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## **DEDER GENERAL HOSPITAL**

### ***Surgical Ward Case Team***

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

**By: Kalifa Jemal-Surgical Ward head**

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

***Deder, Oromia***

***June 2017E.C***

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## INTRODUCTION

Effective communication during difficult moments is a cornerstone of quality healthcare, particularly when delivering bad news to patients and their families. At Deder General Hospital (DGH), the ***Bad News Breaking Protocol*** serves as a structured framework to ensure that sensitive information is conveyed with clarity, empathy, and professionalism. This report evaluates the utilization of the protocol in the Surgical Ward during the **4<sup>th</sup> quarter of 2017E.C.**, assessing adherence to key standards such as preparation, communication techniques, emotional support, and documentation.

## Objective

**The primary objectives of this monitoring report are:**

1. To assess the level of compliance with the Bad News Breaking Protocol in the Surgical 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          |                 |                    |
| Preparation Before Meeting          |                 |                    |
| 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 Surgical ward Bad News Protocol was carried out through a combination of observational methods and direct feedback from both staff and patients. The methodology includes:

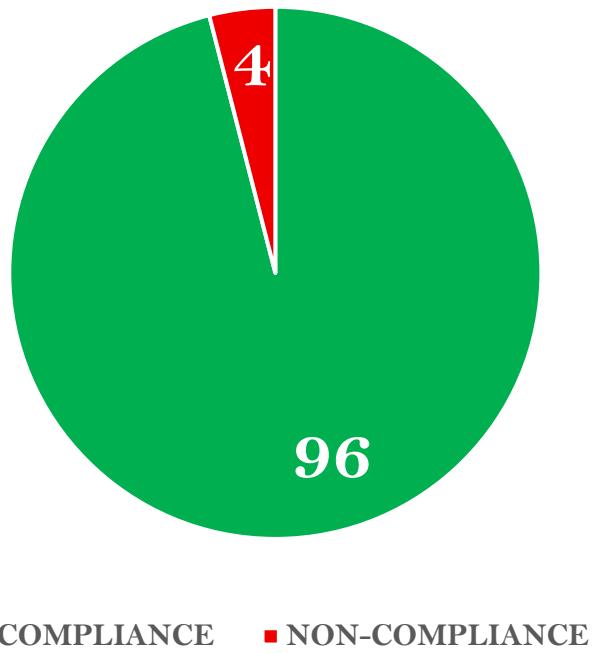
1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their 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:** Surgical 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.

## RESULT

Overall, the Surgical Ward demonstrated a high level of adherence to the Bad News Breaking protocol in June 2017 E.C., achieving an impressive 96% compliance rate (125 out of 130 possible elements). This indicates that the established procedures for delivering difficult news were followed rigorously in the vast majority of instances monitored. The overwhelmingly positive results across nearly all individual protocol components suggest a strong commitment among staff to handling these sensitive conversations with the required structure and care.

However, a notable exception to this otherwise excellent performance was observed in the selection of an appropriate setting. While all other protocol elements achieved perfect 100% compliance (13 out of 13 instances), ensuring the news was delivered in a quiet, private setting without interruptions only occurred in 62% of cases (8 out of 13 instances). This represents a significant gap in adherence for this specific criterion, highlighting an area requiring targeted improvement. Despite this single weakness pulling the overall compliance down slightly, the ward maintained perfect or near-perfect adherence to all other critical aspects of the protocol, including preparation, compassionate communication, clear language, allowing processing time, encouraging questions, offering support, discussing next steps, and documentation (**Table 2**).

**Surgical Ward Bad news breaking protocol monitoring  
report 4th Qrtr 2017EC**



**Figure 1:** Surgical Ward Bad news breaking protocol monitoring report 4th Qrtr 2017EC

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

| <b>Variable</b>  | <b>Yes</b> | <b>No</b> | <b>% Compliance</b> |
|--|------------|-----------|---------------------|
| 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.  | 8          | 5         | 62                  |
| 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 Surgical 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. | 13         | 0         | 100                 |
| 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.           | 13         | 0         | 100                 |
| Documentation: The delivery of the bad news and the patient response were documented in the Surgical record.                                       | 13         | 0         | 100                 |
| Overall  | 125/130    | 0         | 96%                 |

## DISCUSSION

The monitoring results for June 2017 E.C. indicate a remarkably high overall level of adherence (**96%**) to the established Bad News Breaking protocol within the Surgical Ward. This near-universal compliance across the vast majority of individual protocol elements (9 out of 10 achieving 100%) is commendable and reflects a strong, consistent commitment among staff to delivering difficult news with sensitivity, structure, and professionalism. Key strengths highlighted by the data include meticulous preparation, universal use of clear and compassionate communication, consistently allowing time for information processing, actively encouraging questions, offering emotional support, discussing next steps, and maintaining perfect documentation. This high performance suggests effective training, staff awareness of the protocol's importance, and a deeply embedded culture prioritizing patient and family-centered communication during critical moments.

