

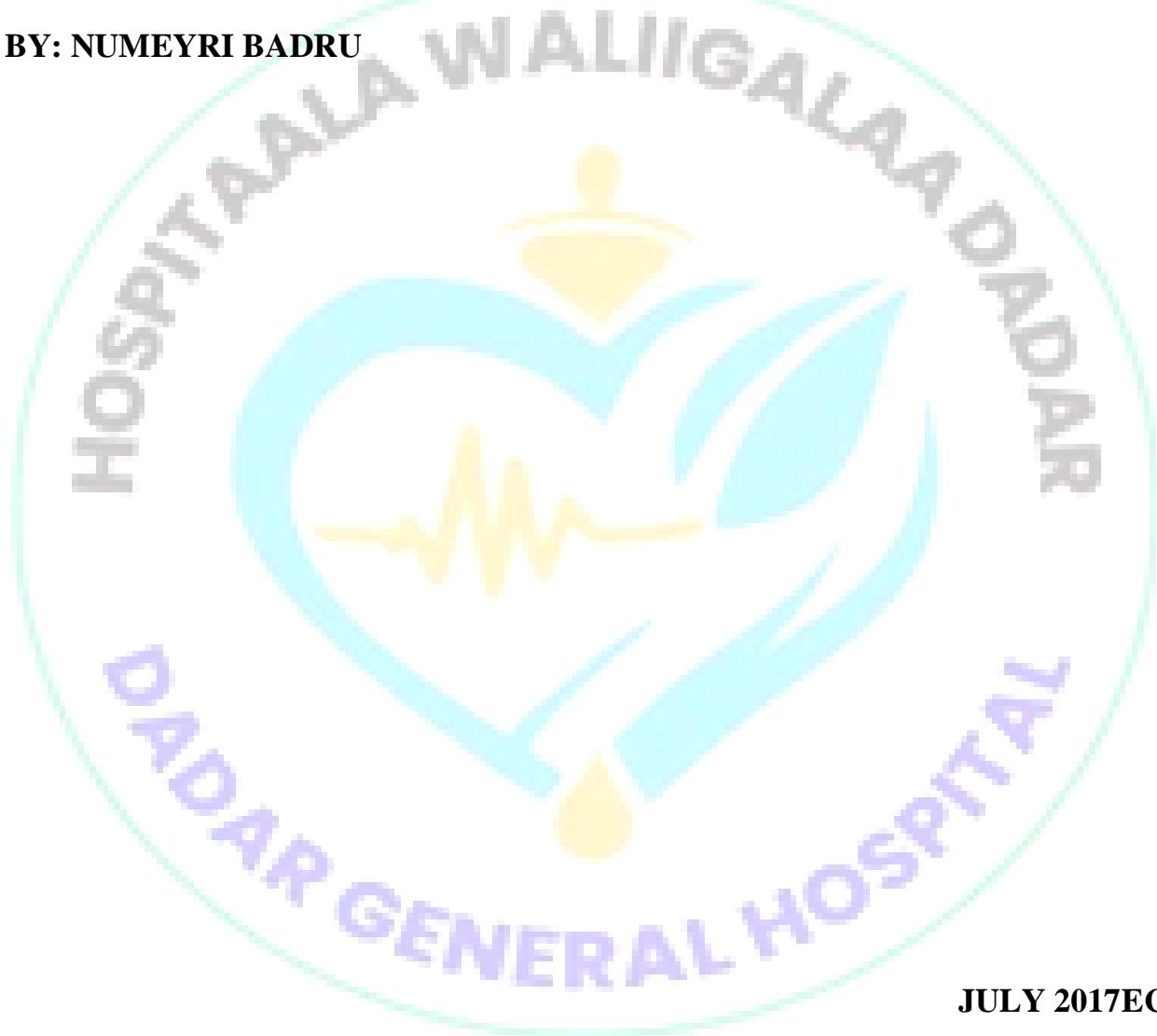
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# **DEDER GENERAL HOSPITAL**

