

THE CHILDREN'S MERCY HOSPITAL ADMINISTRATIVE POLICIES MANUAL

TITLE: Conflict of Interest Policy

EFFECTIVE: 02/1996

REVISION DATE: 09/1996, 11/1998, 12/2003, 04/2009, 12/2014, 08/2019

REVIEWED WITH NO CHANGES: 12/2001

RETIRED:

PURPOSE:

To provide appropriate guidelines, oversight and standards for determining the existence of [Conflict of Interest](#). The disclosure of and elimination or management of Conflicts of Interest of [Hospital Staff Members](#) are required to ensure that conflicts are not detrimental to the interests or integrity of the mission, goals and objectives of The Children's Mercy Hospital (the "Hospital").

DEPARTMENT(S) RESPONSIBLE FOR POLICY MANAGEMENT AND EXECUTION:

Corporate Compliance

POLICY STATEMENT:

I. Conflicts of Interest and Hospital Operations

The Hospital recognizes that there are many opportunities to develop relationships with outside entities and engage in other activities that enhance one's professional competency, render valuable service to the community, and benefit the individual and Hospital. In addition, the Hospital recognizes the necessity and importance of academic achievement as being critical to its continued evolution as an academic pediatric medical center.

Because the existence of a Conflict of Interest is not always easily determined, Hospital Staff Members are required to disclose certain outside relationships so that a reasonable determination can be made regarding whether a conflict exists, and if so, the management of such conflict. Hospital personnel should be aware of Conflicts of Interest and immediately address them as they occur.

The Corporate Compliance department is responsible for providing support and guidance regarding possible conflicts as well as assisting in the administration of this policy. In the event a proposed remedy is not put forth by the supervisor/manager or section/division chief, or there are concerns on the part of the Corporate Compliance department or other responsible management personnel about the proposed remedy, the matter will be reviewed by the Hospital's Conflict of Interest Committee.

II. Activities and Relationships Requiring Disclosure

- A. For Hospital Staff Members, (for themselves and their [Spouse and Dependents](#)), the following relationships with any [Person](#) that does business with or competes with the services of the Hospital including for-profit or not-for-profit entities (drug or device manufacturers, providers of medically related goods and services, medical institutions) must be reported.

Note: In some cases, interests of other relatives or related Persons (such as a business partner) of a Hospital Staff Member may create a reportable Conflict of Interest. See the definition of [Conflict of Interest](#).

1. Participation in directorship, managerial or other positions
2. Written agreements or other business dealings
3. [Financial Interests](#)

- B. For Hospital Staff Members, (for themselves and their Spouse and Dependents), the following relationships with **all Persons**, must be reported:

1. Any outside employment or [Moonlighting](#)
2. Professional activities such as consulting, speaking engagements, speaker's bureaus, advisory board services, and review panel participation
3. Expert witness testimony and/or services

- C. For Hospital Staff Members participating in any research-related activities as part of their assigned institutional responsibilities, follow the Conflict of Interest reporting process as outlined in the [Conflict of Interest Reporting - Public Health Service Funded Research Policy](#).

- D. The dollar limit threshold for reporting under [Part II](#) is zero. All professional and commercial relationships must be reported regardless of amount of compensation or remuneration.

III. Activities Not Requiring Disclosure

Hospital Staff Members who wish to do so are free to become involved on a personal basis in political and community activities. Hospital Staff Members are reminded that the Hospital's [Code of Conduct](#) prohibits use of Hospital resources to support these activities. Unless such involvement gives rise to a reporting obligation under circumstances described in [Part II](#), such activities do not require disclosure under this policy.