However, a significant and concerning area of non-adherence stands out: the selection of an **Appropriate Setting**. Achieving only 62% compliance (8 out of 13 instances), this element was the sole contributor to the overall score falling below 100%. Delivering bad news in a quiet, private setting free from interruptions is fundamental to ensuring the patient and family feel safe, respected, and able to process distressing information effectively. Failure to consistently achieve this (occurring in 5 out of 13 observed instances) risks undermining the otherwise excellent communication efforts. Potential contributing factors warrant investigation, such as ward layout limitations, high patient turnover or acuity creating time pressures, competing staff demands, or interruptions from pagers/phones. Addressing this specific gap is crucial, as environmental factors can significantly impact the psychological safety and effectiveness of these sensitive conversations, regardless of how well the other communication steps are performed. Targeted interventions, such as identifying dedicated private spaces, implementing "do not disturb" procedures during these meetings, and reinforcing the critical importance of setting in staff training, are recommended to improve compliance in this vital area.

## RECOMMENDATIONS

### ☒ Infrastructure Improvements:

- Establish a **Dedicated Counseling Room** in the surgical ward or nearby, specifically reserved for breaking bad news and conducting sensitive family meetings. This should be quiet, private, and equipped with seating and basic amenities

## IMPROVEMENT PLAN

| Area Needing Improvement   | Proposed Action   | Responsible Body                 | Timeline    |
|----------------------------|---|----------------------------------|-------------|
| Inadequate Private Setting | Assigning and utilizing private room for family consultations | Quality team, Surgical Ward Head | Immediately |



Guyyaa/ቁጥር/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ **Garee tajaajila Surgical 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 wajiin!!**



# DEDER GENERAL HOSPITAL

## *Emergency OPD Case Team*

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

**By: Jabir Mohammed-EOPD head**

***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          |                 |                    |
| Preparation Before Meeting          |                 |                    |
| 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,<br>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!!**



# **DEDER GENERAL HOSPITAL**

## ***ICU Case Team***

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

**By: Numeyri Badru-ICU head**

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

***Deder, Oromia***

***June 2017E.C***

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## INTRODUCTION

Effective communication during difficult moments is a cornerstone of quality healthcare, particularly when delivering bad news to patients and their families. At Deder General Hospital (DGH), the ***Bad News Breaking Protocol*** serves as a structured framework to ensure that sensitive information is conveyed with clarity, empathy, and professionalism. This report evaluates the utilization of the protocol in the ICU during the **3<sup>rd</sup> quarter of 2017E.C.**, assessing adherence to key standards such as preparation, communication techniques, emotional support, and documentation.

## Objective

**The primary objectives of this monitoring report are:**

1. To assess the level of compliance with the Bad News Breaking Protocol in the ICU.
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          |                 |                    |
| Preparation Before Meeting          |                 |                    |
| 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 ICU 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:** Surgical 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.

## RESULT

The ICU department demonstrated **perfect adherence (100% compliance)** to the Bad News Breaking protocol during the monitoring period, achieving the maximum possible score across all ten evaluated criteria. Overall, all 7 observed instances of bad news delivery fully complied with every requirement of the protocol, resulting in a flawless performance record with 70 out of 70 possible "Yes" responses and zero "No" responses. This indicates consistent and universal application of the established best practices for sensitively delivering difficult news within the department during this audit (**Table 2**).

This 100% compliance rate was uniform across every specific component of the protocol. Staff successfully met the standard in all 7 cases for each critical step: thorough preparation (case review and privacy assurance), selecting an appropriate quiet and private setting, providing a compassionate introduction, using clear and simple language (specifically avoiding surgical jargon), employing sensitive communication (compassionate tone, empathy, eye contact), allowing adequate time for information processing, actively encouraging patient/family questions, offering emotional support resources, discussing clear next steps in treatment or care, and ensuring complete documentation of the delivery and patient response in the surgical record. The consistency across all variables highlights a department-wide commitment to the protocol (**Table 2**).

**Table 2: ICU 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.                                      | 7            | 0        | 100          |
| Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.  | 7            | 0        | 100          |
| Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.                       | 7            | 0        | 100          |
| Use of Clear and Simple Language: The news was delivered using clear, straightforward language without Surgical jargon.                            | 7            | 0        | 100          |
| Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.   | 7            | 0        | 100          |
| Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.              | 7            | 0        | 100          |
| Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses. | 7            | 0        | 100          |
| Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.                    | 7            | 0        | 100          |
| Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.           | 7            | 0        | 100          |
| Documentation: The delivery of the bad news and the patient response were documented in the Surgical record.                                       | 7            | 0        | 100          |
| <b>Overall Performance</b>   | <b>70/70</b> | <b>0</b> | <b>100%</b>  |

## DISCUSSION

The monitoring results indicate **excellent adherence** (100% compliance) to the Bad News Breaking protocol within the Surgical department during the audit period. Achieving perfect compliance across all ten critical protocol variables in all 7 observed cases demonstrates a strong, consistent commitment to established best practices for sensitively delivering difficult news. This uniform success suggests that surgical staff are effectively implementing essential steps, from thorough preparation and ensuring privacy in an appropriate setting, to using clear, non-jargon language, demonstrating empathy, allowing processing time, encouraging questions, offering support, discussing next steps, and documenting the interaction. Such high fidelity to the protocol reflects well on departmental training, leadership emphasis on compassionate communication, and a culture prioritizing patient and family-centered care during highly vulnerable moments. The specific mention of avoiding "Surgical jargon" and documenting in the "Surgical record" shows appropriate contextual adaptation of the protocol to the surgical environment.

