

LEE HEALTH POLICY & PROCEDURES

CONFLICT OF INTEREST		LOCATOR NUMBER																					
T Y P E	<input checked="" type="checkbox"/> System-wide - A formal statement of values, intents (policy), and expectations (procedure) that applies to every employee throughout the System.	CHAPTER: S23																					
	<input type="checkbox"/> Multidisciplinary/Interdisciplinary - A formal statement of values, intents (policy), and expectations (procedure) that applies to more than one discipline and is usually of a clinical nature. Check below all areas to which this applies.	TAB: 00																					
	<input type="checkbox"/> Departmental - A formal statement of values, intents (policy), and expectations (procedure) exclusive to a particular department or group of people within a department at one or multiple locations that does not impact any other area.	POLICY #: 139																					
Disciplines / locations to which this interdisciplinary policy applies:																							
<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Health Information Management</td> <td style="border: none;"><input type="checkbox"/> Pharmacy</td> <td style="border: none;"><input type="checkbox"/> Acute Care Hospital Nursing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Environmental Services</td> <td style="border: none;"><input type="checkbox"/> Plant Operations</td> <td style="border: none;"><input type="checkbox"/> Outpatient Services</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Information Systems</td> <td style="border: none;"><input type="checkbox"/> Radiology</td> <td style="border: none;"><input type="checkbox"/> Home Health</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Laboratory</td> <td style="border: none;"><input type="checkbox"/> Rehabilitation Services</td> <td style="border: none;"><input type="checkbox"/> Skilled Nursing Services</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Legal Services</td> <td style="border: none;"><input type="checkbox"/> Respiratory</td> <td style="border: none;"><input type="checkbox"/> Physician Offices</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Nutrition</td> <td style="border: none;"><input type="checkbox"/> Public Safety</td> <td style="border: none;"><input type="checkbox"/> Rehab Hospital</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other _____</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>			<input type="checkbox"/> Health Information Management	<input type="checkbox"/> Pharmacy	<input type="checkbox"/> Acute Care Hospital Nursing	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Plant Operations	<input type="checkbox"/> Outpatient Services	<input type="checkbox"/> Information Systems	<input type="checkbox"/> Radiology	<input type="checkbox"/> Home Health	<input type="checkbox"/> Laboratory	<input type="checkbox"/> Rehabilitation Services	<input type="checkbox"/> Skilled Nursing Services	<input type="checkbox"/> Legal Services	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Physician Offices	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Public Safety	<input type="checkbox"/> Rehab Hospital	<input type="checkbox"/> Other _____		
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Date Originated: 6/01	Reviewed/No Revision: 6/16, 6/19, 6/21	Dates Revised: 5/03, 7/05, 9/07, 1/09, 3/09, 5/10, 5/12, 6/13, 5/14, 5/17																					
		Next Review Date: 6/22																					
Author(s): Lisa Whitacre, RHIA, CHC, CHPC																							
Reviewed by:																							
Clinical Practice Council: _____		Date: _____																					
Clinical Education Council Yes No:		Education Completed: _____																					
Education Plan Required: <input type="checkbox"/> <input type="checkbox"/>		Date: _____																					
Approved by:																							
Policy Administrator: Jeff Pigott, Vice President, Compliance & Internal Audit		Date: 5/17/2021																					
As Needed:																							
		Date: _____																					

PURPOSE:

To affirm that employees of Lee Health are subject to the Florida law governing conflict of interest, and to set forth Lee Health Policy and Procedures to protect against conflict of interest.

DEFINITION:

Family includes spouse, 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.

POLICY:

It is essential to the proper conduct and operation of Lee Health that its employees be independent and impartial and that their position with Lee Health not be used for private gain. It is also essential that Lee Health not impede unreasonably the recruitment and retention of those best qualified to serve. Lee Health employees should not be denied opportunity to acquire private economic interest except when their private interest conflicts with their responsibility to Lee Health.

- A. A conflict or conflict of interest is a situation in which regard for a private interest tends to lead to disregard of a Lee Health duty or interest. Employees of Lee Health should avoid any relationship, influence or activity that might impair, or even appear to impair, their ability to make objective and fair decisions while performing their job such as:
1. Acceptance of gifts, payment, or services from those seeking to do business with Lee Health (refer to policy S23 00 835 Solicitation or Acceptance of Gifts or Gratuities from Patients and Vendors);
 2. Purchase of goods or services by Lee Health from a company in which the Lee Health employee or their close relative is an officer, director, employee, or has a material interest;
 3. Ownership of, or material interest in, a company that is a competitor of Lee Health or a supplier to Lee Health;
 4. Acting as a consultant to a Lee Health vendor or supplier;
 5. Holding any employment or contractual relationship with a competitor or a company that does business with Lee Health that would impede the full and faithful discharge of the Lee Health employee's duties to Lee Health.
- B. All employees are expected to follow the Lee Health Standards of Conduct and the law governing public employees in order to protect against conflict of interest.
- C. No employee, or members of their family, shall solicit or accept anything of value from any person or entity, which might influence him or her in the performance of their Lee Health duties (refer to policy S23 00 835 Solicitation or Acceptance of Gifts or Gratuities from Patients and Vendors).

