

GENERAL MANUAL– POLICY/PROCEDURE

Effective Date: October 1995
Reviewed: April 1998
Reviewed: February 2008
Revised: December 2008

Issued By : Administration

Approved by: Medical Advisory Council(October 1994)/Board of Directors(June 1995), Board of Directors(February 2008)

Title : CONFLICT OF INTEREST POLICY & PROCEDURE

Policy Number: I-g-5-7

Key Words: Conflict of interest

Stakeholders:

Mount Sinai Hospital Board of Directors, Members of Board Committees, Employees, Medical Staff, Researchers, Students, Vendors and Volunteers

Policy Statement:

In order to maintain the highest standard of public trust and integrity, it is expected that all individuals associated with Mount Sinai Hospital will carry out their duties honestly, responsibly and in full accordance with the highest ethical and legal standards. It is recognized that potential and actual conflicts of interest may arise as individuals perform their duties and carry out related activities. As a first step in identifying and resolving conflicts of interest, all employees, appointees and medical staff shall immediately disclose any perceived potential or actual conflict of interest. In addition, all vendors providing goods and services to Mount Sinai Hospital shall also be required to disclose any perceived or actual conflict of interest.

An individual has a potential conflict of interest when that individual or member of his or her immediate family has the ability to influence directly or indirectly a decision or action of the Hospital that leads or could lead to a personal, financial or professional benefit for the individual or his or her family or when an individual's interest or actions are adverse to the interests of the Hospital.

The following are examples only and are not intended to be exhaustive. A situation or action does not need to occur as described to constitute a conflict of interest. Further, a potential as well as an actual conflict must be reported and it is important to consider the potential for conflict in each situation.

- i) using privileged or confidential information for personal gain
- ii) accepting or offering personal rewards in order to influence business transactions affecting the Hospital
- iii) requesting or accepting money, gifts, gratuities, loans or service for personal or family benefit without full payment for value received, from an enterprise which does business with the Hospital
- iv) conducting business on behalf of the Hospital with an enterprise which the employee or member of his or her immediate family has a personal or financial interest
- v) using discoveries, inventions or other intellectual property rights of the Hospital or in which the Hospital has an interest for personal benefit without the prior, written permission of the Hospital
- vi) using discoveries, inventions, information, ideas or data of Hospital researchers or other employees of the Hospital for personal benefit without the prior, written permission of such researcher or employee

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- vii) seeking or receiving funding or other considerations in regard to Hospital related activities without the prior, written permission of the Hospital
- viii) participating in actions that would deprive the Hospital of the time and attention of staff required to perform their duties properly
- ix) use of Hospital equipment, services or materials, personnel or trainees for personal gain or benefit
- x) use of Hospital name or logo, for personal gain or benefit
- xi) using one's position, influence or authority to promote the purchase, lease or use of goods or services used by the Hospital where the employee or member of his or her immediate family stands to gain financially from such promotion

An individual's failure to properly disclose an actual or potential conflict of interest may be grounds for corrective action, up to and including termination of his/her employment or contract with Mount Sinai Hospital.

Procedure:

- A) Whether a conflict of interest exists will depend upon the circumstances of each case. It is the responsibility of all individuals associated with Mount Sinai Hospital to declare situations of actual or potential conflict of interest.
- B) Board of Directors and individuals participating in, or having influence over, any purchasing process (including vendors) will be required to sign a declaration at the time of appointment and on an annual basis ([see Appendix 38](#)).
- C) Other individuals associated with Mount Sinai Hospital will be required to communicate in writing at the earliest opportunity any actual or potential conflict of interest (see Appendix 38).
- D) Conflicts shall be reported in writing, with sufficient detail, as follows:
 - i) President and Chief Executive Officer & Executive Vice-President and Chief Operating Officer to Chair of the Board of Directors, whose decision will be subject to review by the Nominating and Governance Committee.
 - ii) Board of Directors to the President and Chief Executive Officer (or designate), whose decision will be subject to review by the Nominating and Governance Committee.
 - iii) Senior Management to the President and Chief Executive Officer whose decision will be subject to review by the Chair of the Board of Directors.



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- iv) Employees and Students to Department Head, whose decision will be subject to review by the respective Vice-President.
- v) Medical Staff to Department Chief, whose decision will be subject to review by the Medical Advisory Council Executive and the Chief Executive Officer.
- vi) Researchers to Director of Research Institute, whose decision will be subject to review by the Vice-President, Research.
- vii) Volunteers to the Director of Volunteer Services, whose decision will be subject to review by the Vice-President.
- viii) Vendors to the Vice-President responsible for overseeing procurement.

E) A written response will be provided by the "immediate supervisor" to individuals who have communicated any actual or potential conflict of interest.

