

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) | | | <ol style="list-style-type: none"> 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 | | | | <ol style="list-style-type: none"> 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) | | | <ol style="list-style-type: none"> a. Staff Nurse b. Ward sister c. Matron d. Non-consultant doctor e. Consultant f. PNP | | | | <ol style="list-style-type: none"> g. Therapist h. Other (please specify) |

For AFTER 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/mm/yy) | Name and designation of person completing form | |
| | | Time (hr/min) | | |
| Total numbers of patients on ward in last 24 hours | | Number of New 'Conflict' cases identified in past 24 hours | Number of ONGOING 'Conflict' cases in last 24 hours | |

Complete 1 row 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 – 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 | ACTIONS TAKEN | | CONFLICT STATUS |
| | | | | | | 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 | STAGE 1 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 | A. Ongoing stage 1 B. Ongoing stage 2 C. Resolved |

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:**