## **PROTOCOL Compliance Monitoring Report**

**Topic: Bad News Breaking Protocol**

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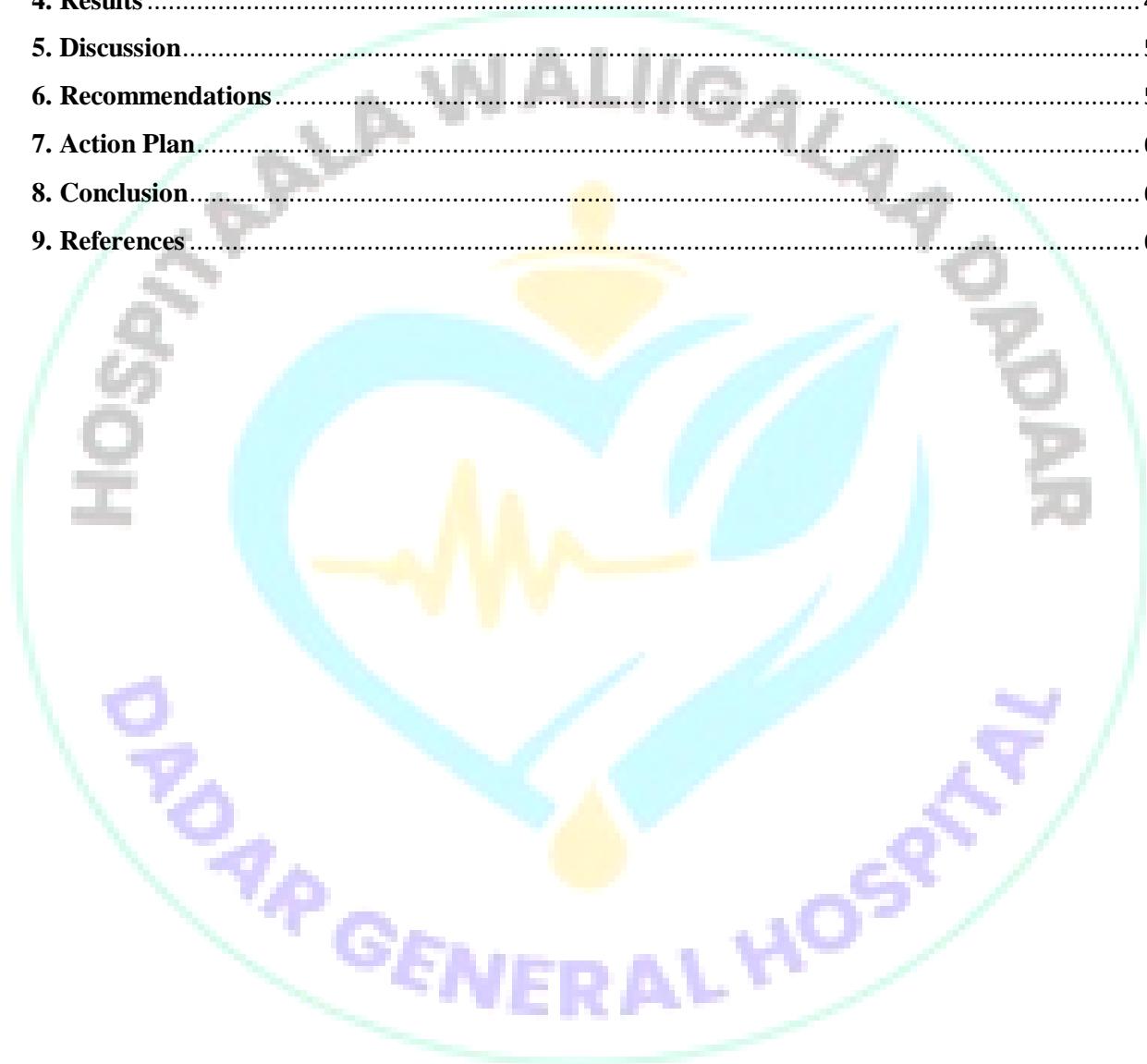
**JULY 2017EC**

**DEDER, ETHIOPIA**

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# 1. Introduction

Delivering bad news is one of the most sensitive responsibilities in clinical practice, particularly in critical care settings such as the Intensive Care Unit (ICU). How this information is conveyed has a direct impact on patient and family understanding, emotional well-being, and overall satisfaction with care.

To ensure consistency and compassion in these conversations, Deder General Hospital has adopted a **Bad News Breaking Protocol** based on national and international best practices. This monitoring report evaluates staff adherence to the protocol in the ICU.

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## 2. Objectives

### 2.1 General Objective

To evaluate compliance with the Bad News Breaking Protocol among ICU staff.

### 2.2 Specific Objectives

- To assess whether appropriate preparation and setting were established prior to delivering bad news.
  - To evaluate the use of clear, empathetic, and respectful communication.
  - To examine whether emotional support and follow-up were offered and planned appropriately.
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## 3. Methodology

### 3.1 Study Area

This audit was conducted in the ICU of **Deder General Hospital**, a public referral hospital located in Eastern Ethiopia.

### 3.2 Study Design

A **retrospective observational audit** using a structured 10-point checklist adapted from the hospital's protocol.

### 3.3 Study Period

The monitoring covered the period from June 8 2017EC to **24/10/2017 E.C is reviewed**

### 3.4 Sample Size

- 7 staff-patient interactions involving delivery of bad news were observed and assessed.

### 3.5 Data Collection

Data were gathered through **direct observation**, staff interviews, and patient/family feedback. Each criterion was scored as **Compliant (Y)** or **Non-Compliant (N)**.

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## 4. Results

The audit findings show that all **10 protocol elements** were followed in **100%** of the 7 observed cases.

