

# **Implementation tool for the NCEPOD report Balancing the Pressures?**

Fishbone diagrams

## Balancing the Pressures

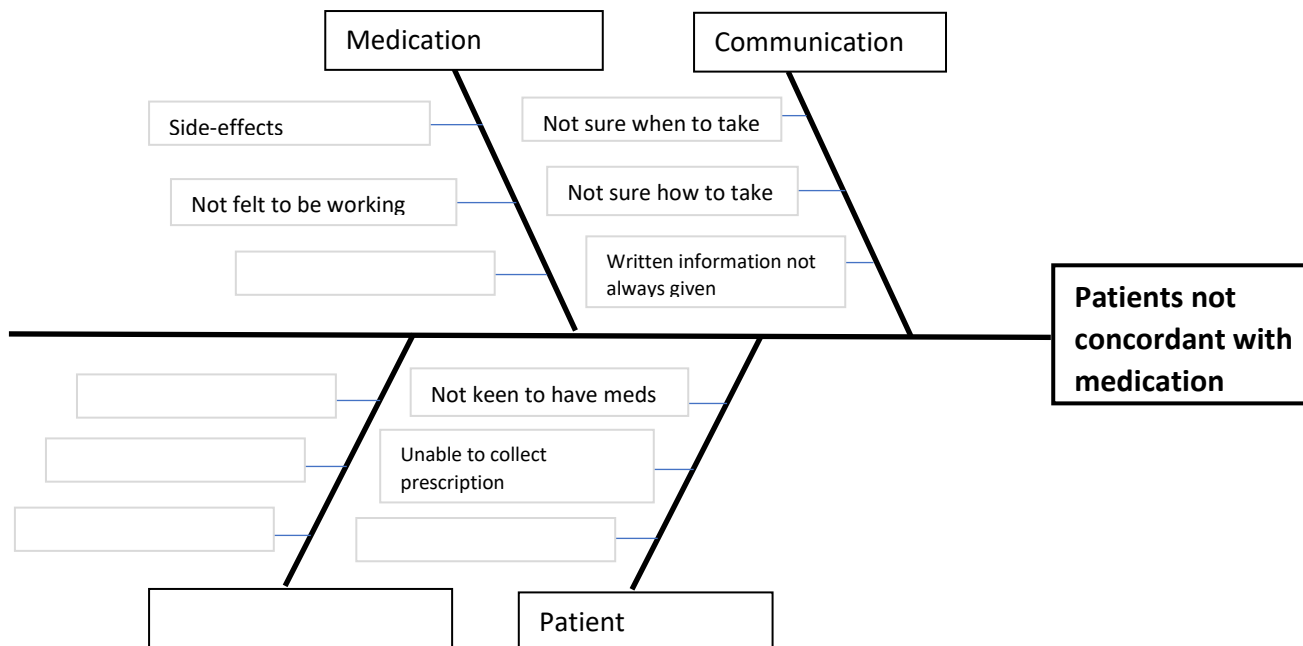
### Fishbone Diagrams

Fishbone (or Ishikawa) diagrams are used to consider cause and effect. The starting point is a problem or incident and the diagram can help you to think about what contributed to it. All possible causes should be considered, not just the obvious or major ones.

We have provided some fishbone diagrams with issues that were identified during the study. Use any of these that are relevant to your organisation to start identifying possible causes. Major factors should go in the larger boxes at the end of the branches – more specific causes within those factors should go on the branches and you may even want to add contributing sub-branches. The diagrams we have provided are a starting point and should be adapted and expanded to fit your need. The final diagram is blank and can be copied or printed out blank for any additional issues you have identified.

This should be done as a multidisciplinary/team exercise to get different perspectives and as many potential causes as possible. Other quality improvement techniques, such as five whys and process mapping, could be used to help. We have included blank action plans for you to plan changes to practice and/or more quality improvement work.