IV. Prohibited Activities

The following are prohibited:

- A. Use of confidential information for personal financial gain.
- B. Compensation for conducting research where payment is affected by the outcome of the research (for example, higher compensation for a favorable outcome).
- C. Use of Hospital Staff Members and/or other resources of the Hospital for non-Hospital purposes (for example, not related to the employment/academic obligations of a given Hospital Staff Member).
- D. Activities conducted on Hospital time or using Hospital resources which are not for purposes related to the mission of the Hospital.
- E. Any activities prohibited by law.
- F. Arrangements with outside organizations which have not been approved as required by this policy.
- G. Involvement in the process for purchases of equipment, instruments, materials or services for the Hospital from an [Entity](#) in which the Hospital Staff Member, or such person's Spouse and Dependents, has a Financial Interest.
- H. Giving, offering or promising anything of value, as a representative of the Hospital, to any government official to enhance relations with that official or the government.
- I. Involvement in the process for the negotiation of contracts between the Hospital and any other Person with respect to which the Hospital Staff Member, or such person's Spouse and Dependents, has a Financial Interest.

V. Disclosure Intervals

Hospital Staff Members are required to complete MyCOI, an electronic Conflict of Interest disclosure form, at the following intervals:

- upon employment or affiliation with the Hospital;
- annually;
- within 30 days any time the Hospital Staff Member's professional or commercial relationships change;
- within 30 days any time the Hospital Staff Member's institutional responsibilities change;
- upon request by the Compliance Manager, department managers/chairs or Section/Division Chiefs; and
- when participating on industry-sponsored studies.

Hospital Staff Members have a continuing duty to update their information after any changes in facts that are required to be reported under this policy.

VI. Identifying a Conflict of Interest and Creating a Management Plan

If a Hospital Staff Member has doubt as to whether an outside activity creates a Conflict of Interest, the Hospital Staff Member should consult with his or her supervisor, department manager/chair, section/division chief or the corporate compliance manager to seek advice on whether such activity constitutes a Conflict of Interest and, if so, whether a [Management Plan](#) is required.

When a Conflict of Interest is identified with respect to a Hospital Staff Member, a Management Plan may need to be created. Management Plans shall be created by a compliance reviewer and the components will be monitored on a regular basis. Creating a Management Plan can be complicated and vary by situation. Hospital Staff Members may ask the corporate compliance manager for assistance in creating or documentation of a Management Plan. Many Conflict of Interest issues can be appropriately addressed through a Management Plan overseen by appropriate Hospital Staff Members.

VII. Failure to Disclose

Hospital Staff Members who fail to disclose or resolve a Conflict of Interest will be subject to discipline, up to and including termination of employment or affiliation with the Hospital. By completing MyCOI, Hospital Staff Members are certifying that (1) they have read and understand this policy; (2) all required disclosures have been made; and (3) they will comply with any conditions or restrictions imposed by the Hospital to manage, reduce or eliminate Conflicts of Interest.

DEFINITIONS:

Conflict of Interest is a situation in which a Hospital Staff Member or any of his or her Spouse and Dependents has a financial or other personal interest that may compromise or have the appearance of compromising judgment, actions or decisions of such Hospital Staff Member in the performance of his or her duties for the Hospital. In determining whether a Conflict of Interest exists, relationships other than Spouse and Dependents must also be considered. For example, in the case of a proposed transaction between another relative of a Hospital Staff Member and the Hospital, the relationship between the Hospital Staff Member and such other relative or the position of the Hospital Staff Member within the Hospital may result in a Conflict of Interest. In the case of any doubt, the Corporate Compliance department should be consulted.

Entity is any Person other than a natural person.

Financial Interest is any interest with monetary value, including but not limited to, salary or other payments for services (for example, consulting fees or honoraria), equity interests (for example, stock, stock options, partnership, limited liability company or other equity ownership interests), debt interests (for example, bonds or notes), and intellectual property rights (for example, patents, copyrights and royalties from such rights) regardless of the dollar amount. This does not include interests arising solely by reason of investment by a mutual funds, or other similar investment products, or blind trusts or de minimus holdings of equity or debt in an individual company.

Hospital is The Children’s Mercy Hospital, a Missouri nonprofit corporation, and all of its subsidiaries and affiliates, including Children’s Mercy Integrated Care Solutions, Inc.; provided, that the term “Hospital” does not include any Children’s Mercy Affiliated Practice.

