



Policy: Conflict of Interest Policy

This policy is designed to implement a procedure requiring disclosure of actual and potential conflicts of interest by all members of the Northwest Texas Healthcare System (“Hospital”) Medical Staff, and other individuals who participate in Medical Staff decision making or present any officer or committee of the Medical Staff with an issue which might involve a conflict of interest (e.g., formulary addition request).

Conflicts of interest are interests, relationships or situations that a reasonable person would believe may have the potential to improperly influence, affect or conflict with the interests of the Medical Staff or Hospital. Conflicts of interest include outside interests or relationships that could:

- affect or conflict with the interests of the Hospital,
- improperly influence the Medical Staff or the Hospital,
- influence patient care decisions,
- affect purchasing/leasing of products or services, or
- Impact Medical Staff Member duties to the Hospital.

Conflicts of interest may also occur when the interests or relationships of an immediate family member have the potential for a conflict of interest. In this context, “immediate family member” means husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

The disclosures and other requirements of this Policy are in addition to any other disclosures and requirements under the Hospital Medical Staff Bylaws, or other applicable bylaws, rules, policies and procedures of the Hospital and Medical Staff (including, without limitation, Section 11.3 of the Medical Staff Bylaws).

PRINCIPLES

1. Medical Staff members and other persons participating in Medical Staff decision making or presenting issues to the Medical Staff shall not in any way use their position, or knowledge gained there from, to enhance their personal financial position or interests, or the financial position or interests of any immediate family member, or in any manner which is contrary to the best interests of the Hospital.
2. Actual and potential conflicts of interest must be fully disclosed so that they can be properly managed.
3. An actual or potential conflict of interest shall be considered to exist whenever any individual or an immediate family member holds any position or financial interest in, or has any professional, personal, business or financial relationship with:

- (a) any entity or organization with which the Hospital transacts or is considering transacting any business,
 - (b) any entity which competes or is considering competing with the Hospital,
 - (c) any individual or entity who has a claim or grievance against the Hospital or any employee, officer or director of the Hospital, or
 - (d) hospital has a claim against, any entity, a medical staff member, or family member with whom such Medical Staff member is affiliated, employee or has a relationship.
4. In addition, a conflict of interest exists under the following circumstances:
- (a) a member of the Medical Staff has received any compensation, gift or benefit from any individual or organization which transacts business with or competes with the Hospital under circumstances from which it might be inferred that such action might influence the individual in the performance of his or her duties as a Medical Staff member or leader.
 - (b) a member of the Medical Staff is engaged in any lobbying activities, or participates in a policy making or leadership capacity, with any civic or other group which engages in activities that are in opposition to the policies or interests of the Hospital.
5. A conflict of interest shall not be considered to exist by virtue of ownership of shares of a publicly traded corporation or mutual fund if the shares owned have a value less than \$100,000.

PROCEDURES

1. All Medical Staff members will fill out the attached *Conflict of Interest Disclosure Statement* as part of the process of applying for appointment and reappointment to the Medical Staff, and submit it to the Medical Staff Office.
2. In the event a Medical Staff Member identifies any actual or potential conflict of interest on the Conflict of Interest Disclosure Statement, the Medical Staff Office shall forward the Statement to the Hospital CEO. The CEO of the Hospital shall review the Conflict of Interest Disclosure Statement and may conduct or appoint an individual or committee to conduct such further investigation as the CEO deems necessary to determine whether any further action is necessary. The CEO may refer the conflict of interest to the Medical Executive Committee for review and recommendation to the CEO as to whether a conflict of interest exists. In the event the CEO determines that a conflict of interest does exist, the Medical Staff Member shall not participate in any activity related to the conflict of interest and shall abstain from voting on any matter related to the conflict of interest, unless approved by the Hospital's CEO after consultation with the Chief of Staff, or an alternate member of the Medical Staff in the event that the conflict with the Chief of Staff.
3. Any individual may report a suspected conflict of interest to the Medicals Staff Office or the Hospital's CEO for review. Such report shall contain the name of the practitioner with the suspected conflict of interest and a brief description of the alleged conflict of interest. The Hospital's CEO shall review the alleged conflict of interest and may forward the conflict of interest to the Chief of Staff or the Medical Executive Committee for review and recommendation.
4. Medical Staff Members are under a continuing obligation to update the *Conflicts of Interest Disclosure Statement* in writing and submit the updated form to the Medical Staff Office

whenever an actual or potential conflict of interest is identified. The Medical Staff Member shall immediately recuse him or herself from any matter related to the actual or potential conflict of interest until such conflict of interest is reviewed by the Hospital's CEO and the Hospital CEO makes a determination as to what action, if any, is needed to manage the conflict of interest.

5. In the event a Medical Staff Member identifies an actual conflict of interest the Medical Staff Member shall not serve on the Governing Board, Subcommittees or in any Medical Staff leadership positions. If a Medical Staff Member is serving in one of these positions when an actual conflict of interest arises, the Medical Staff Member shall be deemed resigned from the Governing Board, Subcommittees or leadership positions.
6. In the event a Medical Staff Officer identifies a potential conflict of interest of a Medical Staff Member, the Medical Staff Officer may limit the participation of the Medical Staff Member in any Medical Staff meetings that involve the potential conflict of interest. The Medical Staff Officer shall be required to immediately notify the Chief of Staff and the Hospital CEO of the suspected conflict of interest.

