

# DEDER GENERAL HOSPITAL

Medical Ward Case Team

Monitoring Report on the Utilization of the Bad News Breaking Protocol

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Report Period: 4th Quarter of 2017 E.C.

**Location:** Deder, Oromia  
**Date:** JULY 2017 E.C.

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## 1. Introduction

Breaking bad news to patients or families is one of the most emotionally challenging responsibilities in healthcare. Deder General Hospital's Medical Ward follows a structured **Bad News Breaking Protocol** designed to support clear, empathetic, and respectful communication during these moments.

This monitoring report summarizes the level of compliance with the protocol during the third quarter of 2017 E.C. The focus is to assess how consistently staff adhered to the protocol steps and to identify areas needing improvement. The findings reflect a **high standard of practice**, with an **overall protocol compliance rate of 96.7%**, and indicate the team's strong commitment to professional and compassionate communication.

## 2. Objectives

The purpose of this monitoring is to:

1. Measure adherence to the Bad News Breaking Protocol in the medical ward.
2. Identify areas where compliance can be strengthened.
3. Ensure patients and families receive sensitive, clear, and supportive communication during emotionally difficult conversations.

## 3. Methodology

A combination of qualitative and quantitative methods was used for the assessment:

- **Direct Observation:** Staff behavior and communication techniques were observed during the delivery of bad news.
- **Interviews:** Both patients/families and staff were interviewed to collect feedback on how the communication was handled.
- **Documentation Review:** Medical records were reviewed for completeness, especially regarding emotional response and follow-up arrangements.
- **Checklist-Based Evaluation:** A 10-step protocol checklist was used to record whether each element was "Compliant" or "Non-Compliant."

Each protocol element was evaluated independently, with comments added where necessary to provide context.

## 4. Results

Out of ten patient encounters evaluated in JULY 2017 E.C., **seven protocol elements achieved 100% compliance**, while **three elements had 90% compliance**, each due to one instance of non-compliance.

The **non-compliant areas were:**

1. **Sensitive Communication** – The emotional tone, body language, or compassion shown during one encounter was inadequate.
2. **Patient/Family Questions Encouraged** – In the same case, space was not provided for the family to ask questions or clarify doubts.
3. **Time for Processing Information** – The patient and family were not given enough silence or time to absorb the information provided.

All other aspects of the protocol — including preparation, environment, clarity, emotional support, planning, and documentation — were adhered to with full compliance.

Table 1: Bad News Breaking Protocol Criteria and Standards

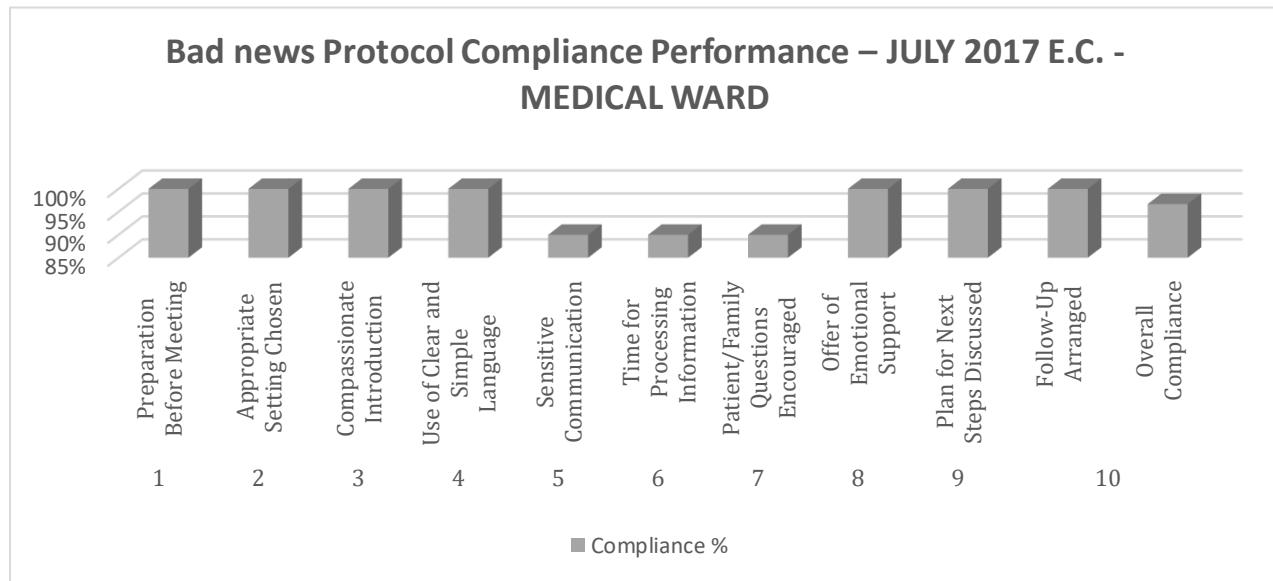
Criteria	Verification Method	Compliance Options
Preparation Before Meeting	Observation	Yes / No
Appropriate Setting Chosen	Observation	Yes / No
Compassionate Introduction	Observation	Yes / No
Use of Clear and Simple Language	Observation	Yes / No
<b>Sensitive Communication</b>	Observation	<input checked="" type="checkbox"/> 9 / <input type="checkbox"/> 1
<b>Time for Processing Information</b>	Observation	<input checked="" type="checkbox"/> 9 / <input type="checkbox"/> 1
<b>Patient/Family Questions Encouraged</b>	Observation & Interview	<input checked="" type="checkbox"/> 9 / <input type="checkbox"/> 1

