	Department:	Policy No.:
HAWAII HEALTH SYSTEMS CORPORATION "Touching Lives Everyday"	Administration	ADM 0031
		Revision No.:
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Policies and Procedures	Issued by: Administration	Effective Date: August 12, 2010
Subject: Conflict Resolution	Approved by: Curu VanCamp	Supersedes Policy: NA
	HHSC Board of Directors By: Carol VanCamp Its: Secretary/Treasurer	Page: 1 of 3

I. Purpose

To establish a process for conflict management.

II. Policy

All HHSC facilities, departments and programs will follow the established process for conflict management. Where there is a conflict between this policy and a collective bargaining agreement or collective bargaining memorandum, the collective bargaining agreement or memorandum will prevail.

III. Foundational Principles

With the goal of resolving conflict in order to avoid adversely affecting patient safety or quality of care, the following "Foundational Principles" are adopted:

- A. Acknowledgement of the existence of conflict,
- B. Utilization of open communication;
- C. Dealing with conflict within an environment of mutual respect;
- D. Acceptance and tolerance of different perspectives through the process;
- E. Commitment to fundamental fairness;
- F. Educating all stakeholders about conflict management;
- G. Developing a conflict management process with policies and procedures with input from the stakeholders;
- H. Holding stakeholders accountable to use the conflict management process; and
- I. Establishing resources in conflict management and resolution to assist with the process.

IV. Definitions

"Stakeholders" is broadly defined to include board members, senior leaders, medical staff members, administrators, managers, all employees, volunteers, patients and long term care residents.

V. Procedure

- A. Stakeholders are encouraged to utilize opportunities for conflict management. Employees who feel they are involved in a conflict with another employee, visitor or patient which they cannot resolve should report it to their supervisor or the supervisor on duty. The supervisor shall attempt to resolve the conflict before proceeding to the next step. If the supervisor is unable to resolve the conflict, s/he shall prepare an event report and forward it to the Quality Management (QM) department. QM will determine if there is need for mediation, and shall begin the process of informal conflict resolution at that time.
- B. The RCEO shall establish training for stakeholders of their region. The PCEO shall establish training for the HHSC Board of Directors.
- C. Informal conflict resolution shall be attempted before formal conflict resolution techniques are employed. The Employee Assistance Program (EAP) may be utilized to assist.
- D. The elements of informal conflict resolution are:
 - 1. An intervener is mutually chosen by each party. All interveners may be internal to the organization. This intervener meets with the involved parties as early as possible to identify the conflict.
 - 2. The intervener explains their role emphasizing the foundational principles of the process as defined in this policy.
 - 3. All parties adhere to strict confidentiality during the process.
 - 4. The intervener sets a time frame for interviews and information gathering.
 - 5. The intervener asks questions and listens carefully to answers.
 - 6. The intervener objectively analyzes the info and asks for clarification when needed of both parties to manage and resolve to conflict
- E. Participants in formal or informal conflict resolution shall not be intimidated, or otherwise experience retaliation, because they participated in the conflict resolution process.
- F. Conflict resolution includes the following basic elements:
 - 1. Each stakeholder involved shall acknowledge the conflict.
 - Different perspectives or positions shall be shared in an environment of respect.
 - 3. Each stakeholder shall have the opportunity to ask questions of the others and to gather information to better understand the basics of the conflict facts and perspective of others.
 - Each stakeholder shall engage in active listening skills when discussing conflict.

- 5. Each stakeholder shall state their own position and express an understanding of the position of the other stakeholders. The stakeholders shall have the opportunity to discuss all the positions without judgment with the intent of protecting the safety of patients and improving the quality of care and consistent with Foundational Principles.
- G. Ground rules may be established when meeting to resolve conflict, depending on the circumstances, which may include:
 - 1. Neutrality of third party/facilitators
 - 2. Attention to directions by third party
 - 3. Confidentiality of discussions
 - 4. Modeling mutual respect and respecting the integrity of the other participants
 - 5. Cooperation in good faith
 - 6. Focusing on issue and facts
 - 7. Advocate in a reasoned and civil manner
 - 8. Diligently assist with refining and defining the real issues
 - 9. Try to be open minded and see other perspectives
 - 10. Define desired outcome
- H. Formal conflict resolution may utilize mediation from an outside vendor identified through the Employee Assistance Program or other resource. Outside mediators may be utilized when the intervener(s) and or the affected staff deem the informal process has failed to resolve the conflict. Other established conflict resolution tools, expertise, and policies may be utilized to reach resolution.
- Consistent with HHSC policies and the Code of Conduct, HHSC has a "no tolerance" policy toward intimidating and disruptive behaviors. Stakeholders are encouraged to report these behaviors to the appropriate manager and to engage in Foundational Principles of conflict resolution, in the event this behavior is directed toward them.

VI. Authority

- A. Joint Commission Standards LD.02.04.01; LD. 01.03.01; LD.03.02.01
- B. HHSC Code of Conduct
- C. See ADM 0032 Workplace Disruptive Behavior No-Tolerance Policy