List of Appendices:

[\(see Appendix 38\).](#)



CONFLICT OF INTEREST – DECLARATION FORM

Please review the Mount Sinai Hospital Conflict of Interest Policy & Procedure* prior to completing this form. Please speak to your immediate supervisor if you have any additional questions. Use extra paper if your response requires more space than available below.

1. Conflict of Interest – Outside Activity	
A.	<p>Do you participate in outside activities which could represent a conflict of interest? (e.g., Board of Director position, outside employment, volunteer activity)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If “Yes”, please describe the activities including the names of the outside parties with whom you are involved, your role, and your time commitment to the outside activities.</i></p>
2. Conflict of Interest – Personal Benefit / Gain	
A.	<p>Do you or your Associate** receive a benefit from any outside organization that sells goods or services to Mount Sinai Hospital?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If “Yes”, please describe the details of the benefit which could represent a conflict of interest. (e.g., receipt of a gift or payment from a vendor).</i></p>
B.	<p>Do you or your Associate** receive payment from the Hospital in addition to your regular salary or stipend? (e.g., fee-for-service payment, remuneration for consulting services)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If “Yes”, please describe the fee-for-service arrangement or other remuneration that you or your Associate receives, not including your normal salary or stipend.</i></p>
C.	<p>Do you or your Associate** benefit from your Mount Sinai signing or other authority which could represent a conflict of interest?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If “Yes”, please describe the benefit received from the Hospital signing or other authority which could represent a conflict of interest.</i></p>
3. Conflict of Interest - Inappropriate Use of Hospital Resources or Information	
A.	<p>Do you use the services of employees, students or others that your supervise, for a purpose other than your employment / professional obligations to Mount Sinai Hospital? (e.g., use of staff to support an outside business)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If “Yes”, please describe the nature and involvement of those employees, students, or others in that outside activity.</i></p>

* Mount Sinai Hospital Conflict of Interest Policy & Procedure, <http://info2/policies/generalmanual/organization/ig57>

** **Associate:** An immediate family member (Includes a parent, grandparent, sibling, spouse (including a life partner), child, grandchild, son-in-law, daughter-in-law, brother-in-law, sister-in-law and the parent, grandparent, sibling, child, grandchild, son-in-law, daughter-in-law, brother-in-law, sister-in-law of the individual’s spouse), close friend, or legal entity of which the individual is a director, officer, or owes a fiduciary duty

B.	<p>Do you make significant use of Mount Sinai Hospital assets or resources to support activities outside of your employment / professional obligations to Mount Sinai Hospital? (e.g., use of office space, supplies, communication devices, or confidential information)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If "Yes", please describe the nature of each of the uses.</i></p>
<p>4. Other Conflicts</p>	
A.	<p>Are you aware of any other conflicts of interest or conflicts of commitment (perceived, potential or actual), involving you or your Associate**, that will affect your role with Mount Sinai Hospital?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If "Yes", please describe the nature of the perceived, potential, or actual conflict of interest and/or commitment.</i></p>

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** **Associate**: An immediate family member (Includes a parent, grandparent, sibling, spouse (including a life partner), child, grandchild, son-in-law, daughter-in-law, brother-in-law, sister-in-law and the parent, grandparent, sibling, child, grandchild, son-in-law, daughter-in-law, brother-in-law, sister-in-law of the individual's spouse), close friend, or legal entity of which the individual is a director, officer, or owes a fiduciary duty.

Please print:

Name:

Department:

Email:

Phone:

Name of Supervisor (e.g., Manager, Chief):

Supervisor's Title:

Reporting Individual's Declaration

I declare that the information contained in this Declaration Report is true and correct to the best of my knowledge, information, and belief.

I will promptly submit a revised report if at any time my circumstances warrant a different response to any of the questions in this Declaration Report.

I have read the Mount Sinai Hospital's *Conflict of Interest Policy & Procedure* * and understand this Declaration is given in accordance with that *Policy*. I understand that if I have indicated that I may become involved in activities which could represent a conflict of interest or a conflict of commitment, I shall not engage in these activities until such time as the conflict considerations are assessed and resolved. If I have indicated that I am presently involved in activities which could represent a conflict of interest or a conflict of commitment, I understand that I may continue the activity until such time as the conflict considerations are assessed and resolved, unless I am ordered by my department head (in consultation with the appropriate Vice-President) to cease the activity. I understand that the order to cease the activity shall stand until such time as the conflict considerations are assessed and resolved.

The personal information collected in this form is collected in accordance with the *Freedom of Information and Protection of Privacy Act*, and will be maintained by the Human Resources Department or Medical Affairs Department for the purposes of managing conflicts of interest. If you have any questions about the collection, use and disclosure of personal information provided on this form, please contact the Hospital Freedom of Information Coordinator and Privacy Officer at privacy@mtsinai.on.ca.

Where public disclosure of information is required relating to an assessed conflict, you will be notified by Mount Sinai Hospital at that time.

Signature

DATE

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