

ELLENVILLE REGIONAL HOSPITAL

TITLE: Conflict of Interest Policy	Page 1 of 3
DEPARTMENT: Administration	
OTHER AFFECTED DEPTS:	
APPROVED BY: John Gavaris, Director of Support Services & Compliance Officer	EFFECTIVE: 1/11
Chair, ERH Board of Trustees:	
REVIEWED: 9/12, 7/13, 5/14, 9/15; 7/16, 7/17, 7/19, 7/20, 7/22	REVISED: 05/11, 07/11, 7/18, 5/21

STATEMENT & PURPOSE:

Ellenville Regional Hospital’s Board of Trustees, Foundation Board of Directors, Medical Staff, employees and Contractors, as defined in HHS Code 45 CFR § 75.351, for Ellenville Regional Hospital, that are supported by grant funding, shall not enter into any transaction or utilize any position with the facility to make a decision when a conflict of interest exists with respect to the transaction or decision that might not be in the best interest of the hospital. A conflict of interest exists when an individual to whom this policy applies, or any friend, relative, or business associates of such individual might directly or indirectly profit or reduce some detriment through the application of the position or knowledge of the individual.

POLICY:

It shall be the policy of Ellenville Regional Hospital that all Board of Trustees, Foundation Board of Directors, Medical Staff members and all persons employed or contracted by the Hospital shall conduct their relationships in such a manner as to ensure that decisions are made for providing safe and quality care to the patients and is in the best interest of the hospital. Formal disclosure of any potential or actual conflict of interest shall be completed in a timely manner and consequences of such disclosure shall be determined by the Board of Trustees.

PROCEDURE:

Any member of the Board of Trustees, Foundation Board of Directors, Medical Staff member, employee or Contractor shall promptly disclose in writing to the Administrator or President of the Board of Trustees any actual or contemplated transaction which poses a conflict of interest. The report shall contain a statement of all material facts as to the relationship or interest which creates the possible conflict of interest.

The disclosure of any actual or potential conflict of interest will be considered by the Board of Trustees, which will determine whether the actual or potential conflict of interest will have an adverse effect on the facility. The Board of Trustees will cause notice to be given to the disclosing person, in writing, of the determination and whether the situation may be allowed to continue or should be terminated, and of any other action that will be taken by the Board of Trustees or should be taken by the Board Member, Medical Staff Member, employee or Contractor. The Board of Trustees, Senior Management, and Management will sign a conflict of interest statement annually. All new employees and Contractors sign a conflict of interest statement at time of hire. If any actual or potential conflict of interests exist, the Conflict of Interest Disclosure Statement will be sent to the applicable federal awarding

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agency or pass-through entity. Approval of a transaction or decision may not be granted by the Board of Trustees if the transaction or decision is not in the best interest of the facility.

Actual conflicts of interest exist when the following directives are violated:

1. Political contributions – No facility funds or assets be used, directly or indirectly for political contributions.
2. Questionable payments – No bribe, payoff, kickback or other payment for any purpose be made by or on behalf of the facility, directly or indirectly, nor shall any such payment be accepted by any person to whom this policy applies. Social amenities, reasonable entertainment, and other courtesies within facility policies may be extended and accepted when the value of the item received or extended does not exceed \$50.00.
3. Sales and Purchases – All sales by the facility be billed directly to the purchaser and no patient or customer be billed for any amount in excess of the actual selling prices of the goods or services. No part of any purchase price shall be rebated to a patient or customer. All payments made by the facility be made by facility check, draft or other document transfer.
4. Accounts and Deposits – Unless otherwise approved by the Board of Trustees, all money paid to the facility or paid by the facility be deposited in or paid through accounts established by the facility, in its name and for its use.
5. Use of Position – No person to whom this policy is applicable to, use a position with the facility for personal gain nor any such person disclose or misuse privileged information or utilize such information for personal gain.
6. Personal Business – An employee may not conduct personal business for gain on facility time.

Potential conflicts of interest exist when any person to whom this policy applies, or any friend, relative, significant other or business associate of such person:

1. External Interests – Renders directive, managerial or consultative services, or holds, directly or indirectly, a position in any outside concern from which the individual has reason to believe the facility secures goods or services, or that provides goods or services competitive with the facility.
2. Investments – Holds directly or indirectly substantial investment (in excess of 5% ownership) in any outside concern from which the individual has reason to believe the facility secures goods or services, or that provides goods or services competitive with the facility.

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3. Gifts, Gratuities and Entertainment – Accepts gifts, entertainment, or other favors from any outside concern that does, or is seeking to do business with, or is a competitor of the facility, under circumstances from which it might be inferred that such action was intended to influence or possibly would influence the individual in the performance of his/her duties. This does not include the acceptance of items or benefits of nominal or minor value that clearly result from respect or friendship and are not related to any particular transaction or activity of the facility.
4. In the event that any member of the Board of Trustees, Foundation Board of Directors, medical staff or employee is found to have violated this policy, they will be subject to disciplinary action up to and including removal. In the event that a Contractor is found to have violated this policy, their contract shall be immediately suspended. After consultation with legal counsel, a final disposition will be determined by the Board of Trustees.