The Valley Health System	**POLICY** **Title: Conflict Resolution**	
Location: Centennial Hills, Desert Springs Hospital, Henderson Hospital, Spring Valley, Summerlin, Valley Hospital	**Policy Number: S**	**Page: 1 of 3**
Department of Document Owner: ADMINISTRATION		
Original Effective Date: 10/2016	**Last Review Date:**	**Last Revision Date:**
Section: Administrative (House Wide) - Leadership		

I. Scope:
House-wide

II. Purpose:
To establish a mechanism for reviewing and evaluating the needs and wishes of all patients and those of their family or legal surrogate, regarding patient care. Specifically, to establish a method for resolving conflicts and defining the final authority for addressing admission, treatment and discharge issues, including conflicts related to withhold/withdraw resuscitative measures.

III. Policy:
The patient's or family's legal surrogate's right to informed participation in decisions involving the patient's healthcare and the right to consent to treatment or refuse treatment will be respected in all cases. In the event that conflict exists among those with equal authority to consent to treatment or refuse treatment, all measures will be taken to achieve conflict resolution.

IV. Procedure:

1. The policies and procedures regarding Informed Consent and Refusal/Lack of Consent should be followed in reviewing and evaluating the needs and wishes of patients and their family or legal surrogate. The Informed Consent Policy outlines the person(s) generally in possession of authority for making medical decisions for the patient, including the authority of the patient who is a competent adult to make medical decisions for himself/herself.

2. In the event that conflict exists among those with equal authority to make medical decisions for the patient, the hospital staff should remain neutral in recognition of the principle that informed consent is a process that involves the physician and the patient and/or family or legal surrogate.

3. However, the following steps should be taken to assist the decision-making process and resolve conflict:
   (a) Initially, the Clinical Director or Charge Nurse may answer any questions regarding day-to-day care of the patient and explain any medical terms the family or legal surrogate does not understand. Questions regarding physician orders, results of tests, and care should be referred to the attending physician.
   (b) A care conference with the attending physician, nurse personnel and family/legal surrogate may be arranged to clear up any misunderstanding or questions and assure that the family/legal surrogate understand all aspects of care.
   (c) The hospital social worker and/or patient advocate may give assistance and act as mediator with physicians, nursing and other health care providers in assisting patients, family members and persons significant to the patient with the decision-making process.
   (d) The hospital's Risk Manager may be of assistance in resolution of the conflict

4. Existence of continued conflict would necessitate the intervention of those not normally involved in decision-making process.

   a) The Chair of the Ethics committee may convene an Ethics Conference. The Ethics Committee may present alternatives and choices, so that the family/legal surrogate may reach decisions.
   b) In the event family members/legal surrogate cannot agree, they will be advised to consult with their legal representatives.
   c) The hospital may choose to consult their legal representatives if an agreement cannot be reached.
   d) In the event of failure of all conflict resolution efforts, legal advice must be sought and the final authority would rest with the court of jurisdiction.

5. Each case of conflict in the medical decision-making should be evaluated individually when proceeding through the steps of conflict resolution. General guidelines for specific types of conflict situations are outlined below:

   a) **Parent versus parent:** If the parents are living together and have equal custody, the court of jurisdiction would have the final authority. If the parents are divorced or legally separated, the parent with custody generally has authority over the non-custodial parent.
   b) **Adult child of patient versus adult child of patient:** The Informed Consent policy and procedure permits a majority of the adult children of the incapacitated patient to make medical decisions for the patient. In the case of conflict among children, the court of jurisdiction would have the final authority.
   c) **Patient versus spouse:** The competent adult patient retains authority over the decisions regarding his/her own care. Decisions of an incapacitated adult made during a period of competency should generally be respected; in case of conflict of the spouse with such decisions, the court of jurisdiction would have final authority.
   d) **Mature (Emancipated) minor versus parent(s):** Generally, a minor patient possessing both maturity and understanding of the medical decision is thought capable of consenting to treatment or refusing treatment. The court of jurisdiction would have final authority in such cases.
   e) **Parent(s) versus physician:** Although the parent(s) generally have the authority in making decisions regarding their child's medical care, it is recognized that the physician and hospital have an affirmative duty toward the child who needs medical care. The court of jurisdiction would have the final authority in such cases.
   f) **Patient versus physician:** The competent adult patient retains authority in making decisions regarding his/her care. If the attending physician refuses to comply with a written or oral declaration or treatment decision made by such patient, the physician should make every reasonable effort to transfer the patient to another physician, presumably one who will comply.
   g) **Family/legal surrogate versus physician:** The family/legal surrogate generally retains authority in making medical decisions for the patient when the patient is deemed incompetent or incapacitated. In the event that the hospital or physician holds the opinion that the interest of the patient or the interests of the state may conflict with the family/legal surrogate's decision, legal advice must be sought and the final authority would rest with the court of jurisdiction.

6. In all cases of conflict in the medical decision-making process, the circumstances of the case and aspects of the conflict, including the needs and wishes of the patient and/or family/legal surrogate will be documented in the medical record by the physician. Interventions by the physician or other healthcare providers to resolve the conflict will be documented in the medical record by the provider

initiating the intervention.

7. **Policy For Conflict Among Hospital Leaders**

a) Within the hospital organization, the CEO collaborates and communicates with the Advisory Board, Medical Executive Committee, Medical Staff, Senior Management, and Department Managers regarding decisions that affect patient care services. Such policy decisions take into consideration identified patient needs that are consistent with the hospital's mission to provide healthcare services that exceed the expectations of its customers.

b) The CEO, Medical Staff, Senior Management, and any or all Department Managers will communicate directly and openly to resolve potential or actual conflicts that arise between the hospital leaders when policy decisions affect any aspect of hospital operations, including patient care services. Lines of communication may include formal or informal, verbal or in writing. All reasonable efforts will be made to address and resolve the conflict.

c) Any conflicts that arise regarding medical staff appointments, reappointment, or granting or termination of clinical privileges will be resolved according to the Medical Staff Bylaws and Advisory Board Bylaws.