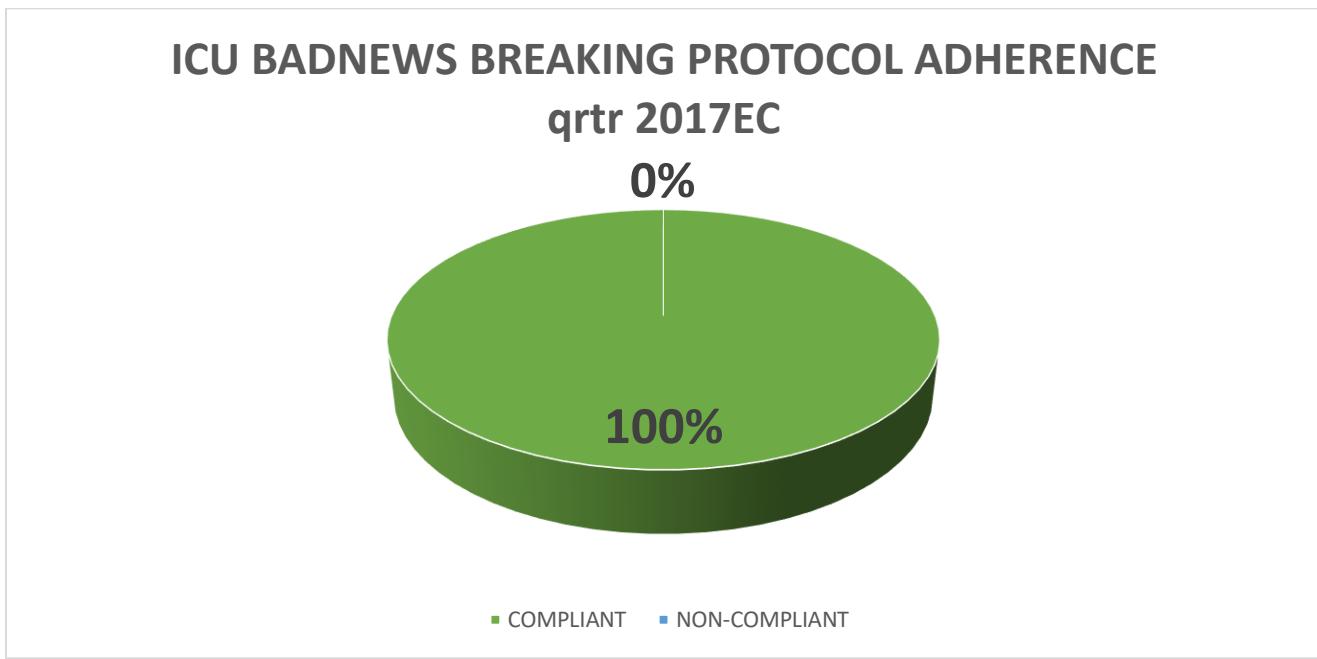
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**Table 1: Bad News Breaking Protocol Compliance – ICU Department (n = 7)**

S/N	Criteria	Compliant	Non-Compliant
1	Preparation before meeting (case review, ensuring privacy)	7	0
2	Appropriate setting selected (quiet, private, interruption-free)	7	0
3	Compassionate introduction and role explanation	7	0
4	Clear, simple language used without medical jargon	7	0
5	Empathetic tone, eye contact, and active listening demonstrated	7	0
6	Time provided for the patient/family to process the information	7	0
7	Patient/family encouraged to ask questions; responses were thoughtful and clear	7	0
8	Emotional support offered (e.g., psychologist or social worker referred)	7	0
9	Next steps discussed clearly and collaboratively	7	0
10	Follow-up meeting or consultation arranged	7	0
<b>Total (out of 70 possible points)</b>		<b>70</b>	<b>0</b>
<b>Overall Compliance Rate</b>		<b>100%</b>	<b>0%</b>

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PIECHART: ICU BADNEWS BREAKING PROTOCOL ADHERENCE qrtr 2017EC



## 5. Discussion

The ICU team at Deder General Hospital has demonstrated **exceptional adherence** to the Bad News Breaking Protocol. Across all observed cases, healthcare workers maintained a professional, respectful, and compassionate approach. They effectively prepared for conversations, communicated clearly, and ensured emotional and informational support was provided.

This performance reflects not only technical training but also a strong institutional culture of empathy and communication ethics. These results should serve as a model for similar departments across the hospital.

## 6. Recommendations

- Continue current practices and maintain the high level of protocol compliance.
- Use ICU performance as a **training benchmark** for staff in other units.
- Institutionalize routine monitoring of communication protocols hospital-wide.

## 7. Action Plan

Action Item	Responsible Body	Timeline	Performance Indicator
<b>Continue monthly audits</b> of bad news communication using the protocol tool	Quality Improvement Team	Monthly (Ongoing)	Monthly 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

## 8. Conclusion

This compliance audit reviewed **seven staff-patient interactions** involving the delivery of bad news in the ICU and found **100% adherence** to all protocol components. These results highlight the department's excellence in delivering patient-centered communication during critical moments. Sustaining this performance through monthly audits and supportive supervision is essential for ongoing quality care.

## 9. References

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