



**DEDER GENERAL HOSPITAL**

***ICU 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 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		
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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 2017 E.C*

Action Item	Responsible Body	Timeline	Performance Indicator
<b>Continue Quarterly audits</b> of bad news communication using the protocol tool	Quality Improvement Team	Monthly (Ongoing)	Quarterly audit reports completed and reviewed
<b>Sustain current progress</b> through regular feedback and supportive supervision	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 wajjiin!!**