Example:



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### Fishbone Diagrams

For more information on quality improvement please see the following sources or contact your local Quality Improvement department:

Health Foundation: <https://www.health.org.uk/collection/improvement-projects-tools-and-resources>

King's Fund: <https://www.kingsfund.org.uk/topics/quality-improvement>

NHS Improvement: <https://improvement.nhs.uk/resources/cause-and-effect-fishbone-diagram/>

## Balancing the Pressures

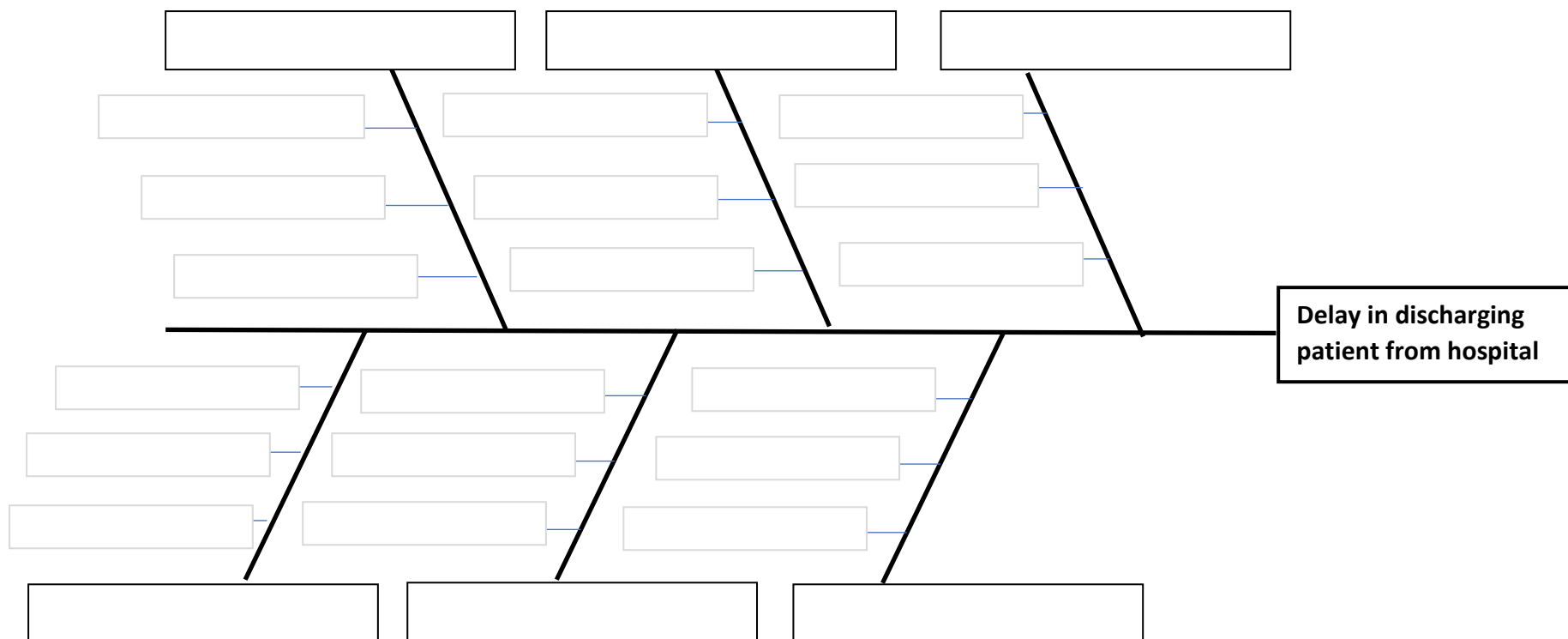
### Fishbone Diagrams

#### Contents

1. [Delay in discharging patient from hospital](#)
2. [Patient is not recorded locally as being on LTV](#)
3. [Patient does not have an agreed transition plan](#)
4. [There was a lack of shared decision-making before initiating LTV](#)
5. [Patient/family/carers were not prepared for home ventilation care](#)
6. [Patient did not have a standardised and personalised Emergency Care Plan](#)
7. [Patient's ventilation needs not adequately assessed on admission to hospital](#)
8. [Patient has had multiple re-admissions to hospital over the last 12 months](#)
9. [Fishbone diagram – for any locally identified issues](#)
10. [Fishbone diagram – for any locally identified issues](#)

## Balancing the Pressures

### Fishbone Diagram 1



Questions to ask:

Does the patient have a multidisciplinary care team with an identified medical lead? Is there a coordinated care plan in place?