Hospital Staff Member includes all employees of the Hospital, all members of the Hospital’s medical staff, all residents and fellows, allied health professionals, and all non-employees who are still subject to Conflict of Interest reporting. This includes independent medical service providers who contract with the Hospital to provide an identified service. For avoidance of doubt, Hospital Staff Member does not include members of the Hospital’s Board of Directors unless such members fall within this definition due to employment by the Hospital or other factor. Members of the Board of Directors are subject to a separate conflict of interest policy.

Management Plan: Plan or action to address a Hospital Staff Member’s Conflict of Interest which can include reducing or eliminating the conflict, to ensure that the Hospital Staff Member’s duties will be performed in a manner that is in compliance with this policy and free from Conflict of Interest.

Moonlighting: Any outside employment, consulting or similar activity for any Person other than the Hospital. Moonlighting does not include services as a volunteer for community, faith-based, charitable or other organizations so long as such activity does not otherwise give rise to a reporting obligation under [Part II](#).

Person: Any natural person, any association or partnership, or other intangible organization (whether or not having legal existence) including any corporation, limited partnership, limited liability company, trust or other organization, and any government, governmental agency, court or other governmental instrumentality.

Spouse and Dependents: With respect to any Hospital Staff Member, his or her spouse or domestic partner, children and descendants (including by adoption).

REQUESTS FOR GUIDANCE REGARDING THIS POLICY:

Requests for guidance regarding this policy will be directed to the Administrative Council sponsor.

Note: There are no exceptions to this policy. In the event that an actual or potential Conflict of Interest is identified, the affected Hospital Staff Member and his or her chain of command must establish a Management Plan which will be subject to approval the Corporate Compliance department.

BUSINESS CONTINUITY AND DISASTER (BCD) PLAN:

Unless otherwise indicated, requirements in this document remain applicable during a business continuity and disaster (BCD) situation.

MEASUREMENTS/METRICS:

RECOURSE FOR NON-COMPLIANCE:

Non-compliance will be addressed in accordance with the [Conduct and Discipline Policy](#).

RELATED POLICIES:

[Board of Directors Conflict of Interest Policy](#)

[Captive Procedure](#)

[Code of Conduct](#)

[Compliance Plan](#)

[Conflict of Interest Disclosure Review Process](#)

[Conflict of Interest Reporting - Public Health Service Funded Research Policy](#)

[Lobbying and Political Activities Policy](#)

RELATED FORMS:**REFERENCES:****REGULATIONS:**

42 CFR § 50, subpart F; 45 CFR § 94; 21 CFR §54

KEYWORD SEARCH:

disclosure, conflict of interest, COI, professional interests, commercial interests, financial interests, immediate family, expert witness, moonlighting, employment, compensation, compliance, FCOI, MyCOI

POLICY CONTENT OWNER(S):

Eric Hughlon, Program Manager, Corporate Compliance

ADMINISTRATIVE COUNCIL SPONSOR:

Kim Brown, VP, Audit and Compliance

REVIEW PERIOD:

Three (3) years

REVIEWED BY:

Trish Hunt, Medical Director, Medical Administration
Jimmy Loftin, Sr. Admin. Director, Department of Pediatrics
Mikki Massey, Privacy Officer, Corporate Compliance
Heath Roberts, Sr. Admin. Director, Medical Administration

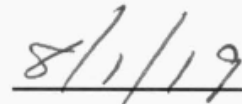
LEADERSHIP REVIEW:

Kim Brown, VP, Audit and Compliance
Stacy Doyle, Sr. VP, Ambulatory and Physician Practice Operations
Robin Faulk, Sr. VP, Human Resources
Scott Gage, VP, Business Development and Contract Management
Cheri Hunt, Sr. VP, Chief Nursing Officer
Carol Kemper, Sr. VP, Service and Performance Excellence
Office of the General Counsel/Risk Management
Mary Tomlinson, VP, Research Administration

FINAL APPROVAL:



Paul D. Kempinski, MS, FACHE
President and Chief Executive Officer



Date