# DEDER GENERAL HOSPITAL

## *Medical Ward CASE TEAM*

### Bad News Breaking Protocol Utilization Monitoring Report

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*Report period*: 4th 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

**2%**

**98%**

■ **Compliant (YES)**    ■ **Non-Compliant (NO)**
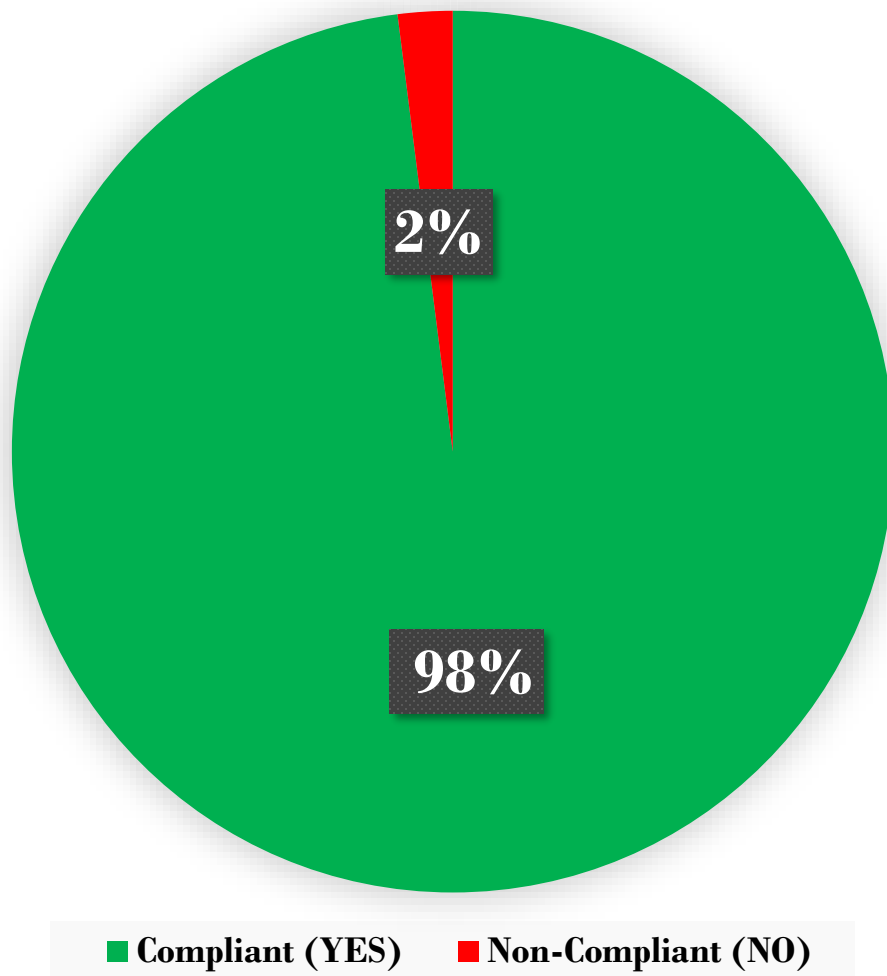
**Figure 1:** Medical Ward Bad News Breaking Protocol adherence performance status, June 2017E.C

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

| S/N | Variable | Yes | No | % Compliance |
|-----|----------|-----|-----|--------------|
| 1. | **Preparation Before Meeting**: Staff reviewed the patient's case and ensured privacy before delivering the news. | 10 | 0 | 100 |
| 2. | **Appropriate Setting Chosen**: Bad news was delivered in a quiet, private setting without interruptions. | 10 | 0 | 100 |
| 3. | **Compassionate Introduction**: Staff introduced themselves, explained their role, and prepared the patient/family for the news. | 10 | 0 | 100 |
| 4. | **Use of Clear and Simple Language**: The news was delivered using clear, straightforward language without medical jargon. | 10 | 0 | 100 |
| 5. | **Sensitive Communication**: Staff used a compassionate tone, displayed empathy, and maintained eye contact. | 9 | 1 | 90 |
| 6. | Time for Processing Information: The patient and family were given time to process the information, with space for silence if needed. | 9 | 1 | 90 |
| 7. | **Patient/Family Questions Encouraged**: Patients and family members were encouraged to ask questions, and staff provided clear, thoughtful responses. | 10 | 0 | 100 |
| 8. | **Offer of Emotional Support**: Emotional support resources (e.g., psychologist, social worker) were offered to the patient/family. | 10 | 0 | 100 |
| 9. | **Plan for Next Steps Discussed:** After delivering the news, staff discussed the next steps in treatment, care options, or further actions. | 10 | 0 | 100 |
| 10. | **Documentation**: The delivery of the bad news and the patient response were documented in the medical record. | 10 | 0 | 100 |
| | **Overall** | **98/100** | **2/100** | **98%** |

## 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** |

# Biiroo Fayyaa Oromiyaatti Hospitaala Waliigalaa Dadar
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**Guyyaa/ቀን/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 wajjiin!!**