Was discharge planning commenced on admission? Was this clearly documented in the case notes? Did planning include the community and usual LTV teams?

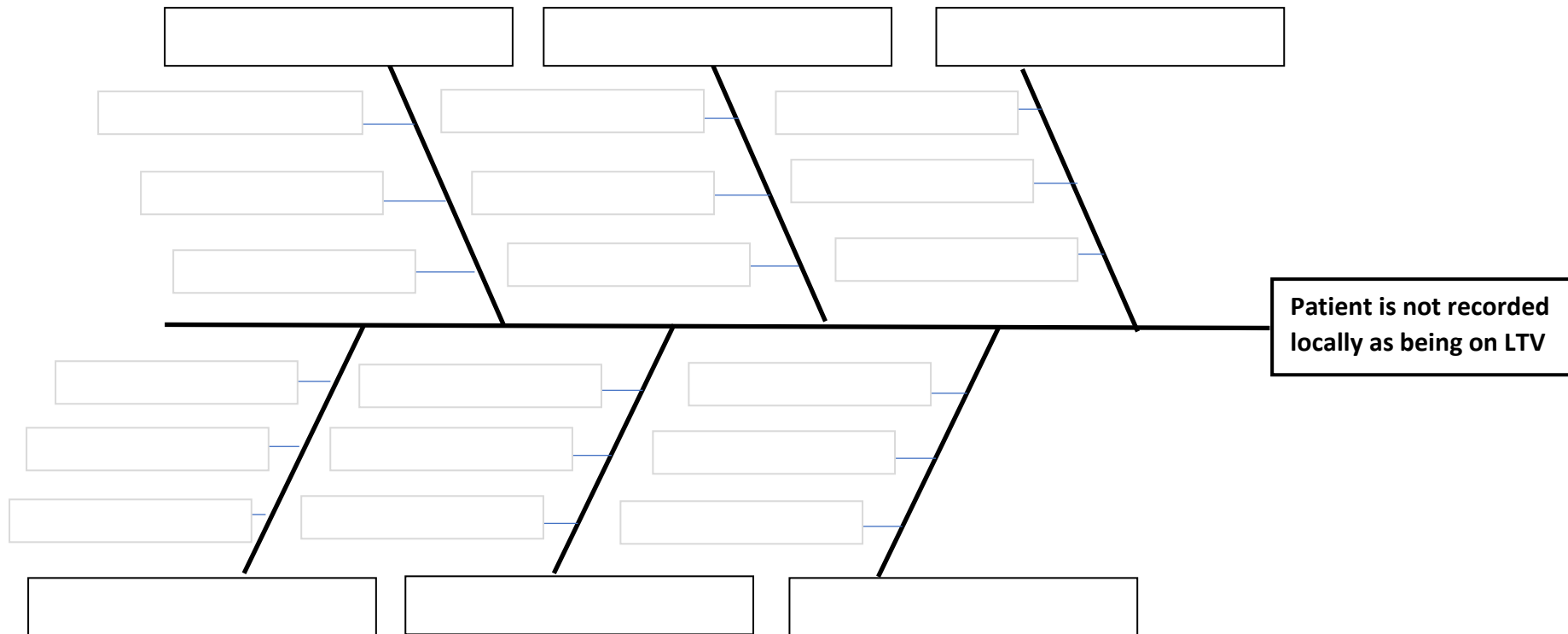
## Balancing the Pressures

### Action plan

Problem identified	Action required	By when?	Lead

# Children and Young People on Long-term Ventilation

## Fishbone diagram 2



### Questions to ask:

Is there a local database or method of recording all children and young people who are established on LTV?

