



## **DEDER GENERAL HOSPITAL**

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

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

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

***Deder, Oromia***

***June 2017E.C***

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## INTRODUCTION

Effective communication 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:

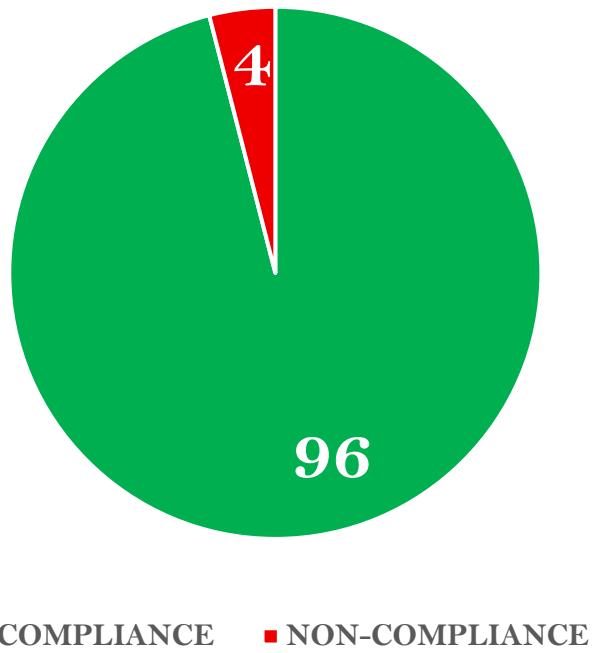
1. **Observations:** Staff interactions during the delivery of bad news were observed to assess compliance with protocol criteria, including preparation, language clarity, compassionate tone, and privacy.
2. **Interviews:** Both staff and patients/families were interviewed to gather insights into their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

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.	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!!**