
CONFLICT MANAGEMENT FOR LEADERSHIP

G-9

PURPOSE: It is the policy of the West Orange Healthcare District board to resolve promptly and fairly any issues involving individuals or groups comprised of board members, medical leadership, or administrative leadership.

1. AUTHORITY OF THE BOARD

The Board of Trustees of the Hospital has ultimate authority and accountability for the safety and quality of care, treatment, and services within the Hospital, as well as the general operations of the Hospital.

2. LEADERSHIP RESPONSIBILITIES

The Board delegates authority for certain aspects of the Hospital's operations to various individuals and groups, including, but not limited to, the following:

- officers of the Board;
- individual members of the Board;
- committees of the Board;
- individual members of Management;
- committees of Management;
- individual physician leaders; and
- committees of the Medical Staff.

For the purpose of this Policy, these individuals and groups will be referred to as "leaders" and "leadership groups."

Leaders and leadership groups participate in the governance of the Hospital by fulfilling these Board delegated duties. All leaders and leadership groups, when performing official duties, are acting on behalf of the Board, are accountable to the Board for the performance of such duties, and are subject to the Board's ultimate authority.

A. Board Member Leadership Responsibilities

Members of the Board and Board committees are responsible for those leadership duties outlined in the Corporate Bylaws, Hospital policies, Medical Staff Bylaws, Rules and Regulations, and related documents. The Executive Committee of the Board is responsible for all Board functions not specifically delegated, through these documents, to a Board officer or Board committee.

B. Management Leadership Responsibilities

Members of management and management committees shall be responsible for those leadership duties outlined in their respective job descriptions, as well as any duties outlined in the Corporate Bylaws, Hospital policies, Medical Staff Bylaws, Rules and Regulations, and related documents. The Chief Executive Officer is responsible for all Management functions not specifically delegated, through these documents, to another member of Management.

CONFLICT MANAGEMENT FOR LEADERSHIP **G-9**

C. Medical Staff Leadership Responsibilities

The leadership duties to be carried out by the Medical Staff leaders and committees are outlined in the Corporate Bylaws, Medical Staff Bylaws, Rules and Regulations, Hospital policies, and related documents. The Medical Executive Committee is responsible for all Medical Staff functions not specifically delegated, through these documents, to a Medical Staff leader or committee.

3. MONITORING AND ACCOUNTABILITY

A. Monitoring Leaders and Leadership Groups

- (1) The Board Chair will monitor the fulfillment of leadership duties by Board members and Board committees. The Chair shall immediately report to the Board any failure or refusal of a Board member or Board committee to appropriately act, where such failure or refusal may affect the safety or quality of care, treatment or services, or the orderly operation of the Hospital.
- (2) The Board will directly monitor Management's performance of its leadership duties by requiring the Chief Executive Officer to make reports to the Board regarding the fulfillment of leadership duties by the Chief Executive Officer and other members of Management. In addition, the Chief Executive Officer shall immediately report to the Board Chair any failure or refusal of Management leadership to appropriately act, where such failure or refusal may significantly affect the safety or quality of care, treatment or services, or the orderly operation of the Hospital.
- (3) The Board delegates to the Chief of Staff authority for monitoring the Medical Staff leadership's performance of its leadership duties. The Chief of Staff shall make reports to the Board regarding the Medical Staff leadership's fulfillment of its leadership duties. In addition, the Chief of Staff shall immediately report to the Board Chair any failure or refusal of the Medical Staff leadership to appropriately act, where such failure or refusal may significantly affect the safety or quality of care, treatment or services, or the orderly operation of the Hospital.

B. Unfulfilled Responsibilities

- (1) The President/CEO, Chief of Staff, or leadership group may submit to the Board Chair a concern regarding the failure or refusal of a leader or leadership group to appropriately fulfill a delegated leadership responsibility. Such submissions should only occur after all reasonable efforts have been made to resolve the matter at levels below the Board.
- (2) Whenever a leader or leadership group fails to appropriately perform delegated duties, the Board shall have full authority to take one or more of the following actions:

CONFLICT MANAGEMENT FOR LEADERSHIP **G-9**

- (a) communicate with the leader or leadership group regarding the Board's expectations with respect to the duties to be fulfilled;
- (b) When such failure involves members of management or medical staff leadership, such communication will be provided to the President/CEO or Chief of Staff appropriately.
- (c) perform the unfulfilled duties itself or designate another leader or leadership group to perform those duties; and/or
- (d) remove the leader or leadership group from the position of leadership, consistent with the Medical Staff Bylaws.

C. Evaluation of Leadership Fulfillment

The Hospital's mission, vision, goals, and performance shall be evaluated periodically, will specifically address leadership functions, and will be redefined as necessary based on the information provided to the Board.

4. CONFLICTS BETWEEN LEADERS AND/OR LEADERSHIP GROUPS

- A. Conflicts may arise between and among leaders and leadership groups that could prevent them from optimally fulfilling their duties. Such conflicts may include, but are not limited to, the following:
 - (1) personal conflict between individual leaders;
 - (2) concern by one leader that another leader should not participate in a particular activity or duty because of a personal conflict of interest;
 - (3) disagreement of one leader or leadership group with the actions or recommendations of another leader or leadership group;
 - (4) concern that duties that have been delegated to one leader or leadership group are being performed by another leader or leadership group to whom such duties have not been delegated; and
 - (5) concern by a leader or leadership group about the type or extent of leadership duties delegated to that leader or leadership group.
- B. If a particular conflict has the potential to affect the safety or quality of care, treatment or services, or the orderly operation of the Hospital, it should be resolved as soon as possible in accordance with this Policy.
- C. Individual leaders or leadership groups who are experiencing a conflict should first make reasonable efforts to manage and resolve the matter collegially and informally. In doing so, leaders and leadership groups must follow any applicable

CONFLICT MANAGEMENT FOR LEADERSHIP **G-9**

- Conflicts of Interest Policy or other bylaw, rule, regulation, or policy governing the conflict in question.
- D. If the informal efforts are unsuccessful, the President/CEO, Chief of Staff or leadership group may request Board consideration of a leadership conflict by submitting a written request to the Board Chair.

 - E. The Board Chair shall consider such request and take one or more of the following actions:
 - (1) meet personally with one or more of the leaders or leadership groups to gather additional information about the conflict, or designate another member of the Board, Management, or Medical Staff to do so;
 - (2) designate someone with conflict management experience or training (internal or external) to meet with one or more of the leaders or leadership groups in conflict;
 - (3) instruct the leaders or leadership groups who requested Board review of the conflict to make additional efforts to come to mutual agreement on the matter;
 - (4) appoint an ad hoc committee to meet with the leaders or leadership groups experiencing the conflict and make a recommendation to the Board regarding how to best manage or resolve the conflict; and/or
 - (5) schedule the matter for consideration by the full Board.

 - F. The Board shall have ultimate authority to manage and/or resolve any conflict arising between individual leaders or leadership groups. Such Board action shall be final and not subject to appeal.

 - G. To facilitate the successful resolution of conflicts between and among leaders and leadership groups, education and training in conflict management shall be offered to leaders and leadership groups.

ADOPTED BY THE BOARD:

Date: November 24, 2009