## Balancing the Pressures

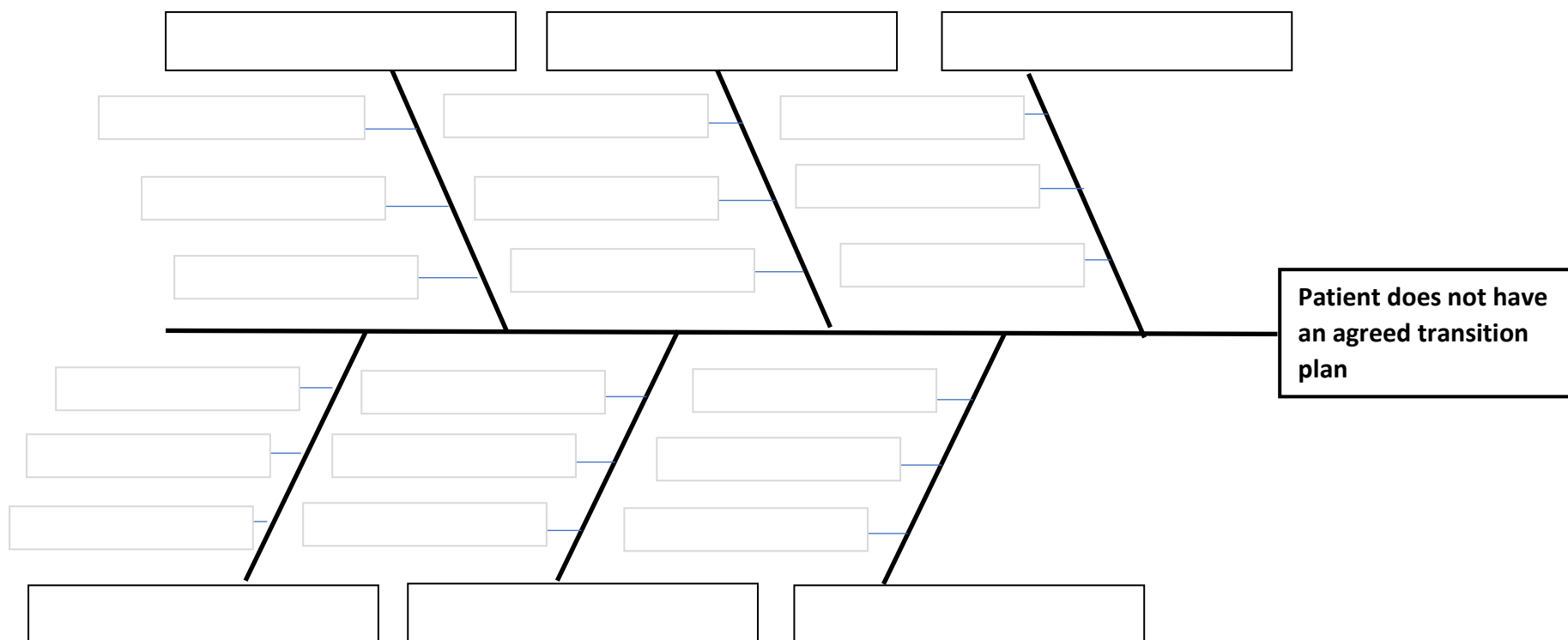
### Action plan

Problem identified	Action required	By when?	Lead



## Balancing the Pressures

### Fishbone diagram 3



#### Questions to ask:

How old is the patient?

At what age should the patient be transitioning to adult services? (NICE Guidelines advise transition planning should start at 14 y/o)

Has an MDT with an identified lead agreed and laid out the appropriate next steps for the patient's clinical and community care?

Have joint transition clinics been arranged (when appropriate)?

