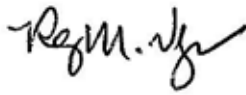


-- GUAM MEMORIAL HOSPITAL AUTHORITY  
ADMINISTRATIVE MANUAL

<b>APPROVED BY:</b>  Rey M. Vega Hospital Administrator/CEO, Interim	<b>RESPONSIBILITY:</b> Board of Trustees Medical Executive Committee Hospital Administration	<b>EFFECTIVE DATE:</b> July 20, 2011	<b>POLICY NO.</b> A-LD100	<b>PAGE</b> 1 of 5
<b>TITLE: CONFLICT MANAGEMENT AMONG LEADERSHIP GROUPS</b>				
<b>LAST REVIEWED/REVISED: 07/2011</b>				
<b>ENDORSED: EMC 05/2011, MEC 07/2011, BOT 07/2011</b>				

**PURPOSE:**

Conflict is a normal response to differing opinions about needs, values, and interests. While not all conflict is harmful; ineffectively managed conflict can adversely affect patient safety and quality, particularly when hospital leadership groups disagree about accountabilities, policies, practices, and procedures.

The governing body, administrators, and medical staff of Guam Memorial Hospital Authority have established and approved a conflict management process in order to:

- Promote productive, collaborative, and effective teamwork among and between all tiers of the organization including hospital leadership groups
- Protect patient safety and quality of care.

**POLICY:**

Guam Memorial Hospital Authority shall implement the conflict management process as necessary to promote organizational well-being and protect patient safety and quality of care and services.

As appropriate to their role, the governing body, medical staff, hospital leaders, and hospital staff receive conflict management education during orientation and periodically thereafter.

Foundational principles necessary to support conflict management include:

- A willingness to acknowledge existence of conflict;
- Open communication;
- Dealing with conflict within an environment of mutual respect;
- Acceptance and tolerance of different perspectives through the process;
- Commitment to fundamental fairness;
- Educating all stakeholders about conflict management;
- Developing a conflict management process with policies and procedures with input from the stakeholders; and
- Holding stakeholders accountable to use the conflict management process.

**DEFINITIONS:**

Conflict - Differences in beliefs, need, interests, or values among leadership groups and/or other groups or individuals within the healthcare organization.

Dysfunction conflict - Escalating conflict that undermines productivity, demoralizes teams and/or individuals, and/or jeopardizes safety and quality of care, treatment, and services.

Conflict management - The process of identifying and handling conflict in a manner that protects patient safety, quality of care, and organizational well-being. Conflict management involves open, productive, and respectful communication that acknowledges the rights and responsibilities of stakeholder parties.

Conflict Resolution Committee - an ad hoc committee consisting of membership from the various leadership groups that shall be created to meet when a conflict arises that, if not managed, could adversely affect patient safety or the quality of care.

## **PROCEDURE:**

All attempts at informal conflict management shall be attempted prior to formal conflict management. Situations that cannot be resolved with informal conflict management may need formal conflict management. Formal conflict management may involve the utilization of experts to assist from outside the organization.

### **I. INFORMAL CONFLICT MANAGEMENT**

- A. Most conflict situations can be informally resolved in a manner consistent with the organization's values and code of conduct.
  1. Individuals involved in a conflict will acknowledge the conflict and respectfully listen to and consider the positions of others.
    - a. Opportunity will be provided for key stakeholders to openly discuss the situation at hand, ask questions of one another, and evaluate pertinent information.
    - b. Parties shall actively listen, treat others with respect, and refrain from behaviors and/or language that could potentially escalate the conflict to an unacceptable level. Refer to Guam Memorial Hospital Authority Administrative Manual Policy No. 6100-42, *Disruptive and Inappropriate Behavior*.
  2. If the conflict cannot be satisfactorily resolved through these informal means and/or has escalated to the point of threatening patient safety, quality, or the effective operations of the organization, the formal conflict management process will be implemented.

### **II. FORMAL CONFLICT MANAGEMENT**

- A. Formal conflict resolution is necessary when conflict becomes dysfunctional and threatens quality, patient safety, and/or organizational well-being. In such cases, the Conflict Resolution Committee shall be called upon to implement the formal conflict resolution process.
  1. The Conflict Resolution Committee shall provide for a process for managing conflict among leadership groups.
  2. Membership of the Conflict Resolution Committee shall consist of:

- a. Two members of the Medical Executive Committee (and may or may not be members of the Board of Trustees;
  - b. Two non-physician Board members who are selected by the Board Chairperson;
  - c. The Hospital Administrator/Chief Executive Officer
3. The Conflict Resolution Committee shall meet as needed, specifically when a conflict arises that, if not managed, could adversely affect patient safety or quality of care. When such conflict arises, the Committee shall meet with the involved parties as early as possible to resolve the conflict, gather information regarding the conflict, work with the parties to manage and when possible, to resolve the conflict, and to protect the safety and quality of care.
- B. The Conflict Resolution Committee may decide that due to the nature and extent of the conflict the Committee may decide to obtain the assistance of additional resources.
1. External resources should be considered when the conflict involves key organizational leaders, a particularly sensitive issue, and/or there are no unbiased internal resources. External conflict management resources include but are not limited to:
    - a. Mental health professionals
    - b. Legal professionals
    - c. Human resource professionals
    - d. Ethics experts
  2. The most appropriate internal or external resource will be secured. The designated facilitator/mediator will:
    - e. Expeditiously meet with the involved parties to define the issues associated with the conflict and identify potential areas of common ground
    - f. Gather pertinent information about the conflict
    - g. Work with parties to manage, and when possible, resolve the conflict
    - h. Assure appropriate flow of information to leadership regarding the conflict management process and, in particular, issues that could adversely affect patient safety and quality of care.
  3. Throughout and after the conflict management process, the senior leader(s) will implement all necessary actions to protect patient safety and quality of care.

### **III. GENERAL GUIDELINES FOR FACILITATING CONFLICT MANAGEMENT**

- A. Identify all parties that have a stake in the conflict.
- B. Develop a brief description of the conflict and associated issues.
- C. Obtain information about the conflict to include applicable documents, policies, and other pertinent materials.
- D. Work with appropriate parties to establish a time and place to conduct the initial meeting.
- E. Establish ground rules and expectations. Examples include:
  1. Treating all parties in a respectful manner

2. Active listening with a willingness to consider different perspectives
  3. Candor and openness
  4. Confidentiality
  5. Maintaining focus on the key issues
  6. Recognizing that the resolution must comply with legal, regulatory, and accreditation requirements.
  7. Keeping clinical quality and patient safety above personal interests
- F. Maintain a neutral perspective and guide conversation during the meeting.
1. Review ground rules and assure these are observed during the meeting
  2. Obtain confirmation that the description of the conflict and associated issues is accurate
  3. Establish clear goals/outcomes of the meeting
  4. Assure that all parties are heard
  5. Work with the stakeholder to identify common ground
  6. Identify and address barriers that have or are impeding resolution
  7. Work with the group to resolve the conflict
  8. Develop a plan with clear accountability for assignments, actions, and/or next steps
  9. When the formal conflict management process has been activated, provide the designated organizational leader with a summary of the meeting outcome and any ongoing unresolved issues. Determine if additional meetings or action is needed.

## **ATTACHMENT**

- I. [Conflict Management Report](#)

*ATTACHMENT I*

CONFIDENTIAL

## **Conflict Management Report**

**Purpose:** To briefly summarize issues and process outcomes when the formal conflict management process is activated.

Report Date: \_\_\_\_\_

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Name/Title of individual facilitating the formal conflict management process:

Issue (provide succinct and unbiased summary of the conflict; refrain from use of names and other confidential information):

Key Stakeholders (describe/list stakeholder groups rather than individual names):

Meeting Date(s):

Outcome (briefly describe whether the conflict was resolved in a manner that protects patients and the organization):

Actions Taken:

Additional Actions/Follow-up Required:

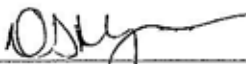

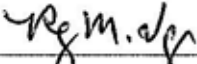
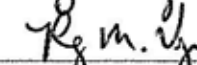


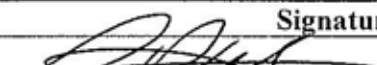

Name/Notes/Date of Senior Leader:

**GUAM MEMORIAL HOSPITAL AUTHORITY**

**REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

- Bylaws                                      Submitted by:                      Danielle Manglona, Compliance Officer
- Rules & Regulations                      Policy No./Title:                      A-LD, Conflict Management Among Leadership Groups
- Policies & Procedures

Reviewed	<b>Date</b>	<b>Signature</b>
	2011 05 24	
	<del>2011 05 24</del>	<del></del>
Endorsed		
Title	Danielle Manglona Compliance Officer	
Reviewed	<b>Date</b>	<b>Signature</b>
	2011 05 24	
		
Endorsed		
Title	Rey M. Vega Chairman, Executive Management Council	
Reviewed	<b>Date</b>	<b>Signature</b>
	7/11/11	
	7/11/11	
Endorsed		
Title	Vincent Duenas, MD Chairperson, Medical Executive Committee	
Reviewed	<b>Date</b>	<b>Signature</b>
	7/20/11	
	7/20/11	
Endorsed		
Title	Lee Webber Chairman, Board of Trustees	

**\*Use more forms if necessary. All participating departments/committees in developing the policy should provide signature for certification prior to submitting to the Compliance Officer.**