

For BEFORE Implementation of the Conflict Management Framework

Reducing conflict between patients/families and staff– Daily Reporting Data Collection Sheet

Name of Ward/Clinical Area		Date (dd/mo/yr)		Name and designation of person completing form	
		Time (hr/min)			
Total numbers of patients on ward in last 24 hours (this may well be greater than your number of beds)		Number of New 'Conflict' cases identified in past 24 hours		Number of ON-GOING 'Conflict' cases in last 24 hours	

Complete 1 row in Table below for each identified 'conflict' case each day (use new sheet if >3)

Patient Identifier	Patient Age (yr/mo)	New 'conflict' case (1) Ongoing case (2)	Cause of Conflict (select all that apply from key below)	Severity of Conflict (from 1 – v low to 10 – v high) SEE BELOW	Clinicians involved in managing this case today ((select all that apply from key below)	Time taken by each staff member involved (approx. no of minutes/hours)	Additional comments (if any)
Causes of conflict (select all that apply)	1. Advocating alternative medicine or untested treatments 2. Communication breakdown 3. Difficulty in accepting prognosis given 4. Disagreements about treatment 5. Disagreement about withholding/withdrawing of life-sustaining treatment 6. Discordant advice from clinical team 7. Failure to attend clinic/meetings with clinicians: 8. Family attempting to micro-manage care				9. Fear that resources are limiting treatment 10. Multiple/discordant decision-makers in family 11. Non-compliance with investigations/treatment plan/medication 12. Not accepting child is medically fit for discharge 13. Physical/verbal threats or disruptive behaviour 14. Religious beliefs 15. Unrealistic expectations/excessive healthcare demands 16. Other: Cause/s of this conflict (please specify)		
Clinicians Involved (select all that apply)	a. Staff Nurse b. Ward sister c. Matron d. Non-consultant doctor e. Consultant f. PNP				g. Therapist h. Other (please specify)		

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Patient Identifier	Patient Age (yr/mo)	New 'conflict' case = 1 Ongoing case = 2	CAUSE OF CONFLICT (select all that apply – enter numbers)	CONFLICT SEVERITY (1 = v low to 10 = v high) <u>SEE OVERLEAF</u>	CLINICIANS INVOLVED in managing case (select all that apply from key below – enter numbers)	TIME TAKEN by each staff member involved (approx. no of minutes / hours)	ACTIONS TAKEN (Enter letter(s) from 'Action Stages' below)	CONFLICT STATUS (Enter letter from list below)
1.								
2.								
3.								
CAUSES OF CONFLICT (select all that apply)	1. Advocating alternative medicine / untested treatments 2. Communication breakdown 3. Difficulty in accepting prognosis given 4. Disagreements about treatment 5. Disagreement about withholding/withdrawing of life-sustaining treatment 6. Discordant / conflicting advice from clinical team 7. Failure to attend clinic / meetings with clinicians 8. Family attempting to micro-manage care 9. Family fear that resources are limiting treatment 10. Multiple/discordant decision-makers in family 11. Non-compliance with investigations / treatment plan / medication 12. Not accepting child is medically fit for discharge 13. Physical / verbal threats or disruptive behaviour 14. Religious beliefs conflicting with care 15. Unrealistic expectations / excessive healthcare demands 16. Other				CLINICIANS INVOLVED 1. Staff nurse 2. Ward sister 3. Matron 4. Non-consultant doctor 5. Consultant 6. PNP/ANP 7. Therapist 8. CNS 9. Site pract. 10. Other	ACTIONS TAKEN		CONFLICT STATUS A. Ongoing stage 1 B. Ongoing stage 2 C. Resolved
						STAGE 1 ACTIONS	STAGE 2 ACTIONS	
						A. Informal discussion B. Planned meeting C. Discussion documented and agreed with parent(s) /patient D. Ethics referral E. Second opinion F. Team is aware of actions & discussions G. Formal escalation to stage 2	H. Formal meeting I. Stage 2 case note started J. Written 'Acceptance of Responsibilities' agreement K. Senior hospital staff involved L. Formal warning M. Exclusion	

Severity of Conflict Scale

	Description	Severity Score
No Conflict		0
Early or warning signs	Family report receiving mixed messages about patient, treatment or prognosis (or staff identify this): Avoidance between staff / family (either way): Communication between staff and family may feel like series of skirmishes:	1 - 3
Clear warning signs	Parents questioning expertise. Appear watchful and suspicious (may be covert recording). Increasingly demanding or controlling behaviour No de-escalation with initial intervention but stable	4 - 5
Escalating signs	Communication deteriorating between staff and parents. A series of battles: Influencing staff allocation: Situation deemed to affect ability to care for patient:	6 - 8
Entrenched; stand off or violence	Behaviour considered unacceptable Overt confrontation. Implied or actual violence.	9 - 10

Additional comments**Case 1:****Case 2:****Case 3:**