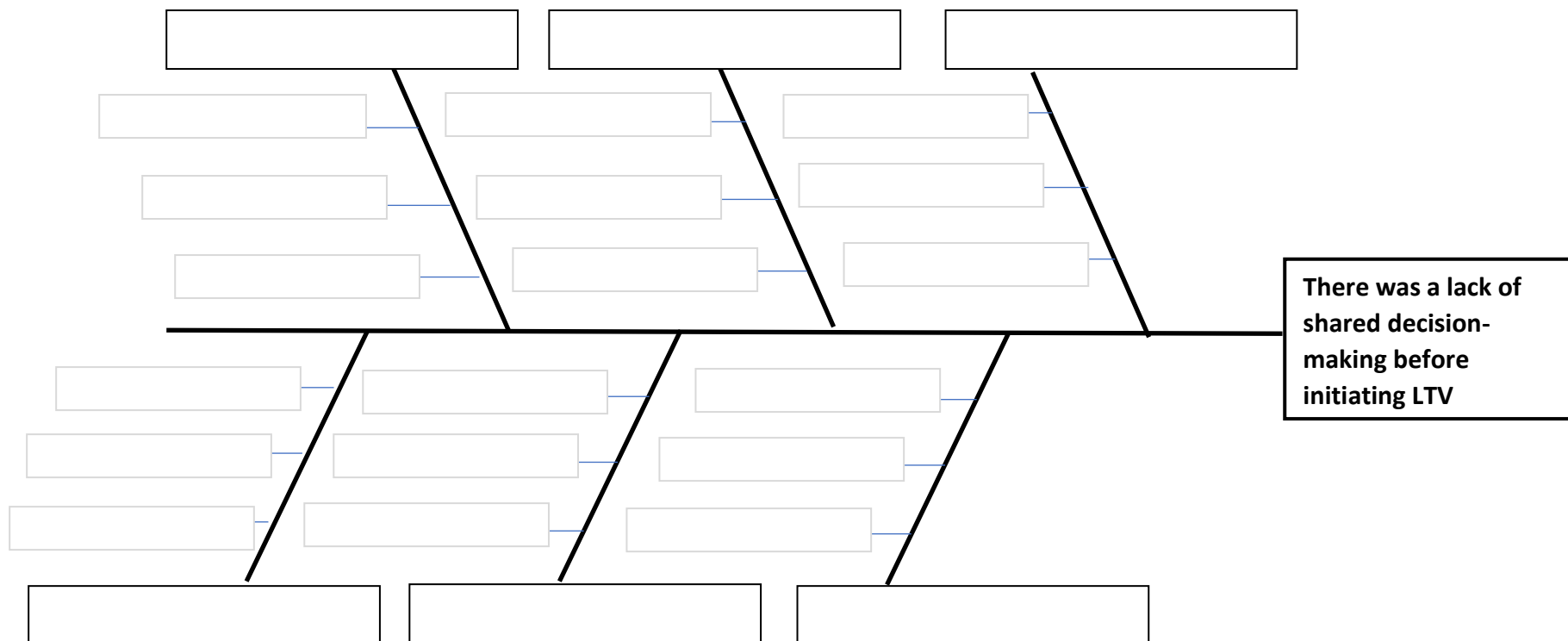
## Balancing the Pressures

### Action plan

Problem identified	Action required	By when?	Lead

## Balancing the Pressures

### Fishbone diagram 4



#### Questions to ask:

Was the patient/family/carers consulted about initiation, and, when necessary, provided with written information? Was support from other families with children on long-term ventilation considered?

Were an established MDT providing input throughout the process? How long did the process take?

Was mediation from an independent healthcare professional needed?

