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I. PURPOSE

To provide a mechanism approved by the Stanford Health Care (SHC) or Lucille Packard Children’s Hospital Stanford (LPCHS) Board of Directors by which conflict that occurs within the senior leadership of the organization, the Medical Executive Committee and the Organized Medical Staff can be identified, addressed and appropriately managed

II. POLICY STATEMENT

It is the policy of SHC and LPCHS to recognize that the goal of conflict management may not necessarily result in the resolution of conflict, but rather the appropriate management of conflict that protects patient safety and quality of care.

This is an organization-wide policy and applies to all individuals or groups who independently or collectively are identified as senior level leaders or medical staff. For purposes of this policy, Senior Leaders include but are not limited to the governing body, the chief executive officer, elected or appointed leaders of medical staff and clinical department leaders. Medical Staff includes but is not limited to the Medical Executive Committee and/or Organized Medical Staff.

III. DEFINITIONS

- A. **Conflict:** A disagreement in beliefs, need, interests or values between two or more individuals and/or groups within Lucile Packard Children’s Hospital (LPCHS) or Stanford Health Care (SHC).
- B. **Dysfunctional conflict:** Escalating conflict that undermines productivity, demoralizes teams and/or individuals, and/or jeopardizes safety and quality of care, treatment and services.
- C. **Conflict management:** The process of identifying and handling conflict in a manner that protects patient safety, quality of care and organizational well-being.

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- D. **Conflict management specialist:** An individual trained in conflict management who is competent to facilitate discussions among parties in conflict.

IV. PRINCIPLES

It is the policy of SHC/LPCHS that the management of conflict be guided by the following principles:

- A. Conflict management will occur in an atmosphere of mutual respect and understanding by the parties involved.
- B. Management of conflict will be consistent with the organization’s mission, values, and strategic objectives, as well as policies and organizational ethics.
- C. When possible, all reasonable efforts will be made to assure that the management of a conflict meets the needs of the parties involved.
- D. Conflict management will be accomplished in a manner that respects the governance and organizational structures.
- E. Discussion regarding issues of conflict is confined to internal communications in all cases while maintaining the highest level of confidentiality appropriate to the issue. Communication to the public is not appropriate and can damage the reputation of SHC or LPCHS.
- F. Individuals who help the organization implement conflict management, whether from inside or outside the organization, shall be skilled in conflict management.
- G. Conflict involving patient care will be resolved in a manner that protects the safety and quality of care, and best serves the interest of the patient.
- H. The SHC or LPCHS Board of Directors will receive timely and thorough information about significant conflict issues and approaches used to resolve the conflict

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V. PROCESS/PROCEDURE

Regardless of the process utilized to manage conflict, it is the policy of SHC or LPCHS that the following steps must occur:

- A. Those parties involved in the conflict will meet as early as possible to identify the specific nature, scope, and degree of conflict.
- B. Adequate information regarding the conflict will be gathered before attempting management.
- C. Parties involved in the conflict are expected to manage and, when possible, resolve the conflict in accordance with the principles outlined in this policy.
- D. When a formal conflict management process is necessary, the conflict management specialist will have the documented training and competencies necessary to fulfill the role.
- E. The chain of command involving the parties at conflict should be notified of the conflict resolution process.

Informal Conflict Management

Informal conflict management is the process of choice for addressing and resolving conflicts. Most conflict situations can be informally resolved in a manner consistent with SHC or LPCHS’s values and code of conduct.

- A. Individuals or groups involved in the conflict will acknowledge the conflict and respectfully listen to and consider the positions of others.
- B. Key stakeholders will openly discuss the conflict, ask questions of one another and evaluate pertinent information.
- C. 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.

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- D. Attempt to reach mutually agreed upon solutions. If the conflict cannot be resolved internally the conflict should be escalated through the chain of command process. If necessary up to and including the, President of the Medical Staff (LPCH)/Chief of Staff (SHC) and the Chief Executive Officer (CEO)

Formal Conflict Management

Formal conflict management is necessary when conflicts cannot be resolved informally within an appropriate period of time or the conflict becomes dysfunctional and threatens quality, patient safety and/or organizational well-being.

- A. If not already aware, the President of the Medical Staff(LPCH)/Chief of Staff (SHC) along with the CEO(s) and the SHC or LPCHS Board of Directors shall be notified about the conflict and the need to implement the formal conflict management process.
- B. The involved parties will convene as soon as possible and identify the nature and extent of the conflict.
- C. Senior Leader(s) will gather sufficient information to determine whether to seek assistance from an internal or external Conflict Management Specialist. External resources should be considered when the conflict involves key organizational leaders, a particularly sensitive issue, or there are no internal resources or unbiased internal resources.
- D. Once the Conflict Management Specialist is identified, he/she will:
 1. Expeditiously meet with the involved parties to define the issues associated with the conflict and identify potential areas of common ground.
 2. Gather pertinent information about the conflict.
 3. Work with the parties to manage, and when possible, resolve the conflict.
 4. Communicate appropriate and timely information to leadership regarding the conflict management process; and in particular, issues that could adversely affect patient safety and quality of care.

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- E. Throughout and following the conflict management process the Senior Leader(s) will implement all necessary actions to protect patient safety and quality of care.

VI. DOCUMENT INFORMATION

- A. Legal Authority/References
1. Joint Commission on Accreditation
- B. Author/Original Date
Lee Thorpe-Critten, August, 2010
Debra Green Oliphant, June 2022
- C. Distribution and Training Requirements
1. This policy resides in the SHC and LPCH Medical Staff Policy Manual.
- D. Review and Renewal Requirements
This policy will be reviewed and/or revised every three years or as required by change of law or practice.
- E. Review and Revision History
Reviewed 7/2013, 5/16, 6/22
- F. Approvals
LPCHS Policy Committee, 7/2013, 5/16, 6/22
SHC/LPCHS Medical Executive Committee, September 2010, 7/2013, 5/16, 7/22
SHC/LPCHs Governing Board, 7/2013, 5/16, 7/22

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