Conflict of Interest Policy

I. Purpose

This policy provides guidance regarding conflicts of interest and is intended to supplement, but not replace, state and federal laws governing conflicts of interest for nonprofit and charitable organizations. The procedures describing how to disclose and manage real or apparent conflicts of interest are linked below.

Conflicts of interest may occur when an employee or immediate family member has, or to a reasonable independent observer appears to have, a financial or business interest in an outside entity doing business or intending to do business with D-H, the result of which may inappropriately influence the employee's judgment, compromise the employee's ability to carry out his or her responsibilities, or lessen public confidence in the integrity of D-H.

Relationships with outside entities, however, are vital to D-H, providing the opportunities to help design health care products and services, conduct research and to educate patients, clinicians and employees. Implementing greater rigor in identifying and managing the actual or potential conflicts of interest outlined in this policy is required to meet the high standards set by D-H, by regulators and/or other stakeholders.

II. Scope

The scope of this policy includes all employees, covered individuals and trustees of Dartmouth-Hitchcock as defined in Section III.

III. Definitions (See Below)

IV. Policy Statement

All individuals subject to this policy must avoid any conflict between their personal interests and their obligations/commitment to D-H and our patients. Individuals subject to this policy have a duty of loyalty and care to ensure that their outside obligations, financial interests, business transactions and activities do not conflict or interfere with their commitment to D-H. In addition, individuals covered by this policy must not engage in actions that violate laws or regulations governing D-H.

Individuals subject to this policy must report his/her relationship(s) with outside entities using the Activities Disclosure Form (see Conflict of Interest Procedures) to permit reporting and appropriate oversight of actual or potential conflicts. For more specific information by topic, review the following policy statements related to conflicts of interest as applicable:
V. Meals and Gifts Policy Statement

The acceptance from a vendor or outside entity of food in the form of snacks or full meals or gifts and/or promotional items, regardless of their value, is generally prohibited. However, there may be limited circumstances where the acceptance of meals is permissible. Reasonable judgment may be required in the acceptance of meals. (See Meals and Gifts Procedures for more details of which types of meals are acceptable and which are not.)

VI. Vendor Access Policy Statement

All vendors and vendor partners – regardless of the duration of the relationship or frequency of visits – must have specific written permission to access patient care areas or employee offices of the hospital or clinics. Therefore, employees/covered individuals should challenge vendors to ensure they are properly authorized before they proceed to a D-H department or physician’s office without a prior written invitation from a D-H employee that states the purpose and duration of the vendor visit.

A designated D-H employee/covered individual must provide adequate oversight or, when appropriate, accompaniment of vendor(s) and others that fall into this category while the vendor is on campus. The designated D-H employee will be responsible for the vendor’s actions during this time. All vendors or vendor partners or consultants are subject to this policy and must obtain and wear a D-H ID badge at all times while on D-H property. All vendors or vendor partners are required to register through the Vendormate process, consultants must be working under a contract. See Vendor Access Procedures.

VII. Purchasing/Resource Decision-Making Policy Statement

Employees/covered individuals must not knowingly solicit or participate in a decision-making process to influence the acquisition of goods or services from any outside entity that is owned or influenced by themselves or their immediate family member(s). Employees/covered individuals must not coerce or inappropriately refer individuals to themselves or their immediate family members for private gain. Personal business shall not be conducted or performed on any D-H campus or location. Employees/covered individuals must report through the Activities Disclosure Form all paid or unpaid activities that might reasonably create an actual or potential conflict of interest. Employees/covered individuals must be authorized in writing by D-H before making a financial commitment or authorizing the expenditure of D-H funds.

VIII. Royalties Policy Statement

Employees/covered individuals must not receive royalty payments based on or related to the use of a particular device, implant, pharmaceutical or other medical care related product or service involving a D-H patient or research subject. Employees/covered individuals who receive royalties (from relationships that are unrelated to D-H patient activity) may not participate in any decision making process for purchasing, committee(s) overseeing purchases for D-H or any other
equivalent committee when the product for which a royalty is received or a market competitor to such product is under consideration. See Section VII Purchasing/Resource Decision Making.