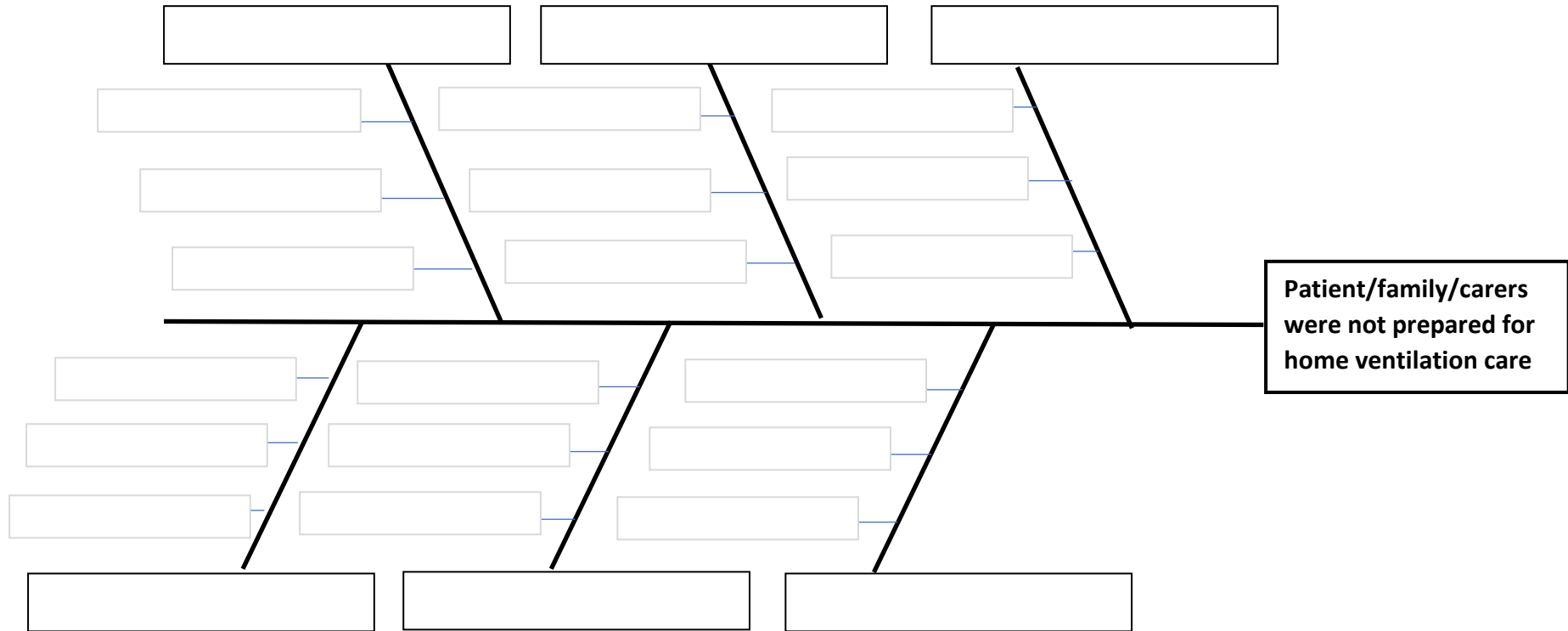
## Balancing the Pressures

### Action plan

Problem identified	Action required	By when?	Lead

# Balancing the Pressures

## Fishbone diagram 5



Questions to ask:

Is there a structured training programme to prepare patients for home ventilation care (when necessary)?

Are there local guidelines on home ventilation care planning before discharge?

