

# **DEDER GENERAL HOSPITAL**

## **Emergency OPD Case Team**

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

**Department: Emergency OPD**

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**Reporting Period: JULY 2017 E.C.**

**Location: Deder, Oromia**

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## **1. INTRODUCTION**

Effective communication of bad news is a vital skill for healthcare professionals, particularly in emergency settings where patient conditions can deteriorate quickly. The Bad News Breaking Protocol at Deder General Hospital was developed to standardize the process of delivering distressing information in a structured, compassionate, and ethical manner. The protocol outlines the principles and steps required to ensure that patients and their families are informed in a respectful, clear, and emotionally sensitive manner.

This report presents findings from the routine monitoring and evaluation of the protocol's implementation in the Emergency OPD during the 3rd quarter of 2017 E.C. The goal is to assess adherence, identify strengths and areas of improvement, and sustain a patient-centered approach.

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## **2. OBJECTIVE**

### **General Objective:**

To evaluate the level of compliance with the Bad News Breaking Protocol in the Emergency OPD and ensure compassionate, structured, and high-quality communication.

### **Specific Objectives:**

- To assess the execution of each component of the bad news breaking process.
  - To identify any deviations from the protocol in current practices.
  - To recommend improvements to enhance future performance.
  - To promote continuity and sustainability of compassionate communication within emergency services.
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## **3. METHODOLOGY**

### **Study Design:**

A facility-based cross-sectional observational study.

### **Study Area and Period:**

- **Study Area:** Emergency OPD, Deder General Hospital
- **Period:** JULY 2017 E.C. (covering the 3rd quarter)

### **Study Population:**

All bad news communication cases conducted by Emergency OPD clinicians during the quarter.

### **Sample Size:**

A total of 10 patient cases were reviewed.

### **Inclusion Criteria:**

- All patients or families to whom bad news was delivered in the Emergency OPD.
- Cases documented in medical records with relevant communication entries.

### **Exclusion Criteria:**

- Emergency cases where the family or patient could not be reached.
- Patients who left against medical advice before bad news was communicated.

### **Data Collection Techniques:**

1. **Direct Observation:** Trained observers assessed staff while delivering bad news, using a pre-established checklist.
2. **Patient and Family Interviews:** Feedback was collected from recipients of bad news to assess their experience.
3. **Document Review:** Patient records were reviewed to confirm documentation, follow-up planning, and protocol consistency.
4. **Compliance Checklist:** A standard checklist consisting of 10 protocol criteria was applied to evaluate performance. Each item was rated "Yes" for compliance or "No" for non-compliance.

### **Data Analysis:**

Results were compiled in a Microsoft Excel spreadsheet and analyzed quantitatively. Compliance rates were expressed in percentages. Observations and interview data were used qualitatively to complement numerical scores.