IX. Consulting and Other Outside Activities Policy Statement

D-H employees/covered individuals who have consulting and other types of relationships with outside entities must ensure these relationships promote D-H’s mission and not constitute nor appear to constitute a conflict of interest. Any type of consulting or other type of professional service must be disclosed using the Activities Disclosure Form (See Conflict of Interest Disclosure Procedure). If total remuneration exceeds $5,000 annually, the consulting engagement or relationship must be reviewed by the appropriate Section Chief, Department Chair or Senior Leader to assess for a conflict and manage it if present. Equity interests must only be disclosed if/when an equity interest exceeds 5 percent of the value of the entity and/or the individual reporting exerts significant influence over the entity. Ownership interests in mutual funds and retirement accounts are not subject to disclosure. See Consulting Procedures.

X. Speakers Bureau Policy Statement

D-H does not permit anyone covered by this policy to participate in speakers bureaus sponsored by pharmaceutical companies, device manufacturers, or other companies. Employees/covered individuals represent D-H even when such teaching is carried out on vacation, evening or weekend time because employees are credible experts and retained based on their clinical and academic titles. Speakers serving on speakers bureaus function essentially as a marketing agent of the vendor. This role acting as a vendor company agent endures even when the company does not control the content of the presentation or influence it and whether the activity has been awarded certified Continuing Medical Education, Continuing Nursing Education, or other relevant continuing professional education. Speaking engagements in which employees/covered individuals are invited to speak at symposia or national meetings to present research findings or opinions that are sponsored by industry, do not constitute a speakers bureau if the activity/event has been awarded accredited continuing education. See Speakers Bureau FAQ.

XI. Ghostwriting Policy Statement

Employees/covered individuals may not have their name and D-H affiliation listed as an author of a manuscript, presentation, or other publication, oral or written, regardless of medium, that was created by an industry entity or where the employee did not meet the criteria of meaningful authorship. Meaningful authorship is defined as making significant intellectual contribution to the work, including: conception, design, and performance; analysis and interpretation; and manuscript preparation and critical editing for intellectual content. For clarity, authorship guidelines of the International Committee of Medical Journal Editors (ICMJE) will be used in the determination of meaningful authorship. The use of medical writers and editors to assist in grant preparation or manuscript editing or writing is not considered ghostwriting and remains consistent with our Code of Ethical Conduct as long as authorship criteria are met and acknowledgment of all authors is clear, and so long as this service is not employed by an outside entity.
Conflict of Interest Definitions

• **Conflict of Interest:** Conflicts of interest occur when an employee or immediate family member has, or to a reasonable independent observer appears to have, a financial or business interest in an outside entity doing business with D-H or intending to do business with D-H, the result of which may inappropriately influence the employee's judgment, compromise the employee's ability to carry out their responsibilities, or lessen public confidence in the integrity of D-H.

• **Covered individuals:** For the purposes of this policy, a covered individual is defined as a person who is not an employee of Dartmouth-Hitchcock and is not active in our core Human Resource database with a compensation rate or benefit status and therefore is unable to be paid but is of interest to Dartmouth-Hitchcock. Examples of covered individuals: Dartmouth-Hitchcock Trustees, Dartmouth College employees, including Dartmouth Medical School staff and students when working at DHMC location or D-H funded position, travelers and/or volunteers assigned to any D-H location.

• **Dartmouth-Hitchcock:** All Dartmouth-Hitchcock Clinic and Mary Hitchcock Memorial Hospital facilities.

• **Employees:** For the purposes of this policy, “employees” includes all privileged health care practitioners, physicians, non-physician practitioners, nurses, administrators, technicians, ancillary staff, administrative and support staff, individual independent contractors, and all other individuals, including employees whose services have been purchased/contracted by external parties, receiving compensation directly or indirectly from any D-H entity, and others who may be identified.

• **Fair market value:** Compensation for professional services negotiated between parties where both have reasonable knowledge, no undue pressure, and take into account the prevailing rates for comparable services in setting the remuneration.

• **Ghostwriting:** For the purposes of the policy, “ghostwriting” is defined as “a published document that is written by others who are not listed as authors and in which the faculty member has not contributed sufficiently to justify authorship.”

• **Immediate Family Member:** Includes spouse, partner, siblings, step-siblings, parents, step-parents, grandparents, step-grandparents or any person living in the same household.