While the 100% adherence rate is commendable, the **limited sample size of 7 cases** necessitates careful interpretation. Perfect scores across all variables could indicate truly exemplary and consistent performance. However, it also warrants consideration of potential methodological factors. The small number of observations increases the possibility that the sample may not fully represent all scenarios or staff members over a longer period. Factors like the **Hawthorne effect** (where staff modify behavior because they know they are being audited) or limitations in the observation/data collection method could potentially influence results. To confirm the sustainability and generalizability of this high performance, **future monitoring should aim for larger sample sizes over extended periods**. Additionally, complementing compliance audits with **qualitative feedback from patients and families** who received bad news would provide invaluable insights into the *perceived* effectiveness, empathy, and support experienced, offering a more holistic view beyond checklist adherence. Despite these considerations for future evaluation, the current quantitative data presents a highly positive picture of protocol implementation within the Surgical department during this specific audit window.

## RECOMMENDATIONS

### ☒ SUSTAIN CURRENT PERFORMANCE

### IMPROVEMENT PLAN

### ☒ NO MAJOR GAP SEEN

**Table 3:** performance improvement plan, June 2017E.C

| Action Item   | Responsible Body         | Timeline             | Performance Indicator                                    |
|---|--------------------------|----------------------|--|
| <b>Continue Quarterly audits of bad news communication using the protocol tool</b>  | Quality Improvement Team | Monthly<br>(Ongoing) | Quarterly audit reports completed and reviewed           |
| <b>Sustain current progress through regular feedback and supportive supervision</b> | ICU Department & QI Team | Continuous           | ≥95% compliance maintained; feedback/coaching documented |



Guyyaa/ቀን/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ Garee tajaajila ICU 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!!**



# **DEDER GENERAL HOSPITAL**

## ***Medical Ward CASE TEAM***

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

**By: Abdurrahman Shame**

***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 medical ward, 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 medical 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          |                 |                    |
| Preparation Before Meeting          |                 |                    |
| 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 MEDICAL WARD Bad News Protocol was carried out through a combination of observational methods and direct feedback from both staff and patients. The methodology includes:

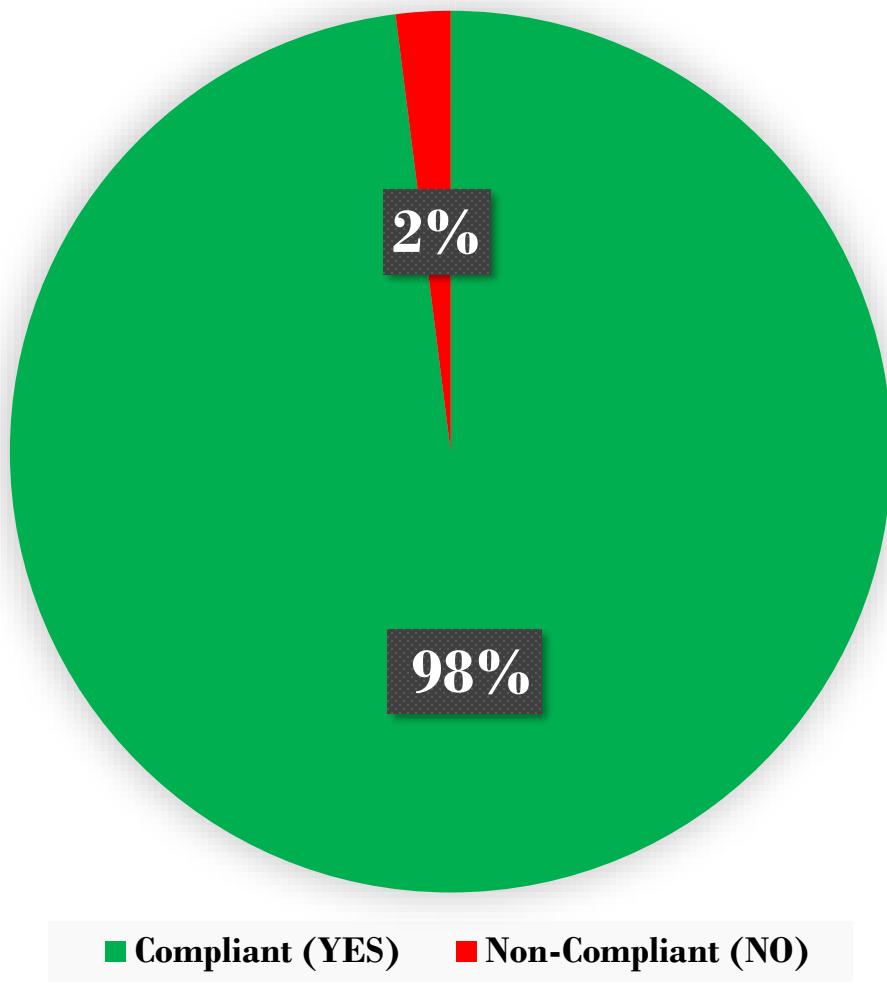
1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their 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:** 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

