



Behavioral Health Division

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 Owner: Lynn Gram: 80043-Safety Officer
 Policy Area: Division Administration
 References:

Conflict Management

Approved by the Mental Health Board on 12/17/15

Purpose:

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

The Administration and Governing Body of the BHD 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
- Protect patient safety and quality of care.

This policy recognizes the 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.

Scope:

All departments and areas of the Behavioral Health Division.

Policy:

- A. The BHD shall implement the conflict management process as necessary to promote organizational well-being and protect patient safety and quality of care and services.
- B. As appropriate to their role, the Administration, Governing Body, Medical Staff, and Hospital Staff shall receive conflict management education during orientation and periodically thereafter. Individuals

designated as neutral conveners or conflict management specialists shall have documented training and competencies in order to fulfill their roles.

Definitions:

Conflict: Differences in beliefs, need, interests, or values among leadership groups and/or other groups or individuals within the BHD.

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.

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.

Procedure:

A. Informal Conflict Management.

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. (See the Milwaukee County Behavioral Health Division Code of Conduct Policy.)
2. The individuals involved in the conflict may request the assistance of a competent neutral convener or conflict management specialist by contacting the BHD Administrator or Medical Director ("senior leader(s)").
3. 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.

B. Formal

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

1. If not already aware, the senior leader(s) shall be notified about the conflict and the need for implementation of the formal conflict resolution process.

2. The senior leader(s) 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, a particularly sensitive issue, and/or inadequate or conflicted internal resources. External conflict management resources include but are not limited to:
 - a. Mental health professionals
 - b. Legal professionals
 - c. Human resource professionals
3. The most appropriate internal or external resource will be secured. The designated facilitator/ mediator will:
 - a. Expeditiously meet with the involved parties to define the issues associated with the conflict and identify potential areas of common ground
 - b. Gather pertinent information about the conflict
 - c. Work with parties to manage, and when possible, resolve the conflict
 - d. 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.
4. Throughout and after the conflict management process, the senior leader(s) will implement all necessary actions to protect patient safety and quality of care, including, but not limited to reassigning patient care assignments and temporarily revising work schedules to prevent the conflict from affecting the safety and quality of patient care while the conflict is being resolved.

C. General Guidelines For Facilitating Conflict Management

1. Identify all parties that have a stake in the conflict.
2. Develop a brief description of the conflict and associated issues.
3. Obtain information about the conflict to include applicable documents, policies, and other pertinent materials.
4. Work with appropriate parties to establish a time and place to conduct the initial meeting.
5. Establish ground rules and expectations. Examples include:
 - a. Treating all parties in a respectful manner
 - b. Active listening with a willingness to consider different perspectives
 - c. Candor and openness
 - d. Confidentiality
 - e. Maintaining focus on the key issues
 - f. Recognizing that the resolution must comply with legal, regulatory, and accreditation requirements
 - g. Keeping clinical quality and patient safety above personal interests
6. Maintain a neutral perspective and guide conversation during the meeting.
 - a. Review ground rules and assure these are observed during the meeting

- b. Obtain confirmation that the description of the conflict and associated issues is accurate
 - c. Establish clear goals/outcomes of the meeting
 - d. Assure that all parties are heard
 - e. Work with the stakeholder to identify common ground
 - f. Identify and address barriers that have or are impeding resolution
 - g. Work with the group to resolve the conflict
 - h. Develop a plan with clear accountability for assignments, actions, and/or next steps
7. When the formal conflict management process has been activated, provide the designated organizational senior leader(s) with a summary of the meeting outcome and any ongoing unresolved issues. Determine if additional meetings or action is needed.

References:

N/A

Monitors:

Formal Conflict Management Reports are completed and reviewed by senior leadership quarterly or as needed.

Attachments:

 [Conflict Management Report Form](#)

Approval Signatures

Step Description	Approver	Date
	Patricia S Schroeder: BHD Administrator	11/13/2015
	Alicia Modjeska: Chief Operations Officer	11/13/2015