



**Gottlieb
Memorial
Hospital**

**POLICY AND
PROCEDURE**

Policy Number:

**Related TJC
Standard/EP:**

Revised Date:

LD.02.02.01

11/14

SUBJECT: Medical Staff/Allied Health Conflict of Interest Policy [P/P #18.10]

PURPOSE

The purpose of this policy is to establish the procedures for identifying, disclosing and resolving actual and/or potential conflicts of interests among Gottlieb Memorial Hospital Medical Staff members, and Allied Health Providers.

POLICY

Gottlieb Memorial Hospital (GMH) recognizes that actual and potential conflicts of interest could occur in any health care organization. To ensure that the best interests of patients, GMH, and its Medical Staff's and Allied Health Providers are properly considered, all members of the GMH Medical Staff and Allied Health Providers are required to disclose actual and/or potential conflicts of interest and to work cooperatively with GMH in managing any such situations.

Individual use of GMH resources, supplies, business information, and/or patient information for personal benefit or gain is strictly prohibited.

SCOPE: This policy and procedure applies to all members of Gottlieb Memorial Hospital Medical Staff and Allied Health Providers.

DEFINITION

- I. GMH Medical Staff - all categories of the GMH Medical Staff
- II. Allied Health Providers - includes individuals other than the Medical Staff members who are authorized by law and GMH to provide patient care services within GMH.
- III. Immediate Family Member - spouse, siblings, children, parents, grandparents, grandchildren and/or "in-law" relationships (i.e., "brother in-law", "daughter in-law", "father in-law", mother in-law", etc.) to the individual subject to this policy.
- IV. "Commercial Entity" - Any for-profit enterprise that manufactures, sells, develops or distributes drugs, medical supplies, medical devices, or other goods and/or services to the health care industry, including but not limited to, pharmaceutical companies, medical device manufacturers, laboratories, imaging companies, sales organizations, medical communications groups, banks, auditing firms, law firms, insurance companies and consulting firms.



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DEFINITION (cont.)

III. Conflict of Interest: Conflicts of interest may be financial or personal in nature and may occur whenever the interest of a Medical Staff Member or of his/her immediate family conflicts, or appears to conflict, with the interests of GMH patient care and/or operations.

A. The following are common circumstances or situations that must be disclosed so that measure may be taken to avoid an actual and/or perceived conflict of interest:

1. Personal business and/or financial interest(s) or relationship(s) with a commercial entity, individual, or other entity that also conducts business with GMH, including but not limited to suppliers, vendors, consultant, speaker arrangements, paid advisory board participant, receipt of payment of travel expenses, recruitment support;
2. Business relationships and/or material financial interest(s) or relationship(s) that an immediate family member of a Medical Staff member or Allied Health Provider has with a company or entity that also has a business relationship with GMH;
3. Participation as a principal investigator (or sub-investigator) in clinical trials and/or other research studies;

IV. Material Financial Interest:

A. A "material financial interest or relationship" means:

1. Any employment, consulting or other financial arrangement with another hospital or health care facility or organization; or
2. An ownership interest of more than 5% (in a company/entity that conducts business with GMH; or
3. A business or financial interest in a company or entity contributing more than 5% to personal annual income; or
4. Holding a position as director, trustee, managing partner, officer or key employee in any company or entity that conducts business with GMH.
5. Any financial interests of a spouse, domestic partner, parent or child in any company that conducts business with GMH.

PROCEDURE

I. All Medical Staff members and Allied Health Providers will be notified of this policy upon appointment, reappointment and at any time significant revisions are made. At these times, Medical Staff Members must acknowledge in writing 1) that they have been provided with and agree to abide by this policy; and 2) have disclosed external relationships and activities as described in this policy.

PROCEDURE (cont.)



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- II. Medical Staff members are required to disclose upon appointment, reappointment, or the granting of privileges and throughout their appointment at any time any actual and/or potential conflicts of interest using the Medical Staff /Allied Health Conflict of Interest Disclosure Form (Attachment A).
- II. The Medical Staff Office will forward any disclosures to the Chief Medical Officer who will review each disclosure with the Medical Executive Committee, and/or Legal Counsel and/or the LUHS Organizational Integrity Officer, as needed. The Chief Medical Officer will follow-up in writing with the disclosing member for further or clarifying information as needed.
- III. Disclosures will be responded to in writing with direction on how to resolve and/or avoid actual or potential conflict of interest on the matter.
 - A. Resolution and/or mitigation of an actual or potential conflict of interest may include:
 - 1.) Requirement to recuse oneself from voting and/or final decision-making
 - 2.) Notifying GMH leadership and necessary departments and Committees of relationship
- IV. Medical Staff Members who have a potential or actual conflict of interest must recuse themselves from voting and decision-making on matters involving the subject of their conflict.
- V. Documentation of disclosures and responses will be maintained by the Chief Medical Officer and distributed to the Medical Executive Committee and/or other committees and other leaders at GMH as necessary to avoid and/or mitigate conflicts of interest.
- VI. Any violations of this policy are to be reported to the Chief Medical Officer who shall report to the MEC. Such reports may be made confidentially or anonymously but must contain sufficient information for an appropriate investigation.
- VII. Violations of this policy will result in disciplinary action, up to and including suspension or revocation of privileges.

REVIEWED/REVISED BY: MEC Committee 11/14; 02/2018; 01/2020