Title: Conflict of Interest - 808  
Current Effective Date: 07/31/2017

Purpose:

Audience: All Cape Fear Valley Health System Employees

Departments: All Cape Fear Valley Health System Departments

Keywords: Conflict of Interest; Outside Employment

Definitions: N/A

Policy:

It is the policy of Cape Fear Valley Health System that employees shall not engage in any activity that creates an actual conflict of interest, and furthermore shall attempt to avoid participation in any activity that creates the appearance of a conflict between personal interests and the interests of the Health System.

It is the expectation of the Health System, that an employee will not knowingly give any information to an outside business or entity that may be harmful to the institution.

An employee shall not take part in decisions regarding any Health System purchasing or other financial transactions in which the employee has a financial or personal interest with any person or entity either doing business or proposing to do business with the Health System. A financial or personal interest, with the exception of traded stocks or related instruments, in another entity may include an ownership interest, a personal contract, or a family relationship with the owners of the entity or persons having contracts with the entity.

Procedural Guidelines:

HEALTH SYSTEM EXPECTATIONS

The Health System has certain routine expectations of its staff members which include, but are not limited to the following:
A. Outside Employment - A staff member's outside employment shall not compromise nor appear to compromise the employee's loyalty nor his/her ability to perform regular assignments with the Health System. This would also apply to the individual's ability to work the appropriate hours as set by the department manager.

1. An actual conflict would exist if an employee were to generate referrals or business for his/her outside employment as a result, directly or indirectly; of his/her employment with the Health System and as a result of such referrals would realize personal or financial gain.

2. Staff members are expected to declare any outside employment. The declaration should be made on the Conflict of Interest Questionnaire, and should include: the source of employment (for whom they work) and a statement of their outside job duties. In addition, management staff is expected to declare outside sources of income to include consulting, etc.

B. Acceptance of Gifts - Employees are not to seek or accept, directly or indirectly, payments, loans, services, gratuities, or gifts (that would influence or that would be perceived by others to influence his/her decision making process) from an individual or company doing or seeking to do business with the Health System. (See Administrative Policy, “Gifts or Other Items of Value from Vendors, Contractors or Suppliers”.) Employees are not to solicit or accept gratuities, gifts, or supplemental compensation from patients, relatives of patients, visitors, or physicians. (See Human Resources Policy #706, "Employee Responsibilities", section III.)

C. Business Transactions - An employee shall not personally do business with the Health System (directly or indirectly) for personal gain as an outside supplier, contractor, or consultant unless approved by the Board of Trustees.

D. Family Members – Family members are not permitted to work in the same department or on the same shift where one relative will directly or indirectly review or supervise the work of another, or where one relative could have access to the personnel records of the other. Family members include spouse, parents, children, brothers, sisters, grandparents, grandchildren, aunts, uncles, nephews, nieces, great-grandparents, great-grandchildren, great aunts, great uncles, and first cousins. Also included are persons having a step-relationship or half-relationship (e.g., half-sister) with those described above or the spouse (e.g. mother-in-law, sister-in-law) of any such person. Any person who resides in the same household as you is also considered a family member for purposes of this policy. (See Human Resources Policy # 206 “Employment of Family Members”).

E. Classes or Speaking Engagements - When an employee is called upon to give a class outside the Health System, and is paid by an outside source for this time or expenses, the employee may keep the monies provided he/she is off duty or on PTO time, provided his/her supervisor has given approval in advance. If on duty and/or the expenses are covered by the Medical Center, the employee must return the fees received to the Health System.
F. Declaration of Potential Conflicts - All employees will be expected to complete a 
Conflict of Interest Questionnaire, declaring any potential conflicts, and any outside 
employment.

The completed questionnaire shall be reviewed by Human Resources and discussed with 
Corporate Compliance, as needed.

1. All new employees will be informed of the policy during the hospital orientation 
and be required to complete a questionnaire during the on-boarding process.
2. All employees will be expected to complete a new questionnaire each year and 
when there is a change in circumstances during the year (e.g., department transfer, 
outside employment).
3. Anytime during the year if a potential or perceived conflict arises, the employee is 
expected to immediately contact his/her manager for an interpretation of policy, 
 prior to making any commitment. Managers are to contact Human Resources for 
assistance, as needed.
4. Failure to declare actual or potential conflicts of interest is grounds for 
disciplinary action up to and including termination of employment.

Related Documents/Policies:

Gifts or Other Items of Value from Vendors, Contractors or Suppliers – Administrative Policy
Employee Responsibilities - 706
Employment of Family Members - 206

References:

Conflict of Interest Questionnaire
Conflict of Interest Questionnaire

I have read Human Resources (“HR”) Policy 808 entitled, “Conflict of Interest” and HR Policy 206 entitled, “Employment of Family Members.” I understand that I am required to declare/list any outside employment, business venture, personal activity, or other relationships on the Conflict of Interest Questionnaire.

Do any member(s) of your family currently work at Cape Fear Valley Health System (“CFVHS”) or currently serve as a member of the CFVHS Board of Trustees? Family members include:
- Spouse
- Parents, children, brothers, sisters, grandparents, grandchildren, aunts, uncles, nephews, nieces, great-grandparents, great-grandchildren, great-aunts, great-uncles, and first cousins to include
- A person having a step-relationship or half-relationship (e.g., half-sister) described above or the spouse of any such person
- Any person who resides in the same household as you

Yes ☐ No ☐

If YES, please provide the following information:

<table>
<thead>
<tr>
<th>Name(s) of Family Member(s)</th>
<th>Department or Board Member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you or any of your Family members have a Financial Interest in any organization with which CFVHS has done or now does business, or an interest in any business transaction involving CFVHS?

Yes ☐ No ☐

If YES, please provide the following information:

<table>
<thead>
<tr>
<th>Name of business</th>
<th>Relationship to Your or your Family Member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are you employed (to include speaking at seminars) in a position outside of CFVHS?

Yes ☐ No ☐

If yes, please provide the name of the business and your position at that business.

<table>
<thead>
<tr>
<th>Name of business</th>
<th>Your position at that business</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I represent that the information I have provided is true to the best of my knowledge. I understand that any misrepresentation of information on this form may be grounds for disciplinary action up to and including termination.

Your Name ___________________________ Employee Number __________

Position at CFVHS ___________________________ Department ___________________________

Date ___________________________