VIOLATIONS AND ENFORCEMENT

Individuals who are required to make a disclosure of conflicts of interest according to this Policy, but who do not make the disclosure as required, may be subjected to corrective action, including but not limited to suspension or termination of Medical Staff membership and clinical privileges as set forth in the Medical Staff Bylaws.

CONFLICTS OF INTEREST DISCLOSURE STATEMENT

In accordance with the Northwest Texas Healthcare System (“Hospital”) *Medical Staff Conflicts of Interest Policy*, Medical Staff Members and other persons involved with decision making or presenting issues to the Medical Staff are required to disclose financial, business, personal or other interests or relationships that a reasonable person would believe may have the potential to influence purchasing decisions, impact on patient care decisions, or from which it might be inferred that such action might improperly influence the Medical Staff or the Hospital.

Definitions

The following definitions apply to this *Conflicts of Interest Disclosure Statement*:

“**Immediate family member**” means husband or wife; birth or adoptive parent, child, or sibling; stepparent, stepchild, stepbrother, or stepsister; father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law or sister-in-law; grandparent or grandchild; and spouse of a grandparent or grandchild.

“**Vendor**” means any entity or person who provides sells, or rents products, services or space to the Hospital.

“**Hospital**” means Northwest Texas Healthcare System.

Questions

Please answer each question below, and provide additional details where indicated. You have a continuing obligation to update the information in this *Conflicts of Interest Disclosure Statement* in writing as circumstances change.

1. Do you (or any of your immediate family members) have any external financial interests or relationships with any vendor, potential vendor, or other individual or entity that has or may have any other business relationship with the Hospital (for example, a company that provides medical equipment, pharmaceuticals or services to the Hospital)? This includes any consulting engagements, ownership interests, or other financial interests or relationships.

YES _____ NO _____ NOT TO MY KNOWLEDGE _____

If yes, please explain: _____

2. Do you (or any of your immediate family members) serve in a leadership position for any vendor, potential vendor, or other individual or entity that has or may have any other business relationship with the Hospital (such as an officer or member of a board of directors or medical director position for a pharmaceutical or medical device company), whether or not for compensation?

YES _____ NO _____ NOT TO MY KNOWLEDGE _____

If yes, please explain: _____

3. Do you (or any of your immediate family members) have any ownership interest, stock or other securities (other than mutual funds) in any vendor, potential vendor, or other individual or entity that has or may have any other business relationship with the Hospital?

YES _____ NO _____ NOT TO MY KNOWLEDGE _____

If yes, please explain: _____

4. Do you (or any of your immediate family members) own shares of a publicly traded corporation or mutual fund that is or may potentially be a vendor, potential vendor, or other individual or entity that has or may have any other business relationship with the Hospital, with a value of \$100,000 or more?

YES _____ NO _____ NOT TO MY KNOWLEDGE _____

If yes, please explain: _____

5. In the past two (2) years, have you (or any of your immediate family members) received from any vendor, potential vendor, or other individual or entity that has or may have any other business relationship with the Hospital, any speaking fees, payments for consulting, honoraria, or other payments, whether in cash or an in kind exchange for anything of value?

YES _____ NO _____ NOT TO MY KNOWLEDGE _____

If yes, please explain: _____

If yes, please also state whether the value received was less than \$10,000:

YES _____ NO _____ NOT TO MY KNOWLEDGE _____

6. Do you (or any of your immediate family members) hold any position or financial interest in, or have any professional, personal, business or financial relationship with:

(a) any entity which competes or is considering competing with the Hospital,

(b) any individual or entity who has a claim or grievance against the Hospital or any employee, officer or director of the Hospital, or

(c) [any individual or entity with which the Hospital has a claim or grievance against.](#)

YES _____ NO _____ NOT TO MY KNOWLEDGE _____

If yes, please explain: _____

7. In the past two (2) years, have you (or any of your immediate family members) received any compensation, gift or benefit from any individual or organization which transacts business with or competes with the Hospital?

YES _____ NO _____ NOT TO MY KNOWLEDGE _____

If yes, please explain: _____

8. If you have requested, or intend to request, that the Hospital obtain a particular product, product line, service, office space or other item(s), space or service(s), please describe any financial, business, personal or other interests or relationships you (or any of your immediate family members) have with the applicable vendor(s):

Please describe: _____

9. Are you engaged in any lobbying activities, or do you participate in a policy making or leadership capacity, with any organization or group which engages in activities that are in opposition to the policies or interests of the Hospital?

YES _____

NO _____

NOT TO MY KNOWLEDGE _____

If yes, please explain: _____

10. Do you (or any of your immediate family members) have any other financial, business, personal or other interests or relationships not specifically listed elsewhere on this form that could create a conflict of interest with the Medical Staff or Hospital?

YES _____

NO _____

NOT TO MY KNOWLEDGE _____

If yes, please explain: _____

I understand that I have a continuing obligation to provide an update in writing to the Hospital of any changes to this *Conflicts of Interest Disclosure Statement*. I hereby confirm that the above statements are true and correct to the best of my knowledge and belief.

Print Name: _____

_____ Date: _____

Signature