



HOSPITAL POLICY

Section: Governing Body

Policy Number:

Subject: Conflict Management

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Executive Owner: Chairperson, Board Of Directors

Approval Date:

Effective Date: New 4/6//10

Last Review

Revised Date:

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POLICY: The hospital establishes a conflict management process to effectively manage conflict among leadership groups in regards to accountabilities, policies, practices and procedures to protect the quality and safety of patient care.

PURPOSE: To establish an ongoing process for managing conflict among leadership groups to address conflict situations which have the potential to threaten health care safety and quality.

DEFINITION:

Leadership Groups - Provena Saint Joseph Medical Center Board of Directors, Medical Staff and Executive Leadership which includes PSJMC Executive Team (System Sr. Vice President and CEO, Executive Vice President and Chief Operating Officer, Chief Nurse Executive and Vice President Patient Care Services and Vice Presidents.)

PROCEDURE

I. Unless otherwise set forth in the Hospital Bylaws, the Board of Directors of Provena Saint Joseph Medical Center in partnership with the Medical Staff and Executive Leadership establishes the following process for addressing conflicting recommendations made by any of the leadership groups including the Board of Directors, Medical Staff and Executive Leadership:

- A. The Board of Directors, the Medical Staff and Executive Leadership, in partnership, will make best efforts to address and resolve all conflicting recommendations in the best interests of patients, Provena Saint Joseph Medical Center, the communities we serve, and the members of the Medical Staff.
- B. When a leadership group plans to act or is considering acting in a manner contrary to a recommendation by another leadership group, the Executive Committee of the Board of Directors, Medical Staff Officers and select members of Executive Leadership shall meet within thirty (30) days with the Board or a designated committee of the Board and seek to resolve the conflict through informal discussions. If these informal discussions fail to resolve the conflict, the System Senior V.P. & President/CEO, Medical Staff President or the Chairperson of the Board may request initiation of a formal conflict resolution process.

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- C. The Provena Saint Joseph Medical Center Bylaws Article VII, Section 7.8 establishes an Ad Hoc Conflict Resolution Committee. "In lieu of a Joint Conference Committee, an Ad Hoc Committee may be established by the chairperson, chief executive officer and the president of the Medical Staff for the purposes of conflict/dispute resolution between the Hospital Board of Directors and the Medical Staff." This process shall be followed for conflict among any of the Provena Saint Joseph Medical Center leadership groups.
- D. The formal conflict resolution process will begin with a meeting of the Ad Hoc Conflict Resolution Committee of the Board within thirty (30) days of the initiation of the formal conflict resolution process to address the conflict.
- E. The Ad Hoc Conflict Resolution Committee shall be comprised of an equal number of representatives of Board of Directors, the Medical Staff and Executive Leadership. The members will nominate and elect by majority a member of the Committee to chair the meeting(s).
- F. If the Ad Hoc Conflict Resolution Committee cannot produce a resolution to the conflict acceptable to the Board of Directors, the Medical Staff and Executive Leadership within thirty (30) days of the initial meeting, the Ad Hoc Conflict Resolution Committee may enter into mediation facilitated by an outside party.
- G. The Board of Directors, the Medical Staff and Executive Leadership shall agree upon the selection of the third party mediator. The third party mediator will be skilled in conflict resolution. The Ad Hoc Conflict Resolution Committee will work with Provena Saint Joseph Medical Center Human Resources Department to identify a mediator within or outside of the organization. The selection of the mediator will be approved by a majority of the members of the Ad Hoc Resolution Committee.
- H. The Ad Hoc Conflict Resolution Committee shall make best efforts to collaborate together and with the third party mediator to resolve the conflict. Pertinent information will be gathered for review. Any resolution arrived at during such meeting shall be subject to the approvals of the Board of Directors, the Medical Executive Committee, and Executive Leadership.
- I. If, after ninety (90) days from the date of the initial request for mediation from an outside party, the Leadership Groups cannot resolve the conflict in a manner agreeable to all parties, the Board shall have the authority to act unilaterally on the issue that gave rise to the conflict.

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- J. If the Board determines, in the its sole discretion, that action must be taken related to a conflict in a shorter time period than that allowed through this conflict resolution process in order to address an issue of quality, patient safety, liability, regulatory compliance, legal compliance or other critical obligations of the hospital, the Board may take action which will remain in effect only until the conflict resolution process is completed. Actions taken which are not susceptible to change will not be changed.

REFERENCES

The Joint Commission, Leadership Standards 2009, LD.02.04.01.

Approval: Board Governance Committee – 3/18/10
Full Board of Directors – 4/6/10