

<b>Service Area:</b> Medical Staff	<b>YALE NEW HAVEN HEALTH POLICY &amp; PROCEDURES</b>	
<b>Title: Conflicts among Leadership Groups Related to Patient Quality and Safety</b>		
<b>Date Approved:</b> 7/21/2019	<b>Approved by:</b> System Clinical Council	
<b>Date Effective:</b> 7/12/2019	<b>Date Reviewed/Revised:</b> NEW	
<b>Distribution:</b> MCN Ellucid	<b>System Policy Type (I or II):</b>	
<b>Supersedes:</b> BH: None GH: Conflict Management Policy for Leadership LMH: None WH: None YNHH: Conflicts Among Leadership Groups Related to Patient Quality and Safety		

## PURPOSE

To provide guidance to the resolution of conflicts among leadership groups related to patient quality and safety.

## APPLICABILITY

This policy applies to each licensed hospital affiliated with Yale New Haven Health System (YNHHS), including Bridgeport Hospital, Greenwich Hospital, Lawrence + Memorial Hospital, Westerly Hospital, Yale New Haven Hospital and any other hospital that may affiliate with YNHHS from time to time.

## BACKGROUND

Yale New Haven Health maintains multiple processes for conflict resolution. These include, but are not limited to, the Medical Staff Bylaws for conflicts relating to medical staff privileges, the medical staff health policy for issues involving impaired physicians, the grievance processes for employees, the bioethics committee for conflicts regarding ethical issues related to clinical care, the corporate compliance and privacy program inclusive of the system conflict of interest process for compliance conflicts and privacy related issues (Note: the compliance hotline is the means to report an issue, it's not a process to resolve an issue). Nonetheless, from time to time, conflicts may arise at the highest levels of the organization that may require management or resolution outside of these other processes.

## Conflicts among Leadership Groups Related to Patient Quality and Safety

### **POLICY**

- Any senior manager of the Hospital, any member of the Medical Executive Committee or any member of the Board of Trustees may at any time raise a concern about a potential conflict that he/she believes requires resolution in the interest of patient safety or quality of care.
- Individual leaders or leadership groups who are experiencing a conflict make reasonable efforts to manage and to resolve the matter collegially and informally. If this is unsuccessful the next step would be to try resolve the potential conflict internally via an informal process through an identified facilitator.
- If informal efforts are unsuccessful, the initiating party may request the Board Chair or President/CEO to consider the matter by submitting a written request.
- The President/CEO or Board chair, as applicable, considers the request and take one or more of the following actions:
  - Meet personally with one or more of the parties to identify the issues and gather information, or designate another member of the Board, senior leadership or Medical Staff to do so;
  - Designate someone (either internal or external) with conflict management skill, experience and training to meet with one or more of the parties in conflict;
  - Appoint an ad hoc committee of the Board, Administration or Medical Staff to meet with the parties and make a recommendation to the Board regarding how best to manage or resolve the conflict; or
  - Schedule the matter for consideration by the full or an ad hoc committee of the Board.
- The resolution of the conflict is summarized in writing to the involved parties as well as to the relevant leadership groups and to the General Counsel.
- The Board of Trustees will have ultimate authority to manage and resolve any conflict arising between individual leaders or leadership groups. Such Board action will be final and not subject to appeal.

### **REFERENCES**

The Joint Commission Comprehensive Accreditation and Certification Manual  
(Hospital, January 2019)

Leadership (LD) 02.04.01: The hospital manages conflict between leadership groups to protect the quality and safety of care.