• **Independent contractor:** For the purposes of this policy, an independent contractor is an individual who is not an employee of MHMH, D-HC or the Community Group Practices, who provides personal services to D-H under a written contract. The individual will have a principal place of business other than D-H, offer services to the general public and will have clients other than D-H. D-H has the right to control or direct only the result of the work performed by the individual.
• **Industry:** Includes, but is not limited to, pharmaceutical, medical device, medical supply/equipment companies and other health-related entities that conduct or are seeking to conduct business with Dartmouth-Hitchcock.

• **Outside Entity:** The term outside entity includes, but is not limited to, pharmaceutical, medical device, medical supply/equipment companies and other health-related entities that conduct or are seeking to conduct business with D-H. In addition, an Outside Entity is any entity providing or wishing to provide non-healthcare or non-medical industry services, such as financial services, legal services, consulting services, independent contracting services, food services, external auditing services or other services to D-H. An entity may be proprietary (commercial interests), not-for-profit organizations or governmental agencies.

• **Remuneration:** Any form of monetary compensation or equivalent including honoraria, travel, entertainment, accommodations, and other benefits that may be extended in connection with the individual’s relationship with industry.

• **Speakers Bureaus:** Educational presentations performed by faculty members/educators to further the interest of a company (usually a pharmaceutical company or a medical equipment manufacturer) in which the company contracts with a faculty member, physician, nurse or other D-H employee to educate who in return receive remuneration from the same company.

• **Trustee:** Individuals who serve on the Mary Hitchcock Memorial Hospital or Dartmouth Hitchcock Clinic Board of Trustees.

• **Vendor:** Any representative of a manufacturer, distributor or company who visits the D-H for the purpose of soliciting, marketing, or distributing information regarding the use of medications, products, equipment or services.

• **Vendor Partner:** A representative of a manufacturer, distributor or company who is actively engaged in a contractual agreement with a D-H department or representative for a purchased service.

• **Vendormate Process:** The registration process for vendors using a software system called Vendormate.

**Conflict of Interest Disclosure Procedure**

**I. Procedure Scope:** The scope of these procedures includes all employees, covered individuals and trustees of Dartmouth-Hitchcock as defined in Section II.

**II. Procedures**

**Step 1: Disclosure**

The key to managing a conflict of interest is complete and contemporaneous timely disclosure, coupled with appropriate management or resolution of reported conflicts. It is the singular duty
of each employee to make full and accurate disclosures of potential conflicts.

Upon request, every individual subject to the Conflict of Interest policy and procedures must complete an Activities Disclosure Form. Completing the disclosure form upon request is a condition of re-appointment for clinicians and a condition of employment for employees and covered individuals.

The disclosure form contains an acknowledgement by the individual of the organization’s Conflict of Interest Policy and agreement to comply with it, including disclosing any real or apparent conflicts of interest at the time of identification or prior to engaging in the activity.

The disclosure form will initially be reviewed and managed at the department level. A conflict of interest will be determined at the discretion of department leadership, and an appropriate action plan will be implemented. Management of conflicts can include: divestment of assets; annual review; withdrawal from activity or relationship; or removal from decision-making process involving the conflict.

A summary report of the annual disclosure forms will be prepared for the D-H Boards of Trustees Audit and Compliance Committee. Contact D-H Compliance and Audit Services at 603-650-3480 or at COIHelp@hitchcock.org for information on accessing the disclosure form online.

**Step 2: Investigation and Resolution**

At the discretion of the vice president for D-H Compliance and Audit Services, a response to the disclosure form may require an investigation. In that case, the investigation will be coordinated through Compliance and Audit Services and will be conducted in a professional manner and within a reasonable timeframe depending on the complexity of the investigation. The results of the investigation will be reported to the chairperson of the Audit Committee, who will review the matter and determine whether it has been resolved to his or her satisfaction, or whether there is a need for additional action.

Resolution and management of a conflict of interest related to educational activities will be coordinated through the Center for Continuing Education in Health Sciences (CCEHS) in compliance with all national accreditation standards and reported to senior leadership as appropriate.

**Step 3: Violations and Disciplinary Actions**

If there is reasonable cause to believe that an individual required to disclose has failed to disclose a real or apparent conflict of interest, the individual will be informed and will have an opportunity to explain the alleged failure to disclose. If it is found there has been a failure to disclose an actual or possible conflict of interest, appropriate action will be taken, including disciplinary and corrective action as necessary. Disciplinary and related matters involving a D-H employee will follow the organization’s applicable policies and procedures.