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**Purpose:**

The conflict-of-interest policy safeguards the PTSF's interest when members enter into a review, accreditation determination, transaction, or arrangement that may benefit the private interest of a member or would impair or potentially impair the objectivity of a member, or where an action by a member might conflict with the interest of the PTSF.

This policy is further designed to specifically ensure that any deliberations, discussions, or actions concerning a hospital's trauma center accreditation application or review are unbiased. This policy is intended to supplement but not replace any applicable state laws governing conflicts of interests applicable to non-profit corporations.

**Procedure:**

1. The chair of the board of directors shall appoint a conflict-of-interest committee chair and members from the members of the board of directors. The chair should have participated in at least one prior conflict-of-interest committee. There is no term limit for committee participation.
2. All PTSF board members are notified of this policy (BD-106) and must complete a disclosure/conflict of interest statement as a component of the appointment process and annually via survey thereafter. Each board member shall disclose any actual or possible conflicts of interest concerning any affiliation defined as a financial interest in, or fiduciary, employment, or consultative relationship with, a health care or related facility.
  - A. Legislators are not required to submit a conflict-of-interest survey. This decision results in the individual exclusion from hospital-related board votes.
  - B. If the board or committee has reasonable cause to believe that a member has failed to disclose actual or possible conflicts of interest, the PTSF President should inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose.
3. All hospitals, accredited and pursuing accreditation, are required to complete the annual conflict-of-interest survey. Hospitals must identify the reason for the conflict request or indicate a waiver relinquishing the option to enact the conflict-of-interest policy. Respondents are given approximately two weeks to complete the survey.
4. PTSF Staff are considered in conflict of interest with any hospital that the staff member was previous employed at within the following guidelines
  - i. Accreditation Team:
    - a. Accredited trauma centers – staff employment at the hospital within the current survey cycle or two years, whichever is longer.
    - b. Pursuing hospitals – employment at the hospital within the last two years.
  - ii. Non-Accreditation Team: employment at the hospital within the last two years.

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5. The PTSF correlates the responses to the hospital and board surveys.
  - A. PTSF staff members provide a summary of the responses to legal counsel to ensure compliance with bylaws and precedence.
  - B. PTSF staff members share the redacted list of COIs with the committee chair prior to the committee meeting.
  - C. The committee chair, in collaboration with the PTSF President, provide the list of COIs to the committee for discussion and determination.
6. Conflicts submitted by hospitals which identify board members as potential conflicts are evaluated for consideration based on the following factors:
  - A. Perception of competition by either board member or hospital/health system.
  - B. Distance between the board member's hospital and the hospital applying for accreditation.
  - C. Level of involvement of board member or board member's hospital/health system in reviewed hospital's trauma program or health system within past two years regardless of whether there is a contractual arrangement for consultative services. This may include:
    - i. Acting as a site surveyor
    - ii. Performing mock surveys
    - iii. Performing external peer reviews and mentoring
    - iv. Performing consultative services
  - D. Prior employment history of board member at hospital within past two years.
7. If a conflict of interest is determined by the committee, the conflicted Board Member is excluded from discussions related to the hospital.
8. The PTSF President will communicate the conflict-of-interest committee determinations with the hospitals. If the hospital disagrees with the determination, hospital representatives must submit a request for reconsideration within five business days.
9. If a new conflict-of-interest determination arises outside of the annual conflict-of-interest cycle, the PTSF will discuss this with legal counsel to determine actions. An ad-hoc conflict-of-interest committee may be enacted as needed. Examples may include but are not limited to an unexpected change in board membership and/or a new pursuing hospital application.
10. The committee meeting minutes shall contain:
  - A. The names of the persons/hospitals who disclosed or otherwise were found to have a conflict of interest in connection with an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the committee's decision as to whether a conflict or a potential conflict of interest existed.
  - B. The names of the persons who were present for discussions and votes relating to the transaction or arrangement, the content of the discussion, including any alternatives to the proposed transaction or arrangement, and a record of any votes taken in connection therewith.

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Approved by PTSF Board of Directors and/or Executive Committee:

Original Date: 02/12/1986

Revise Date: 04/02/1998, 06/20/2002, 12/14/2005, 09/11/2007, 03/10/2011, 12/06/2012, 03/25/2022, 04/28/2025

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