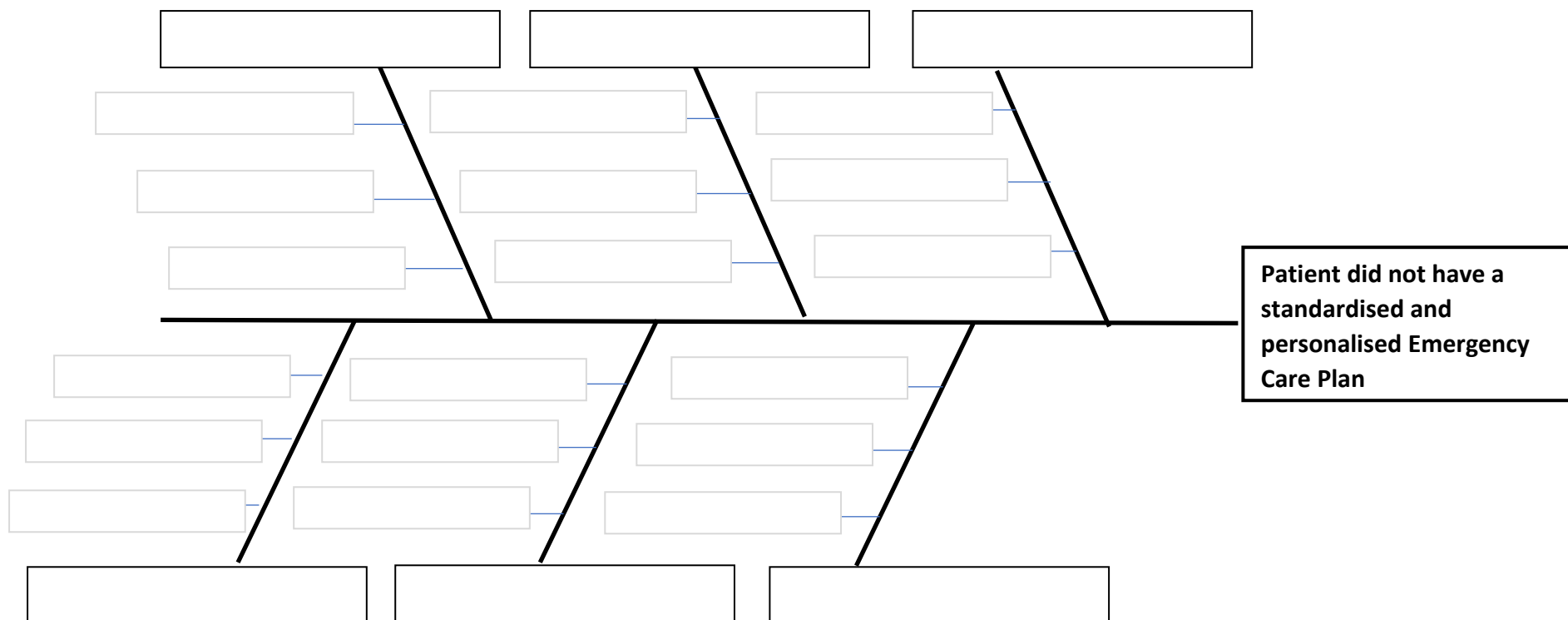
## Balancing the Pressures

### Action plan

Problem identified	Action required	By when?	Lead

## Balancing the Pressures

### Fishbone diagram 6



Questions to ask:

Where should this be recorded?

Is there someone leading on this plan?

## Balancing the Pressures

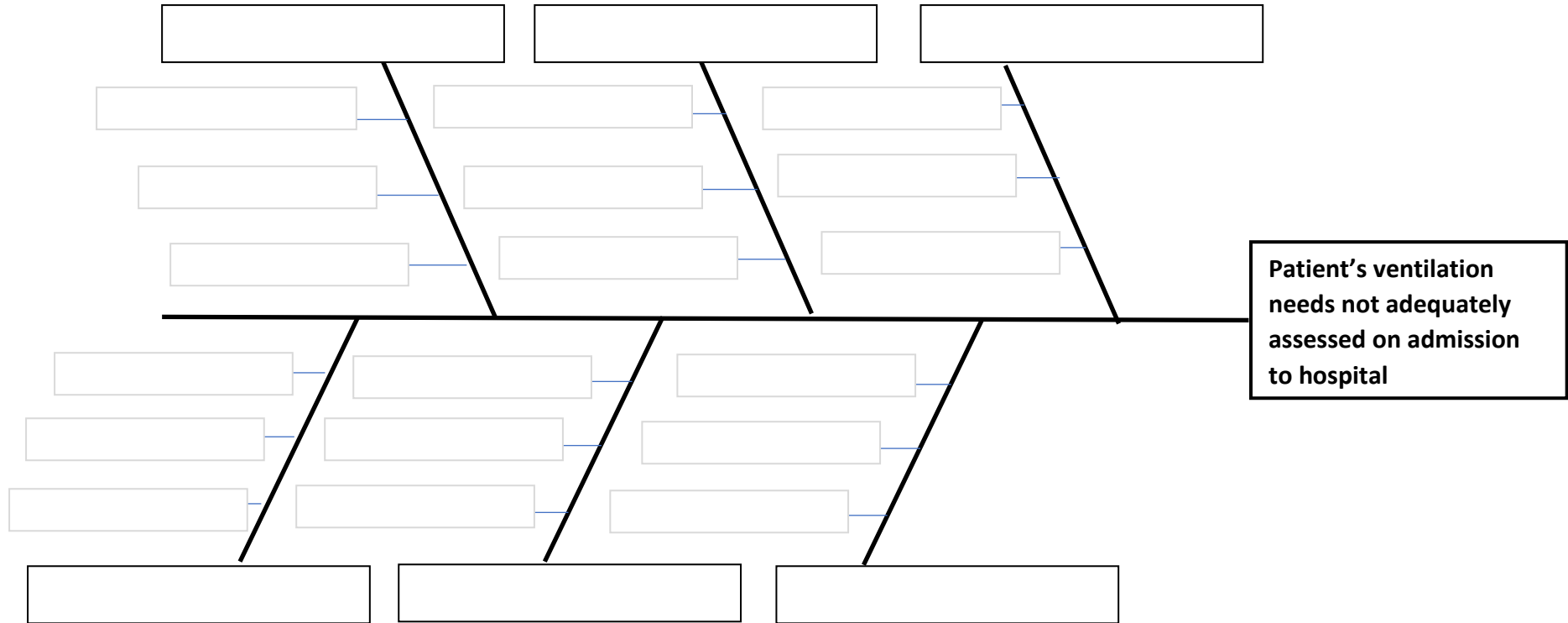
### Action plan

Problem identified	Action required	By when?	Lead



# Balancing the Pressures

## Fishbone diagram 7



Questions to ask:

Was a respiratory assessment taken? Were the patient's vital signs monitored?

