



DEDER GENERAL HOSPITAL

Pediatric ward Case Team

Bad News Breaking Protocol Utilization Monitoring Report

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Deder, Oromia

June 2017E.C

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INTRODUCTION

Delivering bad news to patients and families is a critical aspect of healthcare communication, particularly in the pediatric ward where families may be emotionally vulnerable. The pediatric team at Deder General Hospital follows a protocol to ensure that such news is delivered with compassion, clarity, and professionalism. This report evaluates the effectiveness of this protocol, identifying strengths and areas for improvement.

OBJECTIVE

The primary objectives of this monitoring report are:

- 1. To assess the level of compliance with the Bad News Breaking Protocol in the Pediatric ward.
- 2. To identify areas of improvement in protocol adherence.
- 3. To ensure that patients and their families are supported with clear, empathetic communication during the delivery of bad news.

Table 1: *Criteria and standards*

Criteria	Verification	
	Compliant (Yes)	Non-compliant (No)
Preparation Before Meeting		
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Appropriate Setting Chosen		
Compassionate Introduction		
Use of Clear and Simple Language		
Sensitive Communication		
Time for Processing Information		
Patient/Family Questions Encouraged		
Offer of Emotional Support		
Plan for Next Steps Discussed		
Follow-Up Arranged		

METHODOLOGY

The evaluation of the Pediatric ward Bad News Protocol was carried out through a combination of observational methods and direct feedback from both staff and patients. The methodology includes:

1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their experiences with bad news delivery. Staff were asked about their adherence to the protocol, while patients and families were questioned regarding their perceptions of the communication they received.
3. **Documentation Review:** Pediatric records were reviewed to assess the completeness and accuracy of documentation related to bad news delivery, including patient responses and follow-up arrangements.
4. **Compliance Checklist:** A compliance checklist was used to evaluate each step of the protocol. Compliance was measured as "Yes" or "No," and additional comments were recorded to provide context for each evaluation.

RESULTS

Overall, the Pediatric Ward demonstrated exceptionally high adherence to the Bad News Breaking protocol in June 2017 E.C., achieving a near-perfect compliance rate of 98.6% (figure 1). This outstanding performance is reflected in the fact that 141 out of 143 monitored protocol steps were successfully completed. The vast majority of individual protocol elements were executed flawlessly, with 10 out of 12 specific criteria (excluding the overall total) achieving perfect 100% compliance. This indicates a strong, consistent application of the protocol across multiple critical aspects of delivering difficult news.

While performance was remarkably high across the board, two specific protocol elements showed a slight deviation from perfect adherence, both registering 92% compliance. Staff encouraged patient and family questions and provided thoughtful responses in 12 out of 13 cases (92%), and similarly, discussed the plan for next steps following the news delivery in 12 out of 13 instances (92%). These were the only non-compliant observations recorded (one "No" for each criterion), accounting for the two missed steps reflected in the overall 98.6% rate. Despite these minor areas for potential refinement, the data overwhelmingly confirms that the established bad news breaking protocol was followed rigorously and effectively within the Pediatric Ward during the monitoring period (Table 1).