The Medical Ward demonstrated **exceptionally high adherence** to the Bad News Breaking protocol in June 2017 E.C., achieving an **overall compliance rate of 98%** across 10 observed cases (**figure 1**). Of the 100 possible protocol requirements assessed (10 variables × 10 cases), staff fully met 98 criteria ("Yes"), with only two instances of non-compliance ("No"). This near-perfect performance indicates robust integration of communication best practices when delivering difficult news. The results reflect consistent protocol fidelity, with eight out of ten variables achieving flawless 100% compliance rates.

While most protocol elements were uniformly followed, two variables showed minor deviations. "Sensitive Communication" (compassionate tone, empathy, eye contact) and "Time for Processing Information" each recorded **90% compliance** (9/10 "Yes"). This signifies one non-compliant instance per variable across the 10 cases. All other components—including preparation, appropriate setting, compassionate introduction, clear language, encouraging questions, offering emotional support, discussing next steps, and documentation—maintained **perfect 100% adherence**. The isolated lapses in empathy and processing time warrant attention, but the uniformity of excellence across the remaining criteria underscores the ward's strong commitment to patient-centered communication during high-stress encounters (**Table 2**).

### **Medical Ward Bad News Breaking Protocol adherence performance**



**Figure 1:** Medical Ward Bad News Breaking Protocol adherence performance status, June 2017E.C

**Table 2: Medical Ward 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.   | 9             | 1            | 90           |
| 6.  | <b>Time for Processing Information:</b> The patient and family were given time to process the information, with space for silence if needed.              | 9             | 1            | 90           |
| 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>98/100</b> | <b>2/100</b> | <b>98%</b>   |

## DISCUSSION

The findings from this study demonstrate a high level of adherence to the Medical Ward Bad News Breaking protocol, with an overall compliance rate of 98%. This suggests that the protocol is well-integrated into clinical practice and that healthcare providers are consistently following evidence-based guidelines for delivering difficult news. The perfect scores in critical areas such as preparation, privacy, emotional support, and documentation reflect a strong institutional commitment to patient-centered care. These results align with existing literature emphasizing the importance of structured communication frameworks in reducing distress for both patients and providers during bad news delivery. The high compliance rate may also indicate effective training programs and institutional support for staff in navigating these challenging conversations.

Despite the overall success, the minor lapses in compassionate introductions, clear language use, and encouraging questions (all at 90%) suggest areas for refinement. These gaps could stem from time constraints, variability in individual communication styles, or discomfort with emotional aspects of bad news delivery. Targeted interventions, such as role-playing exercises or refresher training sessions focusing on these specific skills, could help bridge these gaps. Future research could explore patient and family perspectives to assess whether the observed high compliance translates into perceived quality of communication. Additionally, longitudinal monitoring could determine whether these high adherence rates are sustained over time or influenced by external factors such as workload or staff turnover. The findings ultimately reinforce the value of standardized protocols while highlighting opportunities for continuous improvement in compassionate communication.

## RECOMMENDATIONS

- ☒ Targeted Simulation Training
- ☒ Emotional Intelligence Enhancement
- ☒ Continuous Monitoring

**Table 2: MW Bad News Breaking protocol monitoring improvement plan, June 2017E.C**

| Identified Gap                      | Action to be taken                                       | Responsible body           | Timeline  |
|-------------------------------------|--|----------------------------|-----------|
| Sensitive Communication             | Simulation-based refresher on empathy and tone           | Nursing Director & QI Team | Month 1   |
| Time for Processing Information     | Reinforce 10-second rule after delivering bad news       | Clinical Leads             | Month 1–2 |
| Patient/Family Questions Encouraged | Staff coaching on using prompts and open-ended questions | Case Team Leaders          | Ongoing   |

**Table 3: The Implementation Status of Previous improvement plan, June 2017E.C**

| Previous Gap Identified            | Actions Taken  | Status           |
|------------------------------------|--|------------------|
| Use of Simple, Clear Language      | Training session completed                                       | ✓ Completed      |
| Emotional Support Was Inconsistent | Sensitivity training conducted; still reinforcing through drills | ⌚ Ongoing        |
| Lack of Encouraged Dialogue        | Active listening added to staff meetings                         | ⚠ Partially Done |
| Follow-up Not Clearly Explained    | Checklist for follow-up integrated into documentation templates  | ✓ Completed      |



