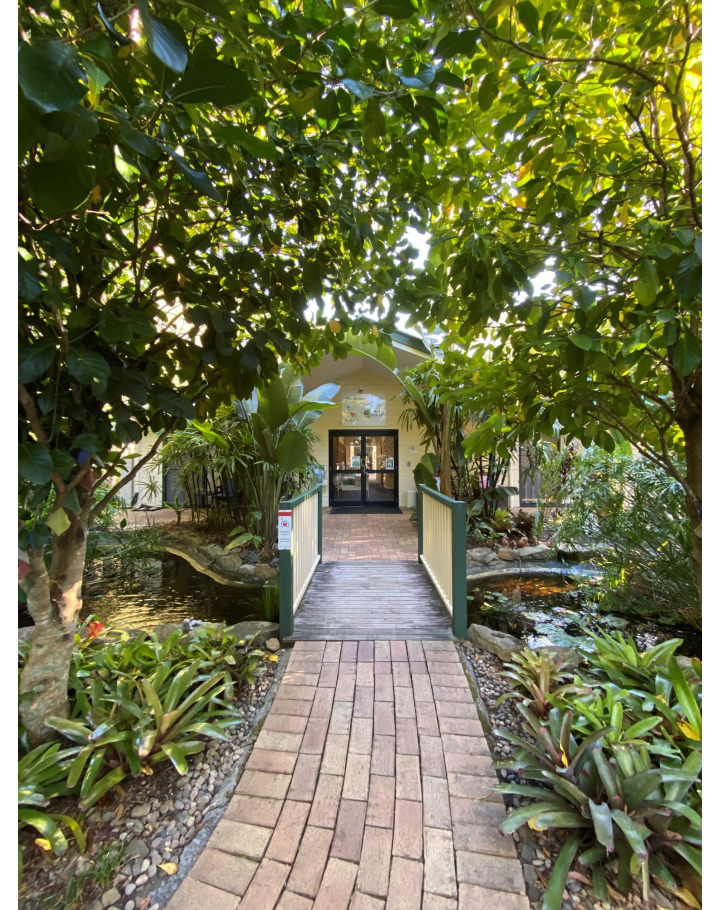


Conflict Resolution & Mismatched expectations in Palliative Care.

Presented by Bek Beechey | Clinical Nurse Care Coordination

Hopewell Hospice

- Eight bed Accredited Private Hospital
- 1993 Hope Island, Gold Coast
- 2005 Arundel, Gold Coast
- 2018 Merged with Wesley Mission Queensland
- Admission Criteria – Prognosis < 12 weeks
- Average length of stay 18 days
- Approx. 30 Staff – NUM, CN x 2, RN's, EEN's, PCW's, Cooks, Admin Chaplain & Counselor
- >50 Volunteers - Welcome visitors, companions, gardens, kitchen & outreach.
- QLD Palliative Care Consultants and Registrars



Nurse led facility with a client centered approach

Hopewell Hospice

- There is no one size fits all approach to resolving family conflict and mismatched expectations
- Why?
- Death and grief are as unique as our finger print
- Preventative measures
- Communication, Collaboration and Conflict Management

One size doesn't fit all.



Preventative Measures - Communication

Clinical Referral

- Completed by NP, GP or Specialist.
- Demographics, Diagnosis, Prognosis, PCOC, treatments, infections disease status, ADL's and social history

Pre Admission Visit

- 30-60 minutes phone call or face to face interview with guest/NOK and CN.
- They share their story and we discuss Hopewell Hospice's general, financial and medical information to ensure that the service is in alignment with their end of life goals
 - Prognosis < 12 weeks
 - Not for Resuscitation to be signed on admission
 - AHD and EPOA documents
 - Funeral Director Information

Preventative Measures – Communication Cont.

Admission

- One admission per day
- 'The Hopewell Welcome'
- Admission assessments include clinical, social, emotional and spiritual assessments
- End of Life Instructions Request
- Social history - guest and/or family
- Genogram (think family forest)
- Psychosocial assessment – Counselor/Chaplain
- Resident and Relative Orientation Checklist
- EPOA and AHD
- Admission > 7days guest satisfaction survey
- Post death NOK/family satisfaction survey
- Implement visitation scheduled if needed
- Clear boundaries if needed

Communication

- Client centered approach – Who are we supporting?
- Daily check-in – Education, questions, repeat, repeat REPEAT!
- Clear and honest
- Active listening with respect, empathy and presence
- Chaplain and Counselor engagement
- Encourage communication with family and friends

“Communication is the
bridge between
confusion and clarity”

Nat Turner



Free Resource: Palliative Care Australia




Aboriginal and Torres Strait Islander
Discussion Starter
WORKING OUT WHAT'S RIGHT FOR YOU

dyingtotalk.org.au

Collaboration

- Client Centered Care - Assess – Collaborate - Choice
- Handover & MDT case conference weekly
- Continuity of care
- Community – NGO's, GP's, AH, NDIS etc.
- Care giver – ask them!
- Care planning and PCOC assessments

Conflict Management

- Client Centered Care – SAFETY first
- Think Family forest – what is the goal of care?
- Remember – Activated nervous system (flight and fight)
- If possible – Acknowledge and listen (share their story)
- Complaints system
- Clear communication and boundaries
- Visitor restrictions and no access (EPOA)
- Emergency duress
- Police

Case Study