



LOMA LINDA
UNIVERSITY
MEDICAL CENTER

LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

CATEGORY:	PATIENTS' RIGHTS	CODE:	P-12
SUBJECT:	CONFLICT RESOLUTION REGARDING PATIENT CARE	EFFECTIVE:	05/2015
		REPLACES:	06/2012
		PAGE:	1 of 2

Related Policies:

[Clinical Ethics Consultations \(M-138\)](#)

[Patient Complaints and Grievances \(P-13\)](#)

1. Conflicts between patients/families/guardians and the attending physician regarding admission, treatment, or discharge decisions shall be resolved, when possible, by a thorough discussion among the parties involved. A designee from the Patient Relations Department may be included in consultation to facilitate resolution of the problem.
 - 1.1 This discussion should take place within a reasonable time period that is acceptable to the patient/family/guardian, preferably within a few hours, but at least within the same day.
 - 1.2 In no way shall this discussion, or proposal of discussion, obviate the patient/family/guardian's right to make a complaint. Such complaints shall be managed according to the provisions of Policy [Patient Complaints and Grievances \(P-13\)](#).
2. Conflicts not resolved by discussion among the involved parties shall, as appropriate, be referred to the Ethics Consultation Service as appropriate.

NOTE: If the conflict is not readily resolved, the matter may be discussed with the LLUMC Ethics Committee Chair and the Ethics Committee and/or the appropriate Subcommittee may be convened for further review.

The Administrator On-Call/Chief of Staff/designee should be notified of the unresolved situation.
3. An ethics consultation may be requested by any member of the health care team or by the patient or patient surrogate.
4. The final authority for addressing issues related to conflicts regarding patient care between LLUMC and the patients and/or families or guardians, for those issues for which no formal complaint has been made, shall rest with the Chief Executive Officer of LLUMC/designee. Authority for resolution of formal patient complaints shall rest with LLUMC employees and officers according to the provisions of Policy P-13.

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APPROVED: Hospital Executive Leadership, LLUMC Chief Executive Officer, LLUMC Medical Staff
President, Janet Kroetz



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ADMINISTRATIVE PROCEDURE

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INITIATOR OF ACTION	ACTION
Physician, Patient, Patient Surrogate, and/or Health Care Team Members Ethics Consultant	REFERRAL TO ETHICS CONSULTATION SERVICES 1. Requests an ethics consultation from the Ethics Consultation Service. 2. Discusses case with person making the request; determines if attending physician is aware of the request and invites the attending physician to attend the meeting. 3. Reviews patient's medical record to determine facts; may perform a brief examination of the patient. 4. Obtains information from pertinent literature of medicine, ethics, or law. 5. Talks as needed with: 5.1 Various members of health care team. 5.2 Patient and the family. 5.3 Appropriate medical or non-medical (legal, administrative, spiritual) consultants. 6. May request a management conference at which all parties are asked to convene for further discussion of the case, including further management options. 7. After evaluation is complete, writes a consultation report in the patient's chart, including: 7.1 The history and examination

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INITIATOR OF ACTION	ACTION
	7.2 An assessment
	7.3 An ethical analysis and discussion
	7.4 Specific recommendations (delineating which management options are ethically permissible and suggesting new options as appropriate.)
	<u>IF CASE IS NOT READILY RESOLVED</u>
Ethics Consultant	8. May discuss with the Chair of the LLUMC Ethics Committee.
Ethics Consultant/Attending Physician	9. Notifies Vice President for Medical Administration/Administrator On-Call of unresolved situation.
Chair, Ethics Committee	10. May convene Ethics Committee for further discussion.
Attending Physician	11. Takes steps to resolve conflict that protects rights of patient to accept or refuse treatment.
Ethics Consultant	12. Maintains contact with the patient and/or staff as long as patient remains in the hospital, and after discharge as deemed appropriate.
Chair, Ethics Committee	13. Schedules consultation for review at the next LLUMC Ethics Committee meeting.
Any Involved Party	14. If issue remains unresolved, refers to Chief Executive Officer of Medical Center.
Chief Executive Officer of LLUMC	15. Makes final determination regarding the issue.



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GUIDELINES

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NEONATAL INFANT CARE REVIEW SUBCOMMITTEE AND FETAL CARE REVIEW SUBCOMMITTEE

These committees are subcommittees of the Ethics Committee and are charged with identifying medically, ethically, legally acceptable options which can be offered to the family in the hope that one of those options is acceptable to both the physician and the parent or guardian. They also characterize the area of conflict and identify additional information that may be needed to settle the conflict (e.g., additional testing, consultation.) In those rare instances where a physician is unwilling to carry out the treatment plan desired by the family, the subcommittees can facilitate and search for facilities or physicians who might offer a treatment plan more acceptable to the family. Or, if the family's wishes are not considered medically, legally, or ethically sound, or in the minor's best interests, the subcommittees can facilitate involvement of appropriate agencies (e.g., Child Protective Services.)

The subcommittees may also facilitate second opinions from consultants knowledgeable in the area in question from outside the Medical Center.

The goal of the subcommittees is to continue efforts to resolve the conflict until consensus is reached. Members are as follows:

- a. attending physician
- b. one or two physicians knowledgeable about area of medicine but not intimately involved with patient's care
- c. any consultant that is critically involved
- d. ethics representative
- e. legal counsel (if legal issues are part of conflict)
- f. social worker
- g. clinical nurse
- h. respiratory therapist
- i. designated administrator
- j. representative from Patient Relations Department (if the issue is part of patient's complaint or grievance.)