



CONFLICT OF INTEREST POLICY FOR MEDICAL STAFF

Purpose:

This policy is to safeguard the integrity and reputation of St Joseph's Hospital Health Center, their affiliates and their Medical Staff by fostering the proper and unbiased conduct of all Medical Staff activities. In addition, this policy serves to educate Medical Staff members and affiliates about situations that generate conflicts of interest, to provide means for disclosure and manage conflicts of interest, to promote the best interests of patients, their families, employees, and other practitioners, and to describe situations that are prohibited. This policy is intended to supplement but not replace any applicable state or federal laws or regulations governing conflicts on interest.

Policy Application:

This policy applies to any request for the use of implantable devices and other technology in the Network with or without the intent that St. Joseph's Hospital Health Center purchase said equipment. This policy also applies to the request or introduction of new medications or treatment on the hospital formulary.

Policy:

A conflict of interest arises when there is an appearance of impropriety between an individual's private interests and his/her professional obligations to the Hospital, his patients and his colleagues such that an independent observer might reasonably question whether the individual's professional actions or decisions are influenced by the outcome of personal gain, financial or otherwise.

While conflicts of interest in and of themselves are not evidence of wrongdoing, it can however, become a legal matter *if* the individual tries to influence the out come of care for personal benefit. There are two kinds of conflicts of interests: a "real" conflict in which the interests are exploited for personal gain and an "apparent" conflict in which the conflict of interest is acknowledged and dealt with accordingly by those involved.

While important resources to ensure quality patient care and achieve relationships with the stakeholders should be compensated, it is never appropriate for an individual's actions or decisions made in the course of his/her Hospital activities to be determined or influenced by considerations of personal financial gain. Such behaviors call into question the professional objectivity and ethics of the individual, and it also reflects negatively on the Hospital. St Joseph's Hospital Health Center and affiliates are institutions of public trust and the Medical Staff must conduct their affairs in ways that will not compromise the integrity of the hospital.

Medical staff must conduct their affairs so as to avoid or minimize conflicts of interest, and must respond appropriately when conflicts of interest arise.

The following are representative, but not all inclusive, of conflict of interest situations:

- Influence of purchases or equipment, instruments, materials, services or the negotiation of a contract for the Hospital from vendors in which the medical staff member, or an immediate family member has a financial interest
- Unauthorized disclosure of patient or Hospital information for personal gain
- Transmission to another entity or other use for personal gain of Hospital supported work, products, results, materials, records or information that are not made generally available

- Influence upon referrals between the Hospital and other entities with which the Medical Staff member, or immediate family member, has consulting or other significant relationships, or will receive favorable treatment as a result of such influence
- Improper use of institutional resources for personal financial gain
- Acceptance of gifts, benefits or free services from a vendor or service provider of the Hospital or their affiliates, when the Medical Staff member is in a position to determine or influence a purchase from those persons

Procedure:

Disclosure – Whenever a medical staff member is in a situation where he/she may be potentially in violation of the above policy, that member should make a full disclosure in writing of the details of the situation to request an exception and recuse themselves. This disclosure should be made to the Vice President of Medical Affairs and Department Chair.

The Vice President of Medical Affairs and Department Chair shall review the situation and examine all facts thoroughly for apparent conflicts. Exceptions shall be granted at the sole discretion of the Hospital.

- a) If the Vice President of Medical Affairs and Department Chair determines that the Hospital would best be served by granting the requested exception, he/she may do so in writing with justification for the granting and defining any conditions placed on approval.
- b) If the Vice President of Medical Affairs, Department Chair and the Hospital Compliance Officer determine that no exception should be granted, that is a final determination and there is no appeal from that decision.

If the Vice President of Medical Affairs determines that there has been a violation of this policy, he/she may meet with the Department Chair and medical staff member to agree upon appropriate resolution of the conflict and/or may institute disciplinary action under the Medical Staff Bylaws.

Reporting – Suspected violations of this policy should be reported to the Vice President of Medical Affairs. Such reports may be made confidentially, and even anonymously, although the more information given the easier it is to investigate such reports. Raising such concerns will not jeopardize anyone's employment or Medical Staff membership.

All violations of the laws or regulations should be reported to the Compliance Officer or the Chief Compliance Officer. Confirmed violations will result in the taking of appropriate disciplinary action up to and including termination of Medical Staff membership. Disciplinary action will be taken in accordance with the Medical Staff Bylaws.

Administrative Approval:

<http://www.sjhsyr.org/sjhhc/pdf/MSDisclosureForm.pdf>



A Higher Level of Care

POLICY/PROCEDURE/FORMS TRACKING FILE

Title: Medical Staff Conflict of Interest Disclosure	
Document Owner: Amy Rhone	Department: Corporate Compliance
Reviewed by the following:	
Hospital Attorney	Date: 9/15/05
Medical Executive Committee	Date: 9/28/05
	Date:
Administrative Approval:	
Sandra Sulik, M.D. Vice President for Medical Affairs	AnneMarie W. Czyz, RN, MS Chief Nursing Officer and Vice President for Clinical Services
Education:	
<input type="checkbox"/> Monthly policy/procedure update	Dates: <input type="text"/>
<input type="checkbox"/> Lecture	Dates: <input type="text"/>
<input type="checkbox"/> Poster	Dates: <input type="text"/>
<input type="checkbox"/> Online Inservice	Dates: <input type="text"/>
<input type="checkbox"/> Other	Dates: <input type="text"/>
Dr. Ehrich to send a memo to the Medical Staff	
Revisions: 3/09 Periodic Review 3/11 No changes	
List References: R = Research L = Literature N = National Guidelines E = Expert Opinion	
Original Date: 12/05	Reviewed/Revision Dates: 3/09 3/11