

**HACKETTSTOWN REGIONAL MEDICAL CENTER
ADMINISTRATIVE POLICY MANUAL**

CONFLICT MANAGEMENT PROCESS

Effective Date:	October 2013	Policy No:	AD033
Cross Referenced:		Origin:	Administration
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SCOPE

The Governing Body, senior leadership and the medical staff

PURPOSE

The governing body, leadership and medical staff of Hackettstown Regional Medical Center have established and approved a conflict management process in order to:

- Promote productive, collaborative, and effective teamwork among and between the hospital’s senior leadership groups, the governing body, the Medical Executive Committee of the Medical staff or the medical staff
- Protect patient safety and quality of care.

DEFINITIONS

Conflict - Differences in beliefs, need, interests, or values among leadership groups and/or the medical staff and the governing body that has or could impact patient safety and or quality of care.

Conflict management- The process of resolving an identified conflict among the participants to protect 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.

Neutral Convener – An individual with foundational conflict management training and competencies who can serve as a neutral facilitator when a conflict has not yet escalated to the point of seriously jeopardizing patient safety or quality of care.

Conflict Management Specialist – An individual with advanced conflict management training who is competent to facilitate discussions among parties in conflict when patient safety, quality of care, or the reputation of the organization are at stake.

Stakeholders – Broadly defined to include governing board members, senior leadership/administration and medical staff leaders.

POLICY

To manage conflict among the senior leadership and the leaders of the medical staff and the governing body, Hackettstown Regional Medical Center shall implement the conflict

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management process as necessary to promote organizational well-being and to protect patient safety and ensure quality of care services.

PROCEDURE

The Governing Body, Senior Leadership (President’s Council), the Medical Executive Committee of the Medical Staff and the Medical Staff will strive to resolve all conflicts in the interests of patient care, the communities HRMC serves, and the hospital.

The process for conflict management is as follows:

- A. Informal Conflict Management
- B. Formal Conflict Management

A. Informal Conflict Management Process:

There is agreement among the stakeholders to acknowledge the conflict between them and agree to do the following:

1. Set-up a meeting to provide each stakeholder with the opportunity to gather information to better understand the basics of the conflict with facts and to obtain perspectives of each other
2. Each stakeholder agrees to engage in active listening skills when discussing the conflict
3. Each stakeholder shall state the position of the other stakeholders
4. Each stakeholder shall have the opportunity to discuss their positions without judgment and with the intent of protecting the safety of patients and improving quality of care
5. Each stakeholder will utilize the following techniques:
 1. Use reflective statements of the positions stated
 2. Attempt to de-position by eliminating non-issues or less important issues
 3. Ask questions in a forum of respect.
6. Seek skilled assistance of a Neutral Convener or facilitator, if needed.

B. Formal Conflict Management

Formal conflict resolution is necessary when conflict becomes dysfunctional and threatens quality, patient safety, and/or organizational well-being.

1. If not already aware, senior leadership (the President or appropriate member of President’s Council) and/or the President of the Medical Staff, and/or the

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Chairperson of the Governing Board shall be notified about the conflict and the need for implementation of the formal conflict resolution process.

2. The senior leader(s) of either Administration, Medical Executive Committee or of the Governing Board will meet with the involved parties as soon as possible and identify the nature and extent of the conflict. The senior leader(s) will also gather additional information and determine whether internal or external resources are required to manage the conflict. External resources should be considered when the conflict involves key organizational leaders and or the governing body, a particularly sensitive issue, and/or there are no unbiased internal resources. External conflict management resources include but are not limited to:
 - Human Resource professionals
 - Conflict Management Specialist
 - Legal professionals
3. An appropriate internal or external resource will be secured. The designated facilitator/mediator will:
 - Expeditiously meet with the involved parties to define the issues associated with the conflict and identify potential areas of common ground
 - Gather pertinent information about the conflict
 - Work with parties to manage, and when possible, resolve the conflict
 - 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.
 - Throughout and after the conflict management process, the senior leader(s) will implement all necessary actions to protect patient safety and quality of care.
4. Each stakeholder involved in a formal conflict management process shall receive a report or a Resolution Agreement to include, but not limited to, the following information:
 - Name and title of individual facilitator
 - Date of report/agreement
 - Succinct and unbiased summary of conflict
 - Key stakeholders
 - Meeting dates
 - Outcome/Recommendations
 - Actions agreed to be taken

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- Additional Actions/Follow-up required

5. The Report or Resolution Agreement should be reported to the Governing Body at a regularly scheduled meeting.