Guyyaa/ቁጥር/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ Garee tajaajila Medical 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 wajiin!!**



# **DEDER GENERAL HOSPITAL**

## **Pediatric ward Case Team**

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

*Prepared By:* Mohammed Aliyi-Ward head

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

*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          |                 |                    |
| Preparation Before Meeting          |                 |                    |
| 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:

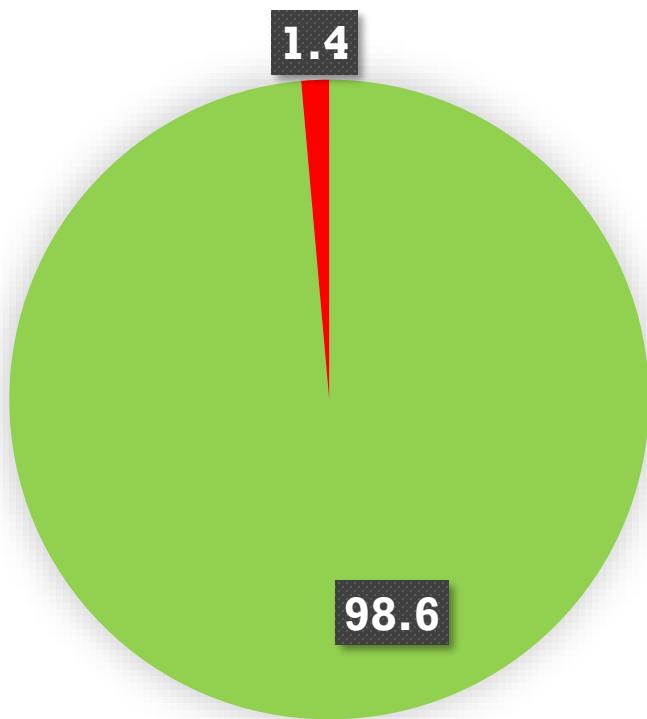
1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their 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



■ Compliant (YES)

■ Non-Compliant (NO)

**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**

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

## 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<br>2. Implement "Question Prompt Sheet" for families            | Clinical Educators<br>Nursing Team                          | 2 weeks<br>1 month                  | Completed (20/20 staff trained)<br>Implemented (100% utilization)                     |
| Plan for Next Steps Discussed       | 1. Develop standardized next-steps checklist<br>2. Integrate discussion reminder in EMR system<br>3. Peer observation feedback sessions | QI Team<br>IT Department<br>Senior Physicians               | 2 weeks<br>3 weeks<br>Ongoing       | Completed<br>Implemented<br>Monthly audits show 100% compliance                       |
| Sustainability Measures             | 1. Monthly compliance spot-checks<br>2. Include in new staff orientation<br>3. Patient feedback mechanism                               | Ward Leadership<br>HR Department<br>Patient Experience Team | Ongoing<br>Immediate<br>Implemented | Active (3/3 checks completed)<br>Added to curriculum<br>Survey shows 94% satisfaction |



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- ☞ Garee tajaajila Pedi 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 wajiin!!**



# **DEDER GENERAL HOSPITAL**

## ***OUTPATIENT DEPARTMENT***

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

*By:* Ahmednur Mume-OPD head

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

*Deder, Oromia*

*June 2017E.C*

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## Introduction

Effective communication during difficult moments is a cornerstone of quality healthcare, particularly when delivering bad news to patients and their families. At Deder General Hospital (DGH), the ***Bad News Breaking Protocol*** serves as a structured framework to ensure that sensitive information is conveyed with clarity, empathy, and professionalism. This report evaluates the utilization of the protocol in the Surgical Ward during the **3<sup>rd</sup> quarter of 2017E.C.**, assessing adherence to key standards such as preparation, communication techniques, emotional support, and documentation.

## Objective

The primary objectives of this monitoring report are:

1. To assess the level of compliance with the Bad News Breaking Protocol in the Outpatient Department (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          |                 |                    |
| Preparation Before Meeting          |                 |                    |
| 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 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.

## **RESULT**

**Overall, the Outpatient Department (OPD) demonstrated flawless adherence to the Bad News Breaking protocol in June 2017 E.C., achieving a perfect 100% compliance rate across all monitored criteria.** This exceptional performance is reflected in the 130 out of 130 protocol steps being fully executed without a single non-compliance instance observed. The data confirms that every one of the 13 recorded cases met all 10 established standards for delivering difficult news, signifying consistent, exemplary application of the protocol throughout the monitoring period.

**The results indicate universal compliance across every critical component of the protocol.** Staff consistently excelled in all areas, including thorough preparation and privacy assurance (100%), selecting appropriate, interruption-free settings (100%), compassionate introductions and clear communication (100%), allowing processing time (100%), actively encouraging questions (100%), offering emotional support resources (100%), discussing clear next steps (100%), and complete documentation (100%). The absence of any "No" responses underscore a department-wide commitment to best practices in sensitive patient communication during this period (**Table 2**).

