



# **DEDER GENERAL HOSPITAL**

## ***Emergency OPD Case Team***

### **Bad News Breaking Protocol Utilization Monitoring Report**

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***Report period: 4<sup>th</sup> quarter of 2017E.C***

***Deder, Oromia***

***June 2017E.C***

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## INTRODUCTION

Effective communication of bad news is a critical element of patient care in the medical setting. At Deder General Hospital (DGH), the Bad News Breaking Protocol is designed to ensure that patients and their families are given sensitive, clear, and compassionate information in challenging times. This report presents the monitoring results for the utilization of the Bad News Breaking Protocol in the Emergency OPD, focusing on the adherence to key elements of the protocol. The overall compliance rate achieved is 93%, indicating a strong commitment to delivering compassionate and professional communication in sensitive situations.

## OBJECTIVE

The primary objectives of this monitoring report are:

1. To assess the level of compliance with the Bad News Breaking Protocol in the Emergency OPD.
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 EMERGENCY OPD 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:** Medical 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

Based on the monitoring data for June 2017 E.C., the Emergency OPD demonstrated **exceptional adherence** to the Bad News Breaking protocol, achieving **perfect 100% compliance** overall. This outstanding result signifies that every monitored instance of bad news delivery fully met the established standards across all ten critical criteria outlined in the protocol. The flawless performance (100 out of 100 possible 'Yes' responses, 0 'No' responses) indicates a very high level of consistency and commitment to best practices within the department during the review period (**Table 2**).

This perfect adherence was achieved consistently across every single component of the protocol. Staff successfully met all requirements, including thorough case review and privacy assurance before meetings, selecting appropriate quiet and private settings, using compassionate introductions, employing clear and simple language without jargon, demonstrating sensitive communication with empathy, allowing adequate time for information processing, actively encouraging questions, offering emotional support resources, discussing clear next steps after delivering the news, and ensuring comprehensive documentation of the event and patient response. The uniformity of the 100% compliance for each individual variable underscores a department-wide mastery of the protocol's requirements (**Table 2**).

**Table 2: Emergency OPD Bad News Breaking protocol adherence monitoring performance, June 2017E.C**

S/N	Variable	Yes	No	% Compliance
1.	<b>Preparation Before Meeting:</b> Staff reviewed the patient's case and ensured privacy before delivering the news.	10	0	100
2.	<b>Appropriate Setting Chosen:</b> Bad news was delivered in a quiet, private setting without interruptions.	10	0	100
3.	<b>Compassionate Introduction:</b> Staff introduced themselves, explained their role, and prepared the patient/family for the news.	10	0	100
4.	<b>Use of Clear and Simple Language:</b> The news was delivered using clear, straightforward language without medical jargon.	10	0	100
5.	<b>Sensitive Communication:</b> Staff used a compassionate tone, displayed empathy, and maintained eye contact.	10	0	100
6.	<b>Time for Processing Information:</b> The patient and family were given time to process the information, with space for silence if needed.	10	0	100
7.	<b>Patient/Family Questions Encouraged:</b> Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses.	10	0	100
8.	<b>Offer of Emotional Support:</b> Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.	10	0	100
9.	<b>Plan for Next Steps Discussed:</b> After delivering the news, staff discussed the next steps in treatment, care options, or further actions.	10	0	100
10.	<b>Documentation:</b> The delivery of the bad news and the patient response were documented in the medical record.	10	0	100
	<b>Overall</b>	<b>100/100</b>	<b>0100</b>	<b>100%</b>

## DISCUSSION

The results demonstrate **exceptional adherence** (100% compliance) to the Bad News Breaking protocol within the Emergency OPD during June 2017 E.C. across all ten monitored variables. This perfect score indicates a very high level of standardization and commitment to best practices in delivering difficult news during the audit period. It suggests that staff consistently followed critical steps designed to ensure sensitivity, clarity, and support for patients and families facing distressing information. The uniformity of perfect compliance across every single criterion—ranging from preparation and setting to communication techniques, emotional support, and documentation—reflects a department-wide understanding and implementation of the protocol's requirements. This level of performance is commendable and points towards effective training, strong departmental leadership emphasizing compassionate communication, and a positive culture prioritizing patient and family experience during vulnerable moments.

While this 100% adherence rate is highly positive, it warrants consideration of the monitoring context. The perfect score could indicate truly exemplary performance. However, it might also raise questions about the methodology, such as the sample size (10 instances) or potential limitations in the observation or data collection process (e.g., Hawthorne effect where staff performance improves because they know they are being observed, or self-reporting bias). Future monitoring over longer periods and with larger sample sizes would be beneficial to confirm the sustainability of this high performance. Additionally, exploring qualitative feedback from patients and families who received bad news could provide deeper insights into the perceived effectiveness and compassion of the communication beyond strict protocol adherence, offering a more comprehensive view of the process's impact. Nevertheless, the quantitative results presented are a strong indicator of successful protocol implementation during June 2017 E.C.

## RECOMMENDATIONS

- 1. Recognize the Excellence:** Official recognition of the EOPD team's full compliance will motivate continued excellence.
- 2. Institutionalize Routine Refresher Trainings:** Biannual role-play and scenario-based sessions to reinforce communication skills.
- 3. Scale Up Best Practices:** Share these outcomes across other departments to encourage similar protocol adoption.
- 4. Integrate Patient Feedback Tools:** Introduce a brief satisfaction survey to gather family perspectives post-intervention.

## 4. Improvement Plan

Table 2: Emergency OPD Bad News Breaking Protocol Improvement Plan, June 2017 E.C.)

Objective	Action Step	Responsible Body	Timeline
Sustain Excellence	Conduct quarterly monitoring and feedback sessions	Quality Director, EOPD Case Team	Quarterly
Promote Hospital-Wide Adoption	Present findings and lead mentorship for other units	EOPD Case Team	Ongoing

Table 2: The Implementation Status of Previous improvement plan, June 2017E.C

Gap Identified	Action Taken	Status
Use of Clear and Simple Language	Staff training on communication simplified terminology	<input checked="" type="checkbox"/> Completed
Inconsistent Sensitive Communication	Role-play training implemented with case simulations	<input checked="" type="checkbox"/> Completed

Patient/Family Questions Neglected	Active listening training and checklist development	<input checked="" type="checkbox"/> Completed
Follow-Up Plan Inconsistently Given	Integration of discharge planning into standard rounds	<input checked="" type="checkbox"/> Completed



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- ❖ Garee tajaajila EOP 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 wajiin!!**