
SYSTEM POLICY

Section: Human Resources

Policy Number: 9.52

Subject: Conflict of Interest
Staff / Employee

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Executive Owner: System Sr. VP, Human Resources

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Revised Date:

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POLICY

Provena Health recognizes that existing and potential conflicts of interest will occur in any health care organization. To ensure that the best interests of its patients/residents, Provena Health and its subsidiaries and affiliates, and its staff are properly considered, all employees are required to disclose existing and potential conflicts of interest and to work cooperatively with Provena Health in managing any such conflicts of interest.

PURPOSE

The purpose of this policy is to establish the procedures for identifying and disclosing existing and potential conflicts of interests among staff in order to improve the internal decision-making processes at Provena.

This policy defines the various conflicts of interest, provides for disclosure of existing or potential conflicts of interest, and describes a process for employees to manage any identified or potential conflicts of interest.

This policy upholds Provena Health's Value of Integrity.

DEFINITION

Conflict of interest: Conflicts of interest may be financial or personal in nature. The following are common circumstances or situations that may or do create a disclosable conflict of interest:

- Influencing Provena 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 the employee;
- Influencing Provena to do business with an entity in which the employee, or his/her immediate family member, has a "material financial interest" (defined below);
- Participation as a principal investigator (or sub-investigator) in clinical trials;

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- Use of Provena or patient information or any other Provena resources for personal or financial gain; or
- Disclosure of Provena or patient information for personal financial gain.

Material financial interest: A “material financial interest” means:

- an employment, consulting or other financial arrangement with another hospital, long-term care or health care facility or organization; or
- an ownership interest of more than 5%; or
- an interest which contributes more than 5% to the employee’s annual income, or
- a position the employee holds as a director, trustee, managing partner, officer or key employee, or
- any financial interests of a spouse, domestic partner, parent or child.

PROCEDURE

- I.** With the exception of System and Ministry Presidents/Chief Executive Officer (CEOs), Senior Vice Presidents and Vice Presidents who are covered by the Governance Conflict of Interest, Policy #19.3, and the Medical Staff members and Allied Health providers that are covered by the Governance Medical Staff/Allied Health Conflict of Interest policy that is administered by the medical staff offices, all employees are required to disclose upon hire, rehire and throughout their employment any existing and/or potential conflicts of interest using the Employee Conflict of Interest Disclosure Form (Attachment A). Forms must be submitted to the ministry Director or Vice President of Human Resources.
- II.** Human Resources will review each disclosure and follow up in writing with the disclosing employee for further or clarifying information as needed. Human Resources may consult with the System Senior Vice President, Human Resources, and Office of the General Counsel regarding the disclosed interest.
- III.** Any violations of this policy are to be reported to the ministry Director or Vice President of Human Resources. Such reports may be made confidentially or anonymously but must contain sufficient information for Human Resources to conduct an appropriate investigation.
- IV.** Employees who have a conflict of interest may not vote or otherwise participate in Provena ministry matters involving the disclosed conflict.

ATTACHMENTS

Employee Conflict of Interest Disclosure Form – Attachment A

REFERENCES

TJC Standard LD.04.02.01

PH Governance, Conflict of Interest Policy #19.3 (for System & Ministry Presidents/CEOs, Sr. Vice Presidents and Vice Presidents)



Employee Conflict of Interest Disclosure Form

Name: _____

By signing below, I acknowledge that I have read and understand the Employee Conflict of Interest Policy before completing this form. I further acknowledge that I am in compliance with the Policy and have disclosed any material financial or personal interests. I acknowledge that any misstatements or omissions may result in disciplinary action by Provena. I further agree to cooperate with Provena leadership in any action or review following my disclosure.

1. Do you (including your spouse, domestic partner, parent, or child), have a material financial interest in (i) another hospital, long-term care or other health care facility or organization excluding your ministry or (ii) any entity providing products or services under an existing or proposed business relationship with Provena Health or any of its subsidiaries or affiliates?

Yes No

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?

Yes No

If yes, please specify in detail:

3. Do you agree to inform Provena of any financial relationship that you may have with any entity, organization, or company that could give the appearance or impression of influencing your employment, including your recommendation of health care services or devices, that are or may be inconsistent with the exercise of your independent and professional judgment in the best interests of Provena's patients and residents?

Yes No

4. Do you agree to immediately notify the Director or Vice President of Human Resources, in writing, should any responses to the above questions change during your employment?

Yes No

Signature

Date