

SARASOTA MEMORIAL HEALTH CARE SYSTEM CORPORATE POLICY

TITLE: MEDICAL STAFF CONFLICT
OF INTEREST

POLICY #: 00.MD.08

EFFECTIVE DATE: 04/09/09

REVIEWED/REVISED DATE: 07/09/09

POLICY TYPE: Clinical Non-Clinical

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Job Title of Reviewer: Vice President of Medical Affairs

PURPOSE: To describe medical staff conflicts of interest, to provide for disclosure of conflicts of interest and to define a process for medical staff and SMHCS to manage conflicts of interest.

POLICY STATEMENT: SMHCS recognizes that actual and potential conflicts of interest will occur in an organization that supports medical research and the development of new technology. SMHCS recognizes that it is appropriate for medical staff members to be reasonably compensated for legitimate activities in connection with research and technology development. To insure that the best interests of patients, the organization and the medical staff are properly considered, SMHCS requires medical staff members to disclose actual and potential conflicts of interest and to work cooperatively with SMHCS to manage conflicts of interest.

EXCEPTIONS: None

DEFINITIONS:

1. **Conflict of interest** For the purposes of this policy, the following are common situations that could create a conflict of interest:
 - a. Influencing SMHCS to do business with an entity in which medical staff member, or an immediate family member, has a material financial interest.
 - b. Influencing SMHCS to do business with an entity that will result in personal financial gain (such as consultant/speaker fees, payment of travel expenses, recruitment support) to medical staff member.
 - c. Participation, whether or not compensated, as a principal investigator (or sub-investigator) in clinical trials.
 - d. Use of SMHCS and/or patient information or any other SMHCS resources for personal financial gain.
 - e. Disclosure of SMHCS and/or patient information for personal financial gain.
2. **Material financial interest** For the purposes of this policy, a "material financial interest" means:

- a. an employment, consulting or other financial arrangement, or
- b. an ownership interest of more than 5%, or
- c. an interest which contributes more than 5% of annual income, or
- d. a position as director, trustee, managing partner, officer or key employee
- e. includes financial interests of a spouse, domestic partner, parent or child.

PROCEDURE:

1. Medical staff members will disclose potential and/or actual conflicts of interest to the Chief of Staff using the Medical Staff Conflict of Interest Disclosure Form available in the Medical Staff Office.
2. Chief of Staff and Vice President of Medical Affairs will review disclosures and issue in writing to medical staff member either approval or restriction of the disclosed activity.
3. An approval may contain conditions that are required to be met by medical staff member in order to continue the activity.
4. If restrictions and/or conditions are not met, Chief of Staff and Vice President of Medical Affairs will mediate an appropriate resolution with medical staff member.
5. Violations should be reported to the Chief of Staff. Such reports may be made confidentially or anonymously but must contain sufficient information for Chief of Staff to conduct an investigation. Good faith reporters under this policy are protected under Corporate Policy 00PER09 Prohibiting Retaliation, Retribution and Harassment.
6. Members who have a conflict of interest will not vote in matters involving the conflict.
7. To the extent that this policy conflicts with the provisions of the Medical Staff Bylaws or Bylaws-related documents (the "Bylaws) the Bylaws shall control.

RESPONSIBILITY:

It is the responsibility of medical staff leadership, medical staff members and SMHCS management to assure adherence to this policy.

REFERENCE(S):

AMA Conflict of Interest Guidelines, October 2007.

AUTHOR(S):

Washington Hill, M.D., past chief of staff
Lisa Totten, corporate compliance officer

ATTACHMENT(S):

Medical Staff Conflict of Interest Disclosure Form

APPROVALS:

Signatures indicate approval of the new or reviewed/revised policy.		Date
Reviewer's Signature:	Parlane Reid, M.D.	06/18/09
Vice President/Executive Director:	Parlane Reid, M.D.	06/18/09
Corporate Policy Committee:	Madeleine Pantoni, chairperson	06/25/09
VP/Medical Affairs: (if clinical policy)	Parlane Reid, M.D.	06/18/09
Committees/Sections:		
Medical Executive Committee: (if clinical policy)		5/26/09
Chief Executive Officer:	Gwen MacKenzie, CEO	06/29/09

**Sarasota Memorial Health Care System
Medical Staff Conflict of Interest Disclosure Form**

Name: _____

By signing below, I acknowledge that I have read the Medical Staff Conflict of Interest Policy before completing this form.

1. Do you (including your spouse, domestic partner, parent or child), have a material financial interest in (i) another hospital or health care facility excluding your individual or group practice or (ii) any entity providing products or services under an existing or proposed business relationship with Sarasota Memorial Health Care System or any of its subsidiaries, affiliates or support entities?

- a. Yes _____
b. No _____
c. If Yes, please specify in detail:

2. Are you involved in any other relationship, activity or interest which may raise a conflict of interest or impair your objectivity?

- a. Yes _____
b. No _____
c. If Yes, please specify in detail:

3. Do you agree to inform your SMHCS patient(s) of any financial relationship that you may have with any company which could give the appearance of influencing your recommendation of products or services which are or may be inconsistent with the exercise of your independent medical judgment in the best interests of your patient(s)?

- a. Yes _____
b. No _____

4. Do you agree to immediately notify the SMHCS Medical Staff Office, in writing, should any responses to the above questions change prior to your next reappointment cycle?

- a. Yes _____
b. No _____

Chief of Staff/VPMA Review and Action

1. Approved without conditions _____
2. Approved with conditions (see below) _____
3. Restricted _____

Conditions

Signatures

Medical Staff Member _____ Date _____

Chief of Staff _____ Date _____

VPMA _____ Date _____