

Title: Conflict of Interest

Document Owner: Teresa Onken	PI Team: N/A	Date Created: 06/3/2014
Approver(s): Karyn Delgado, Teresa Onken	Date Approved with no Changes: 12/14/2018	Date Approved: 12/14/2018 06/16/2014
Location: Saint Joseph Regional Medical Center Mishawaka (SJRMC)		Department: Medical Staff Office

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

POLICY:

1. It is the policy of Saint Joseph Regional Medical Center to identify, disclose and optimally manage conflicts of interest for all credentialed practitioners.
2. It is important to note that not every situation described in this policy necessarily constitutes an actual conflict of interest. Rather, it is the purpose and intent of this policy to stimulate an examination of the relationships described here in (and others suggested by this policy) that could be an actual conflict of interest requiring formal disclosure.

POTENTIAL CONFLICTS OF INTEREST

- **FINANCIAL INTERESTS:** Except for investments in large, publicly traded companies, credentialed practitioners should disclose financial relationships to SJRMC, medical staff leadership, and patients that could create a risk that professional judgment or actions regarding a primary interest (patient care, research, medical education) will be unduly influenced by personal, family, or friends' gain.
- **CREDENTIALLED PRACTITIONERS** may not do business with, or on behalf of SJRMC, or recommend that SJRMC do business with a company in which the credentialed practitioner or immediate family member has a financial interest or business relationship without first disclosing such relationship to the Department Chair, CMO, Local Integrity Officer, or CEO.
- **If a credentialed practitioner's family member works for a vendor, contractor, customer or competitor**, and is in a position to influence the practitioner's decisions affecting SJRMC with that vendor, contractor, customer or competitor, the credentialed practitioner must promptly disclose the family member's position to his/her Department Chair, CMO, Local Integrity Officer, or CEO.
- **A conflict of interest may arise when a credentialed practitioner serves as a board member** for an outside organization that does business with or seeks to do business with SJRMC. Public service is encouraged, but such positions must be disclosed to the credentialed practitioner's Department Chair, CMO, Local Integrity Officer, or CEO.
- **Unless otherwise directed by SJRMC**, when speaking on public issues or as a member of an outside organization, credentialed practitioners should not give or permit the appearance that they are speaking on behalf of SJRMC.
- **When serving as a member of an outside organization or in public office**, credentialed practitioners should consider abstaining from any decisions or discussions that could affect SJRMC. The credentialed practitioner should make the reason for abstaining clear to the outside organization or to the applicable public officials and advise his/her Department Chair, CMO, Local Integrity Officer, or CEO about such matter.
- **SELF-DEALING:** Actions disloyal to the organization for personal gain are called "self-dealing" and are prohibited. Examples of self-dealing are stealing, or disclosing proprietary information so that you, a

Title: Conflict of Interest

friend, an associate, or a family member may obtain a profit or other advantage.

- **VENDORS and PHARMACEUTICAL INDUSTRY:** Credentialed practitioners are expected to maintain objective relationships with all current and potential health industry and pharmaceutical representatives. Credentialed practitioners must not exert, or appear to exert, special influence on behalf of an industry representative or potential representative because of friendship or any other relationship. Credentialed practitioners must disclose potential conflict of interest/relationships to SJRMC, medical staff leadership, and as applicable to patients who are or may use these products.
- **OUTSIDE EMPLOYMENT:** Employment or membership with outside entities must not interfere or conflict with the performance of the credentialed practitioner's duties at SJRMC.
- **CONFIDENTIAL INFORMATION:** The use of confidential, non-public information for personal advantage is prohibited.

PROCEDURE

- A. At initial appointment and reappointment, each credentialed practitioner shall complete the Conflict of Interest Disclosure Form identifying any activities, interests, relationships, or financial holdings that create or have the potential to create a conflict of interest for the individual in carrying out the responsibilities of their position. If a practitioner fails to complete the Conflict of Interest Disclosure Form, the application will be considered incomplete and the Initial Appointment or Reappointment will not be processed.
- B. In circumstances where an actual or potential conflict of interest may be present, the individual shall disclose the conflict to whomever it is applicable e.g. Medical Staff Office, Department Chair, Credentials Committee, General Counsel, Chief Medical Officer, as soon as it is recognized. A copy of all potential or actual conflicts should also be sent to the System Integrity Officer.
- C. If the individual holds a position as a member of a deliberative or decision-making body that will be considering an issue to which the conflict applies, the disclosure shall be made to the body as a whole. The practitioner may then remove him or herself from the body while the body determines whether and to what extent the individual may participate in consideration of the issue.
- D. If the issue that gives rise to the actual or potential conflict of interest will not be considered by a deliberative or decision-making body, the individual shall make the disclosure to the person or committee to which that individual is accountable in the Medical Staff governance structure. It shall be the responsibility of the individual or committee to which the disclosure is made to determine whether and to what extent the person making the disclosure may participate in consideration of the issue.
- E. Noncompliance with this policy shall be reviewed, and actions taken as indicate, in accordance with applicable Medical Staff Peer Review Policies.

DEFINITION:

- The Institution of Medicine defines conflict of interest as a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest (patient care, research, medical education) will be unduly influenced by a secondary interest (financial gain, desire for professional advancement, recognition for personal achievement, favors to friends, family, students or colleagues).
- Although it is impossible to list every circumstance giving rise to a conflict of interest, the following will service as a guide to the types of activities that might cause conflicts of interest to which this policy applies.

Title: Conflict of Interest

References/Standards:

- Policy Origin Date: June 2014
- Review Date: December 2015, December 2018
- Revised Date: December 2018
- Effective Date: June 2014
- Reviewed/Recommended By: Medical Executive Committee
- Policy 205