The following employment or contractual relationships are prohibited:

1. A Lee Health employee entering into employment or contractual relationships with a business entity doing business with Lee Health, if such employment interferes with the full and faithful discharge of his or her Lee Health duties.

2. A Lee Health employee entering into employment or contractual relationships that will create a continuing or frequently occurring conflict between the Lee Health employee's private interest and the performance of his or her Lee Health duties or that would impede the full and faithful discharge of his or her Lee Health duties. For example, employment with a Lee Health competitor may create such a conflict.
- D. No employee shall disclose or use information not available to members of the general public and gained by reason of his or her official position for his or her personal gain or benefit of any other person or business entity including, but not limited to, information obtained while participating in the conduct of a clinical trial / research study.
- E. All Lee Health employees shall disclose potential conflicts of interest in accordance with the procedures set forth below.
- F. Lee Health administrative and management staff shall educate personnel about the Lee Health Conflict of Interest policy and are responsible for the enforcement of the policy.
- G. Violations of the Lee Health Conflict of Interest policy or Florida law will result in disciplinary action, up to and including termination.

PROCEDURES FOR DISCLOSURE:

- A. The statement regarding Employee Security, Confidentiality and Compliance with Conflicts of Interest ([FM# 0520](#)), is part of the Job Description and Performance Review ([FM# 1427](#)) The statement and Employee Conflict of Interest Questionnaire ([FM# 5013](#)) will be completed for:
 1. Newly hired employees during the department orientation. The employee will be given the form as part of the job description. The signed form will be retained in the departmental file; and
 2. Existing employees at annual evaluation. Department directors and managers are responsible for the collection of completed disclosure forms at the time of annual employee evaluations.
- B. All Lee Health employees must disclose to their department director, manager, or to their direct report, any of the following within 15 days:
 1. The employee or family member as described below, owns more than a 5% interest or has invested over \$5,000.00, whichever is less, in a company that does or seeks to do business with Lee Health (exclusive of investments in mutual funds);
 2. The Lee Health employee is an employee, contractor, director, or officer of a company that does or seeks to do business with Lee Health;
 3. The Lee Health employee is employed by, or contracting with, a competitor of Lee Health;
 4. The employee was offered or received free or discounted goods, entertainment, travel, or services of values at \$100.00 or greater from any person or entity that does or seeks to do business with Lee Health. Acceptance of vendor paid travel

related to purchases or for training or continuing education shall be approved in conformance with policy S23 00 935 Vendor Paid Travel, Training and Education;

5. The employee knows or suspects a violation of this policy.
- C Failure to disclose a potential conflict of interest, as defined above, may result in corrective action.
 - D Any department director, manager, or member of senior leadership receiving such disclosure shall immediately report the disclosure to the Compliance Office. If employee responded "yes" to any of the questions on the Employee Conflict of Interest Questionnaire ([FM# 5013](#)), a copy of the questionnaire should be sent to the Compliance Office for review. The original should be retained within the department files.
 - E In the event an employee is reporting a known or suspected violation of this policy involving their director, manager, or direct report, that employee shall contact the Compliance Office.
 - F Employees are encouraged to fulfill their reporting duties by following the reporting structure set forth above; however, an employee may choose to contact the Compliance Hotline at 1-877-807-5647 (1-877-807-LMHS) to provide disclosure anonymously. When an employee chooses this option, the employee should retain possession of the Compliance Hotline confirmation number as proof the employee fulfilled their duty to report.
 - G All employees are encouraged to contact Compliance regarding questions about the existence or possible existence of conflict of interest.
 - H Due to the complexity of conflict of interest law, particularly as it relates to conflicting employment or contractual relationships and the fact that there may be other conflict of interest rules that are more stringent, legal counsel is available for the review of specific situations that are not clear.

RELATED POLICIES:

M05 00 006 Adoption of a Child

S09 05 250 Employment of Relatives

S09 06 835 Solicitation and Distribution in the Workplace

S23 00 835 Solicitation or Acceptance of Gifts or Gratuities from Patients and Vendors

S23 00 841 Standards of Conduct

REFERENCES:

Florida Statutes, Ch. 400