Criteria	Verification Method	Compliance Options
Offer of Emotional Support	Observation & Documentation	Yes / No
Plan for Next Steps Discussed	Observation & Interview	Yes / No
Follow-Up Arranged	Documentation Review	Yes / No

Table 2: bad news Protocol Compliance Performance – JULY 2017 E.C.

S/N	Protocol Element	Yes	No	Compliance %
1	Preparation Before Meeting	10	0	100%
2	Appropriate Setting Chosen	10	0	100%
3	Compassionate Introduction	10	0	100%
4	Use of Clear and Simple Language	10	0	100%
5	<b>Sensitive Communication</b>	9	1	90%
6	<b>Time for Processing Information</b>	9	1	90%
7	<b>Patient/Family Questions Encouraged</b>	9	1	90%
8	Offer of Emotional Support	10	0	100%
9	Plan for Next Steps Discussed	10	0	100%
10	Follow-Up Arranged	10	0	100%
<b>Overall Compliance</b>		97	3	96.7%

## GRAPH – BAD NEWS PROTOCOL COMPLIANCE MW JULY 2017



## 5. Discussion

This assessment shows that the Medical Ward at Deder General Hospital has made substantial progress in implementing the Bad News Breaking Protocol. With **96.7% overall compliance**, the findings suggest that staff have internalized the protocol's values and are generally able to deliver bad news in a structured, respectful, and compassionate manner.

Perfect scores were achieved in areas such as preparation, setting, clarity of language, emotional support, planning, and documentation. These strengths reflect a well-trained, motivated, and patient-focused team.

However, the **three minor lapses**, although found in only one case, occurred in critical aspects — emotional tone, allowing questions, and processing time. These gaps, while isolated, can greatly affect the patient and family experience. They may stem from stress, high workload, or insufficient confidence in emotional communication.

As a result, **targeted interventions** are needed to ensure **consistency across all encounters**, especially during emotionally sensitive conversations.

## 6. Recommendations

To improve consistency and ensure 100% protocol adherence across all areas:

### 1. Targeted Simulation Training

- Conduct regular role-plays and drills that focus on:
  - Using emotionally supportive language
  - Maintaining appropriate silence for reflection
  - Actively inviting questions

## 2. Emotional Intelligence Enhancement

- Include communication skills modules in ongoing professional development sessions.

## 3. Continuous Monitoring

- Incorporate patient and family feedback to evaluate communication quality.
- Reassess monthly to ensure continuous quality improvement.

**Table 3: Improvement Plan Based on Current Findings**

Identified Gap	Action Plan	Responsible Team	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 4: Status of Previous Action Items**

Previous Gap Identified	Actions Taken	Status
Use of Simple, Clear Language	Training session completed	<input checked="" type="checkbox"/> Completed
Emotional Support Was Inconsistent	Sensitivity training conducted; still reinforcing through drills	<input type="checkbox"/> Ongoing
Lack of Encouraged Dialogue	Active listening added to staff meetings	<input type="warning"/> Partially Done
Follow-up Not Clearly Explained	Checklist for follow-up integrated into documentation templates	<input checked="" type="checkbox"/> Completed

## Conclusion:

The Medical Ward at Deder General Hospital has shown a commendable commitment to compassionate and structured communication through the Bad News Breaking Protocol. With a few targeted improvements, the team is well-positioned to achieve full compliance and deliver difficult news in a way that prioritizes empathy, clarity, and dignity.

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