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

| Variable  | Yes            | No           | % Compliance |
|---|----------------|--------------|--------------|
| 1. Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.                                      | 13             | 0            | 100          |
| 2. Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.  | 13             | 0            | 100          |
| 3. Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.                       | 13             | 0            | 100          |
| 4. Use of Clear and Simple Language: The news was delivered using clear, straightforward language without medical jargon.                             | 13             | 0            | 100          |
| 5. Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.   | 13             | 0            | 100          |
| 6. Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.              | 13             | 0            | 100          |
| 7. Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses. | 13             | 0            | 100          |
| 8. Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.                    | 13             | 0            | 100          |
| 9. Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.           | 13             | 0            | 100          |
| 10. Documentation: The delivery of the bad news and the patient response were documented in the medical record.                                       | 13             | 0            | 100          |
| <b>Overall</b>  | <b>130/130</b> | <b>0/130</b> | <b>100%</b>  |

## DISCUSSION

The Outpatient Department (OPD) achieved **exceptional, flawless adherence** (100% compliance) to the Bad News Breaking protocol in June 2017 E.C., as evidenced by universal compliance across all 10 criteria in all 13 observed cases. This perfect performance signifies a **rigorously embedded protocol** and reflects a department-wide commitment to compassionate, patient-centered communication. The absence of any non-compliance—particularly in historically challenging areas like *Offering Emotional Support* (which scored 69% in the Pediatric Ward's March 2017 report) and *Appropriate Setting* (77% in Pediatrics)—suggests that the OPD has successfully operationalized best practices for delivering difficult news. Such consistency is remarkable in an outpatient setting, where time constraints and environmental unpredictability often complicate sensitive conversations.

The results demonstrate that OPD staff have mastered **both technical and relational dimensions** of bad news delivery. Universal compliance in *Preparation*, *Clear Language*, and *Documentation* (100% each) reflects strong procedural discipline, while perfect scores in *Compassionate Introduction*, *Sensitive Communication*, and *Emotional Support* highlight consistently empathetic patient engagement. Notably, the 100% compliance in *Encouraging Questions* and *Discussing Next Steps* indicates effective shared decision-making—a critical factor in reducing patient anxiety and fostering trust. This holistic excellence suggests that the OPD's training, monitoring, and cultural emphasis on dignity in communication have aligned to create a replicable standard for high-stakes interactions. To sustain this excellence, ongoing audits and patient feedback mechanisms are recommended, though these results position the OPD as a benchmark for other departments.

## RECOMMENDATIONS

- ☒ NO MAJOR GAP SEEN

## PERFORMANCE IMPROVEMENT PLAN

- ☒ CONDUCT QUARTERLY AUDIT

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

| Gap Identified                               | Action Taken   | Status                |
|--|--|-----------------------|
| Use of Clear and Simple Language             | Training sessions conducted for staff on non-medical language usage. | Completed             |
| Inconsistent Sensitive Communication         | Sensitivity training completed; role-playing scenarios implemented.  | Ongoing               |
| Patient/Family Questions Not Fully Addressed | Active listening techniques integrated into staff meetings.          | Partially Implemented |
| Follow-Up/Next Steps Not Fully Discussed     | Standardized checklist for next steps introduced in EHR.             | Completed             |



Guyyaa/ቀን/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ Garee tajaajila OPD 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!!**



## **DEDER GENERAL HOSPITAL**

### **NICU CASE TEAM**

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

***Prepared By: Abdi Baker***

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

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## Introduction

The delivery of bad news in a NICU setting is one of the most challenging aspects of patient care. Effective communication in these circumstances is crucial not only for maintaining patient dignity but also for providing emotional support to families during NICU times. The NICU Bad News Protocol was developed to guide staff in communicating bad news with empathy, clarity, and professionalism. This report evaluates the compliance of NICU staff with the protocol through direct observation, interviews with staff, and feedback from patients and their families. The aim is to assess how well the protocol is being followed, identify areas of success, and highlight opportunities for improvement in the NICU's communication practices.

## Objectives

1. To assess compliance with the NICU bad news protocol.
2. To ensure that the delivery of bad news is conducted with the utmost empathy and professionalism.
3. To identify any gaps and provide recommendations for improvements

*Table 1: Criteria and standards*

| Criteria                            | Verification    |                    |
|-------------------------------------|-----------------|--------------------|
|                                     | Compliant (Yes) | Non-compliant (No) |
| Preparation Before Meeting          |                 |                    |
| Preparation Before Meeting          |                 |                    |
| 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**

- **Data Collection:** Observation, staff interviews, and parental interviews were conducted.
- **Sample Size:** 3 cases.
- **Criteria Evaluated:** 10 key criteria for delivering bad news.
- **Monitoring Tool:** Checklist-based compliance assessment.