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## **4. RESULTS**

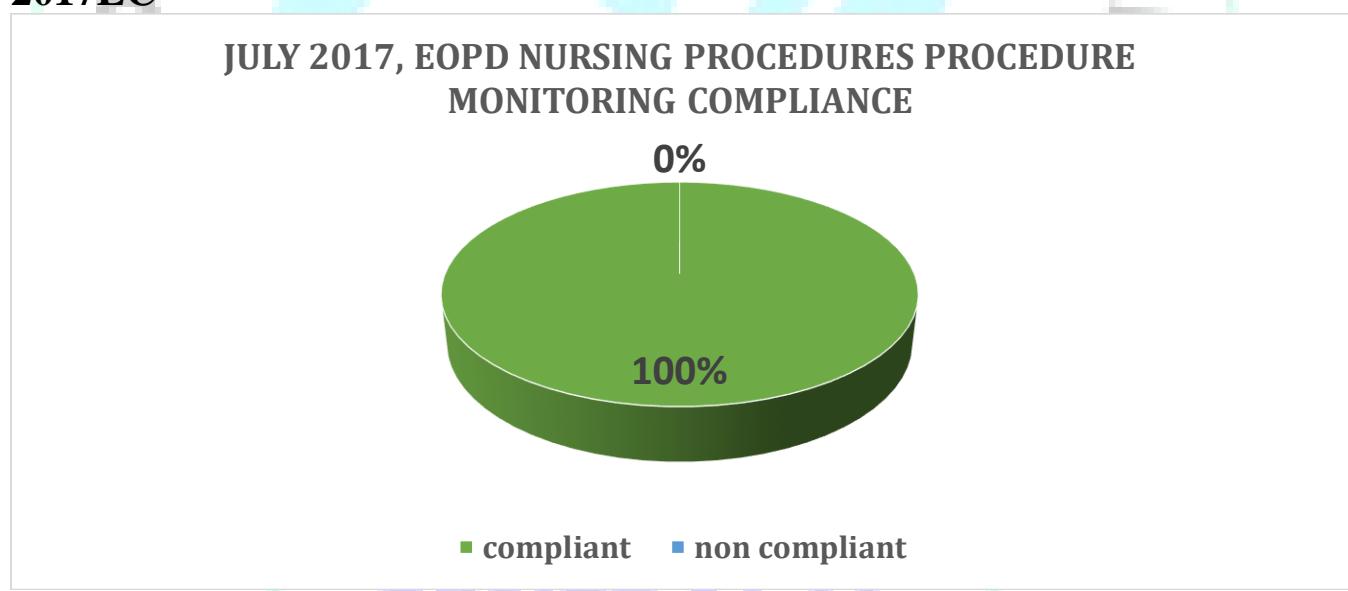
**Figure 1: EOPD Bad News Breaking Protocol Adherence Performance Status (JULY 2017 E.C.)**

**Compliant: 100% | Non-Compliant: 0%**

**Table 1: Protocol Adherence Summary – JULY 2017 E.C.**

S/N	Criteria	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	Sensitive Communication	10	0	100
6	Time for Processing Information	10	0	100
7	Patient/Family Questions Encouraged	10	0	100
8	Offer of Emotional Support	10	0	100
9	Plan for Next Steps Discussed	10	0	100
10	Documentation Completed	10	0	100
<b>Overall Compliance</b>		100	0	<b>100%</b>

**PIECHART: BAD NEWS PROTOCOL ADHERENCE , JULY 2017EC**



## 5. DISCUSSION

The audit demonstrated full compliance (100%) with the Bad News Breaking Protocol. This reflects a deeply embedded culture of empathy and professionalism within the Emergency OPD team at Deder General Hospital. All 10 reviewed cases adhered strictly to the protocol, ensuring privacy, preparation, clarity, emotional support, and documentation.

The use of straightforward language, provision of emotional support, and the opportunity for families to ask questions highlight the patient-centered approach employed by the department. Proper role identification, presence of multidisciplinary members, and consistent follow-up planning further reinforce best practices.

This performance signifies the effectiveness of prior interventions, such as communication workshops and routine monitoring. Maintaining this level of excellence will require continued investment in capacity building, patient feedback mechanisms, and supportive leadership.

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## 6. RECOMMENDATIONS

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

**Table 2: Emergency OPD Bad News Breaking Protocol Improvement Plan (JULY 2017 E.C.)**

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

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## **8. IMPLEMENTATION STATUS OF PREVIOUS IMPROVEMENT PLANS**

**Table 3: Status of Previous Action Items**

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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## **9. CONCLUSION**

The Bad News Breaking Protocol monitoring in the Emergency OPD of Deder General Hospital for JULY 2017 E.C. demonstrates a gold standard of communication excellence, with 100% compliance across all evaluated criteria. This reflects successful training, system accountability, and a deeply human-centered approach to healthcare.

Continued monitoring, recognition of exemplary performance, and cross-departmental learning will be vital to sustain these outcomes and promote a hospital-wide culture of empathetic communication.

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## **10. REFERENCES**

1. Ministry of Health – Ethiopia. (2020). *Patient-Centered Communication Guidelines*.
2. World Health Organization (WHO). (2019). *Delivering Bad News in Health Care Settings*.
3. Institute for Healthcare Communication. (2021). *SPIKES Model for Breaking Bad News*.
4. Deder General Hospital Quality Office. (2016 E.C.). *Internal Bad News Delivery Protocol Manual*.