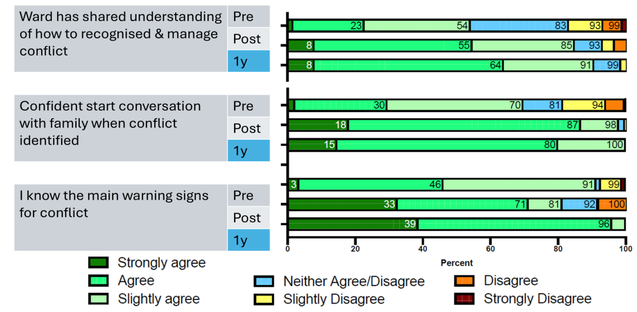
Reducing conflict and tension across a children's hospital

- Pre-post service evaluation after multi-modal interventions

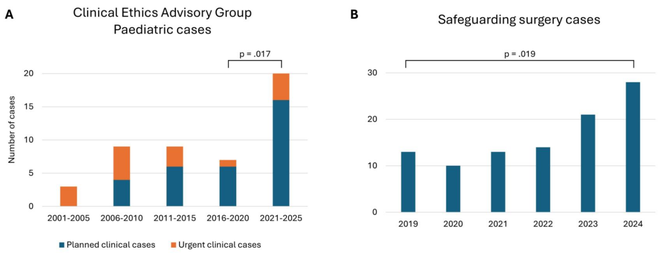
Rachel Amos[1], Katy Wood[1], Samuel Bunn[1], Kate Ridley[1], Andrew Villis[1], Raj Mohindra[2], Helga Charters[1], Helen Aspey[1], Joanna Elverson[1], Claire Riddel[1], Esse Menson[3], Sarah Barclay[3], Yincent Tse[1]. 1. Newcastle Upon Tyne Hospitals NHS Trust 2. Clinical Ethics Advisory Group Chair 3. Medical Mediation Foundation. yincenttse@nhs.net

Interventions at Great North Children's Hospital 2019-23

1. Trained >400 staff early recognition and intervention of conflict



2. Increased use of Clinical Ethical Advisory Group



3. Palliative care service for all children

4. Enhanced safeguarding surgeries

5. Multi-disciplinary hub to advise teams when tension escalated

Introduction

- Advances + pressurised health system → conflict and tension
- Care and family and staff well-being compromised
- High-profile cases damaging morale
- We instituted hospital wide interventions and measured their impact

Measuring conflict and tension

- Pre/post intervention study
- 246 beds, 12 wards (including PICU)
- Surveys devised via a MDT focus group to capture sources of tensions
- Prospectively twice weekly measure on ward nursing and medical teams over a 4-week period in June/July 2019 and 2024 in all children admitted for ≥5 days (10% admissions)
- Pre-approved by clinical governance and risk board (reference 9225 for 2019 and 16790 for 2024)

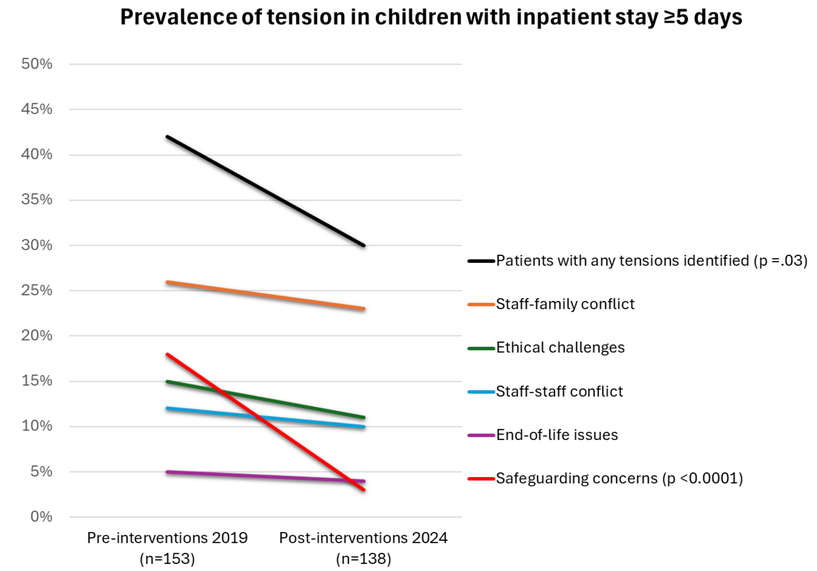
Limitations

- Subjective capturing nuanced multifaceted concepts of conflict and tension
- Applying multiple interventions over a long period, including pandemic introduces confounders
- Future studies to assess reproducibility, and measure patient and family experience.

Free NHS E-learning - Conflict Management Created by MMF

Our 2019 paper on Prevalence of tension in paediatric inpatient care

Results



- Staff-family conflict the most common reasons cited 'communication breakdown', 'disagreements about treatment' and 'unrealistic expectations'
- Tensions for:
  - Children with ≥2 comorbidities 55% → 38% (p=0.028)
  - Children with length of stay ≥14 days 68% → 49% (p=0.058)

Conclusion

- Association between multi-modal hospital wide interventions and a reduction in conflict and tension
- Upskill all MDT staff in recognition and management of conflict
- Universal access to: safeguarding support, palliative care, and clinical ethical advice