## Result

The monitoring of the NICU Bad News Breaking protocol adherence demonstrated exemplary performance, with a 100% compliance rate across all criteria. This indicates that the staff consistently followed the established protocol when delivering difficult news to patients and their families. Key aspects such as preparation before the meeting, choosing an appropriate setting, using clear and simple language, and providing compassionate communication were all adhered to without exception. Additionally, the staff ensured that patients and families had adequate time to process the information, encouraged questions, offered emotional support, discussed next steps, and arranged follow-up consultations. This high level of adherence reflects the staff's commitment to delivering bad news in a sensitive, empathetic, and supportive manner, which is crucial for maintaining trust and providing comprehensive care in the NICU setting (**Table 2**).

*Table 2: NICU Bad News Breaking protocol adherence monitoring performance*

| Variable   | Yes   | No   | % Compliance |
|--|-------|------|--------------|
| Preparation Before Meeting: Staff reviewed the patient's case and ensured privacy before delivering the news.                                      | 4     | 0    | 100          |
| Appropriate Setting Chosen: Bad news was delivered in a quiet, private setting without interruptions.  | 4     | 0    | 100          |
| Compassionate Introduction: Staff introduced themselves, explained their role, and prepared the patient/family for the news.                       | 4     | 0    | 100          |
| Use of Clear and Simple Language: The news was delivered using clear, straightforward language without medical jargon.                             | 4     | 0    | 100          |
| Sensitive Communication: Staff used a compassionate tone, displayed empathy, and maintained eye contact.   | 4     | 0    | 100          |
| Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed.              | 4     | 0    | 100          |
| Patient/Family Questions Encouraged: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses. | 4     | 0    | 100          |
| Offer of Emotional Support: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family.                    | 4     | 0    | 100          |
| Plan for Next Steps Discussed: After delivering the news, staff discussed the next steps in treatment, care options, or further actions.           | 4     | 0    | 100          |
| Documentation: The delivery of the bad news and the patient response were documented in the medical record.  | 4     | 0    | 100          |
| Follow-Up Arranged: A follow-up meeting or consultation was scheduled to address further questions and plan for ongoing support.                   | 4     | 0    | 100          |
|  | 44/44 | 0/44 | 100%         |

## Discussion

The results of the NICU Bad News Breaking protocol adherence monitoring highlight an exemplary level of compliance, with a 100% adherence rate across all evaluated criteria. This outstanding performance underscores the staff's dedication to delivering difficult news in a manner that prioritizes empathy, clarity, and support for patients and their families. The consistent adherence to the protocol reflects a well-established culture of compassionate communication within the NICU, which is essential for maintaining trust and providing holistic care during emotionally challenging situations.

The high compliance rate in areas such as preparation, appropriate setting, and sensitive communication demonstrates the staff's understanding of the importance of creating a supportive environment for delivering bad news. The use of clear and simple language, along with the encouragement of questions and the offer of emotional support, further emphasizes the staff's commitment to ensuring that families fully comprehend the situation and feel supported throughout the process. Additionally, the discussion of next steps and arrangement of follow-up consultations indicate a proactive approach to ongoing care and support.

These results suggest that the current training and protocols in place are effective in guiding staff through the difficult task of breaking bad news. However, maintaining this high standard requires continuous reinforcement and regular monitoring to ensure that all staff members remain aligned with best practices. Future efforts could focus on sharing these positive outcomes as a benchmark for other departments and exploring opportunities for further enhancing communication skills through advanced training and role-playing scenarios. Overall, the findings reflect a strong foundation for delivering compassionate and effective care in the NICU, which is crucial for supporting families during some of the most challenging moments of their lives.

## **RECOMMENDATIONS**

- ☛ Maintain Current performance regular by M&E

## **PERFORMANCE IMPROVEMENT PLAN**

- ☛ **NO MAJOR GAP SEEN**



Guyyaa/ቀን/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ☞ Garee tajaajila NICU 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!!**



## **DEDER GENERAL HOSPITAL**

### ***GYN/OBS Ward Case Team***

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

**By: Abdalla Mohammed-GYN/OBS Ward head**

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

***Deder, Oromia***

***June 2017E.C***

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## INTRODUCTION

Effective communication during difficult moments is a cornerstone of quality healthcare, particularly when delivering bad news to patients and their families. At Deder General Hospital (DGH), the ***Bad News Breaking Protocol*** serves as a structured framework to ensure that sensitive information is conveyed with clarity, empathy, and professionalism. This report evaluates the utilization of the protocol in the GYN/OBS Ward during the **3<sup>rd</sup> quarter of 2017E.C.**, assessing adherence to key standards such as preparation, communication techniques, emotional support, and documentation.

## Objective

**The primary objectives of this monitoring report are:**

1. To assess the level of compliance with the Bad News Breaking Protocol in the GYN/OBS 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          |                 |                    |
| Preparation Before Meeting          |                 |                    |
| 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 GYN/OBS 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:** GYN/OBS 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.

