



Arkansas Children's Hospital
Policies and Procedures

Policy Date:	10-24-2007
Subject:	Conflict of Interest
Application:	Hospital-Wide
Distribution:	All Holders of Personnel Policy & Procedures Manuals
Approved By:	Scott Gordon Executive Vice President/COO
Recommended BY: Debby Keene ACH Compliance Officer	Supersedes: Policy No. 470, dated 8/07/01

Objective

This Conflict of Interest Policy outlines the expectation of all persons, employed or not, serving on groups, committees, or in any other capacity assisting in the evaluation, deliberation and/or acquisition of goods or services for Arkansas Children's Hospital.

The purpose of this policy is to provide guidance on how to identify, disclose and manage potential conflicts of interest. This Policy is intended to be the base policy for ACH. Each department or affiliated entity may have a more specific Conflict of Interest Policy that you will also need to complete.

Policy

Consistent with the ACH Code of Conduct, Hospital employees or those serving on ACH committees must not enter into any employment, transaction, or other arrangement that may cause a Conflict of Interest. All persons covered by this policy must disclose possible Conflicts of Interest caused by their work, or a family members association with ACH. All parties must further agree to manage such conflicts in accordance with this policy and associated procedures. If

you have questions about this policy, please contact the Compliance Officer to discuss. The Compliance Officer will determine, in consultation with ACH management, if a conflict is present.

Definitions

A Conflict of Interest occurs when an employee's judgment could be affected due to a personal interest in the outcome of a decision over which the employee has control or influence.

"Family relationships" include your spouse, ancestors, parent, children, grandchildren, great-grandchildren, sibling (whether by whole or by half blood), uncle, aunt, niece, nephew, in-laws, first cousins, stepparents, stepchildren, step-siblings, half-brothers and half-sisters, and the spouses of children, grandchildren, great-grandchildren, and siblings.

Procedure

1. Each employee must complete the attached Conflict of Interest Statement at the time of their annual evaluation. Completed statements should be sent to the Compliance Officer.
2. At any point in time, in addition to the annual statement, should a possible Conflict of Interest arises, it is the responsibility of the individual involved to immediately surface the conflict and recuse themselves from discussion, evaluation, deliberation, or discussions that evolve around their Conflict of Interest. Discussion of such potential conflicts with the Compliance Officer is appropriate at this time.
3. The individual should complete the Conflict of Interest statement contained in this policy and forward their statement to the Compliance Office.
4. The Compliance Officer will review completed statements and take further action, in consultation with appropriate ACH management, if needed.

Exceptions

- A. Arkansas Children's Hospital reserves the right to make any necessary revisions, additions, or deletions to this policy, at its discretion.
- B. No department may alter, modify, or revise this policy.

- C. Exceptions to this policy require the approval of the Chief Executive Officer, or his designee.

Arkansas Children's Hospital
CONFLICT OF INTEREST STATEMENT

I understand that if I do not initial both Attestations below indicating agreement, then I must complete the Disclosure of Interest section below.

Attestation

_____ I hereby attest that neither I or any of my family members have a Financial Interest in any organization with which ACH has done or now does business, or an interest in any business transaction involving ACH.

_____ I hereby attest that I am not employed in a position outside ACH that would potentially constitute a conflict of interest.

Disclosure of Interest

Please explain in detail the Financial Interest or relationship being reported.

You may use additional sheets if necessary.

Certification

I hereby certify that this statement accurately and completely describes, to the best of my knowledge and belief, all financial and other interests, which are required to be reported under the ACH Conflict of Interest Policy.

Date: _____

Employee Signature

Print Name

Received by the ACH Compliance Department _____
Date