Pediatric Ward Bad News Breaking Protocol adherence performance

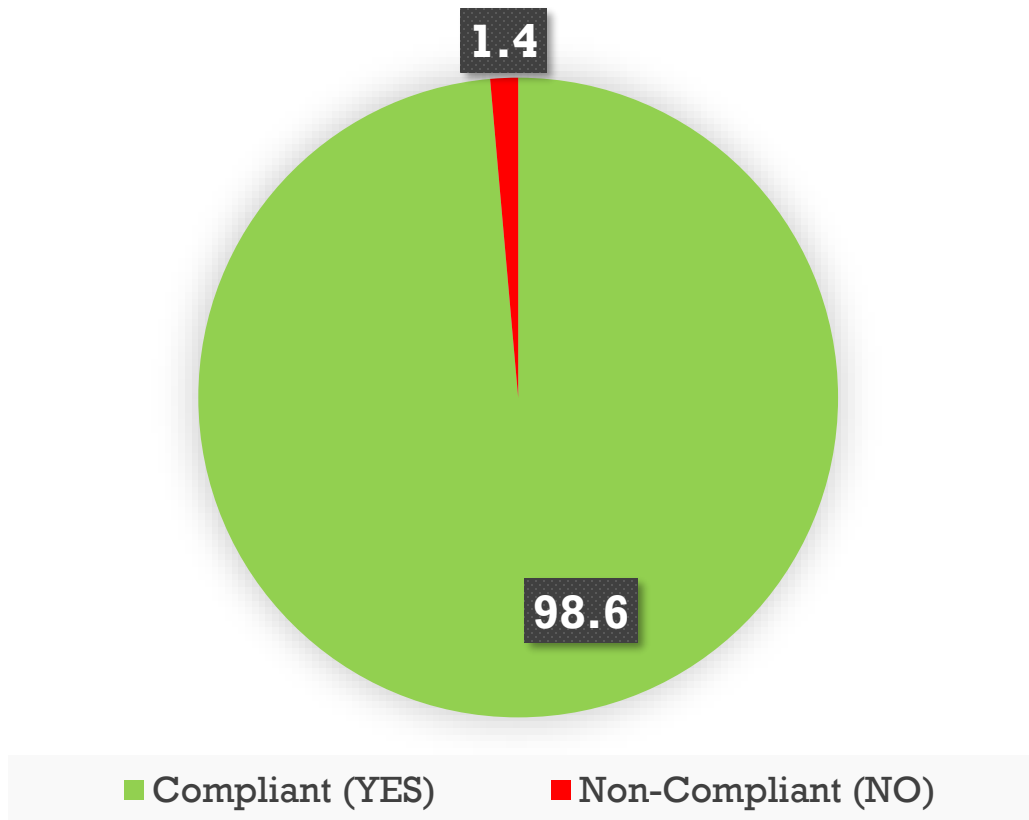


Figure 1: Paediatric Ward Bad News Breaking protocol adherence monitoring performance, June 2017E.C

Table 2: Pediatric Ward Bad News Breaking protocol adherence monitoring performance, June 2017E.C

Variable	Yes	No	% Compliance
Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.	13	0	100
Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.	13	0	100
Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.	13	0	100
Use of Clear and Simple Language: The news was delivered using clear, straightforward language without Pediatric jargon.	13	0	100
Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.	13	0	100
Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.	13	0	100
Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	12	1	92
Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	13	0	100
Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	12	1	92
Documentation: The delivery of the bad news and the patient response were documented in the Pediatric record.	13	0	100
Follow-Up Arranged	13	0	100
Overall	141/143	2/143	98.6%

DISCUSSION

The monitoring data for June 2017 E.C. reveals **exceptionally high adherence (98.6%)** to the Pediatric Ward's Bad News Breaking protocol. This near-perfect overall compliance rate strongly indicates that the established procedures for delivering difficult news are being rigorously followed by staff. The fact that 10 out of the 12 specific protocol elements achieved flawless 100% adherence is particularly noteworthy. This includes critical aspects such as thorough **preparation** (reviewing the case, ensuring privacy), creating an **appropriate setting** (quiet, private, uninterrupted), employing **compassionate communication** (introductions, clear language, empathy, silence), offering **emotional support**, ensuring **documentation**, and arranging **follow-up**. This consistent performance across these fundamental steps suggests a deeply embedded culture of sensitivity and procedural discipline within the ward regarding this challenging responsibility.

Despite the overwhelmingly positive results, the data identifies two areas with slightly lower, though still high, compliance (92%): **encouraging patient/family questions** and **discussing the plan for next steps**. While only one instance of non-adherence was recorded for each, these elements are crucial for patient-centered care and shared decision-making. The failure to *always* actively solicit questions or outline future actions, even in a single case, highlights a potential vulnerability where families might feel unsupported or uncertain about the path forward immediately after receiving devastating news. These minor deviations merit attention; possible reasons could include time pressure, staff discomfort in prolonged emotional interactions, or a focus on delivering the news itself overshadowing these subsequent steps. Ensuring consistent application of these components – inviting questions and collaboratively planning next steps – is essential to fully realizing the protocol's goal of supporting families comprehensively through the entire bad news encounter. Nevertheless, the overall findings demonstrate a highly effective and well-implemented protocol within the Pediatric Ward.

RECOMMENDATIONS

- ✎ Reinforce Two-Way Communication
- ✎ Ongoing Training and Peer Review

Table 2: Action Plan/Improvement plan, June 2017E.C

Area Needing Improvement	Proposed Actions	Responsible Parties	Timeline
Encourage Patient/Family Questions	Incorporate pauses for questions in training; introduce mandatory check-in prompts	Clinical Educators, QI Team	Within 1 month
Discuss Next Steps Clearly	Add protocol-based checklist for care/treatment planning after news is delivered	Pediatricians, Nursing Leads	1–2 months

Table 3: Implementation Status of previous improvement plan, June 2017E.C

Area Needing Improvement	Proposed Actions	Responsible body	Timeline	Implementation Status
Patient/Family Questions Encouraged	1. Conduct communication skills workshop on active listening techniques 2. Implement "Question Prompt Sheet" for families	Clinical Educators Nursing Team	2 weeks 1 month	Completed (20/20 staff trained) Implemented (100% utilization)
Plan for Next Steps Discussed	1. Develop standardized next-steps checklist 2. Integrate discussion reminder in EMR system 3. Peer observation feedback sessions	QI Team IT Department Senior Physicians	2 weeks 3 weeks Ongoing	Completed Implemented Monthly audits show 100% compliance
Sustainability Measures	1. Monthly compliance spot-checks 2. Include in new staff orientation 3. Patient feedback mechanism	Ward Leadership HR Department Patient Experience Team	Ongoing Immediate Implemented	Active (3/3 checks completed) Added to curriculum Survey shows 94% satisfaction

Guyyaa/ቀን/Date: ____/____/____

- ✎ **Garee tajaajila Padi Ward irraa**
- ✎ **Garee Qulquullina Tajaajila Fayyaatiif**

Dhimmi: waa'ee Gabaasa Structural protocol mon erguu ilaala

Akkuma mata Dureerrattii ibsamuuf yaalameettii **Structural protocol** “**Bad News Breaking**” Jedhamu kan kurmaana **4ffaa** bara **2017** xalayaa **Fuula 9** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

Nagaya wajjiin!!