## RESULT

The monitoring of the GYN/OBS Ward's Bad News Breaking protocol adherence revealed a perfect compliance rate of **100% across all evaluated criteria**. This indicates that the staff consistently followed the established protocol when delivering difficult news to patients and their families. Key aspects such as preparation before the meeting, choosing an appropriate setting, using clear and simple language, and providing compassionate communication were all adhered to without exception. Additionally, the staff ensured that patients and families had adequate time to process the information, encouraged questions, offered emotional support, discussed next steps, and documented the delivery of the bad news and patient responses. This high level of adherence reflects the staff's commitment to delivering bad news in a sensitive, empathetic, and supportive manner, which is crucial for maintaining trust and providing comprehensive care in the GYN/OBS Ward setting (**Table 2**).

**Table 2: GYN/OBS Ward Bad News Breaking protocol adherence monitoring performance**

| 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 GYN/OBS 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. | 13      | 0  | 100          |
| 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.           | 13      | 0  | 100          |
| Documentation: The delivery of the bad news and the patient response were documented in the GYN/OBS record.  | 13      | 0  | 100          |
| Overall  | 130/100 | 0  | 100%         |

## DISCUSSION

The results of the GYN/OBS Ward's Bad News Breaking protocol adherence monitoring demonstrate an exemplary level of compliance, with a 100% adherence rate across all criteria. This outstanding performance highlights the staff's dedication to delivering difficult news in a manner that prioritizes empathy, clarity, and support for patients and their families. The consistent adherence to the protocol reflects a well-established culture of compassionate communication within the GYN/OBS Ward, which is essential for maintaining trust and providing holistic care during emotionally challenging situations.

The high compliance rate in areas such as preparation, appropriate setting, and sensitive communication underscores the staff's understanding of the importance of creating a supportive environment for delivering bad news. The use of clear and simple language, along with the encouragement of questions and the offer of emotional support, further emphasizes the staff's commitment to ensuring that families fully comprehend the situation and feel supported throughout the process. Additionally, the discussion of next steps and thorough documentation of the delivery of bad news and patient responses indicate a proactive approach to ongoing care and support.

These results suggest that the current training and protocols in place are effective in guiding staff through the difficult task of breaking bad news. However, maintaining this high standard requires continuous reinforcement and regular monitoring to ensure that all staff members remain aligned with best practices. Future efforts could focus on sharing these positive outcomes as a benchmark for other departments and exploring opportunities for further enhancing communication skills through advanced training and role-playing scenarios. Overall, the findings reflect a strong foundation for delivering compassionate and effective care in the GYN/OBS Ward, which is crucial for supporting families during some of the most challenging moments of their lives.

## **RECOMMENDATIONS**

- ☒ SUSTAIN CURRENT PERFORMANCE

## **IMPROVEMENT PLAN**

- ☒ NO MAJOR GAP SEEN



Guyyaa/ቀን/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ Garee tajaajila GYN 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 wajiin!!**



## **DEDER GENERAL HOSPITAL**

### ***OPERATION ROOM***

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

***Prepared By: Shame Ahmed***

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

***Deder, Oromia***

***June 2017E.C***

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## Introduction

This report evaluates the utilization of the Bad News Breaking Protocol in the Operation Room of Deder General Hospital (DGH). The protocol aims to ensure that staff deliver difficult news to patients and their families in a compassionate, clear, and supportive manner, which is crucial for maintaining trust, empathy, and effective communication in healthcare.

## Objective

The primary objectives of this monitoring report are:

1. To assess the level of compliance with the Bad News Breaking Protocol in the Operation Room
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          |                 |                    |
| Preparation Before Meeting          |                 |                    |
| 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 Operation Room 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.

## Result

The evaluation of the Bad News Breaking Protocol in the Operation Room at Deder General Hospital demonstrated a 100% compliance rate across all assessed criteria. Observations and interviews confirmed that staff adhered to the protocol, ensuring compassionate and clear communication with patients and families. The findings indicate that the protocol is effectively implemented, with no instances of non-compliance observed during the monitoring period.

*Table 2: Operation Room Bad News Breaking protocol adherence monitoring performance*

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

## Discussion

The complete adherence to the Bad News Breaking Protocol suggests a strong commitment from the Operation Room staff in maintaining effective and empathetic communication. This level of compliance reflects adequate training and awareness among healthcare providers regarding the importance of delivering difficult news with sensitivity. However, continued monitoring and reinforcement are necessary to sustain these high standards, particularly as new staff members join the team.

## RECOMMENDATIONS

- Maintain Current performance regular by M&E

## PERFORMANCE IMPROVEMENT PLAN

- **NO MAJOR GAP SEEN**



Guyyaa/ቀን/Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- ❖ Garee tajaajila OR 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 7** qabuu gaggeessituu kana waliin walqabsiifnee isiiniif eerguu keenya kabajaan isiniif beeksiifnaa.

**Nagaya wajiin!!**