responsibility: Board of Directors

South Peninsula Hospital, Inc. Operating Board (“the Board”) recognizes the value of including Medical Staff members on the Board, therefore, up to two Board seats may be filled by Medical Staff members.

- Physician (Medical Staff) Board Members will represent the mission, goals, and values of SPH and bring the knowledge of medicine, clinical experience, public health and the medical community to the Board.
- Medical Staff Board Member candidates will apply for open seats using the standard candidate application procedures.
- Physician Board Members will not serve in officer roles on the Board
- Physician Board Members will follow the conflict-of-interest procedures and will additionally be recused from the following Board decisions:
 - Physician compensation including pay for performance considerations
 - CEO compensation
 - Approval of the annual audit
 - Legal matters of which the Physician or a family member is the subject
- Physician Board Members cannot serve on or have family relationships with members of the Physician Peer Review Committee
- Physician Board Members may not be employed in Chief Executive positions with SPH.