Was the patient's MDT informed of the admission?

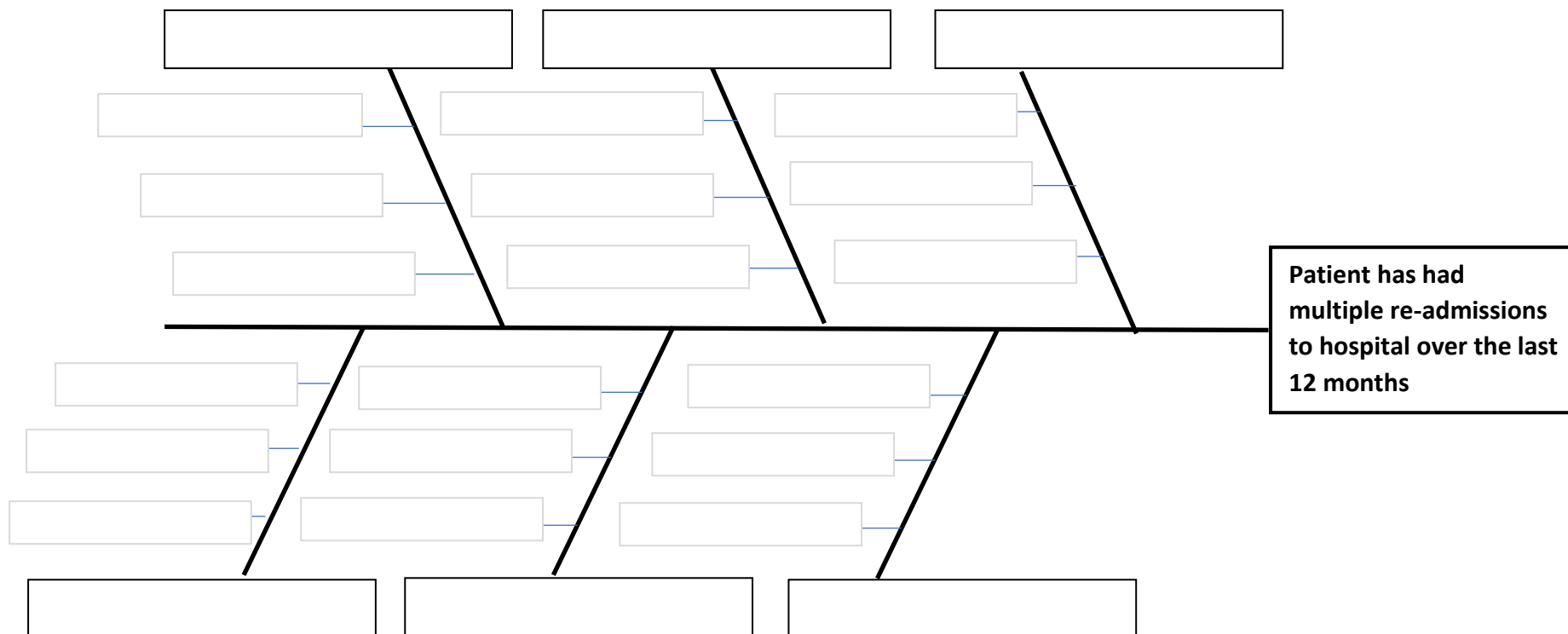
## Balancing the Pressures

### Action plan

Problem identified	Action required	By when?	Lead

## Balancing the Pressures

### Fishbone diagram 8



Questions to ask:

When was the patient's last clinical review?

Is the patient on a follow-up plan?

Are they being regularly assessed in the community?

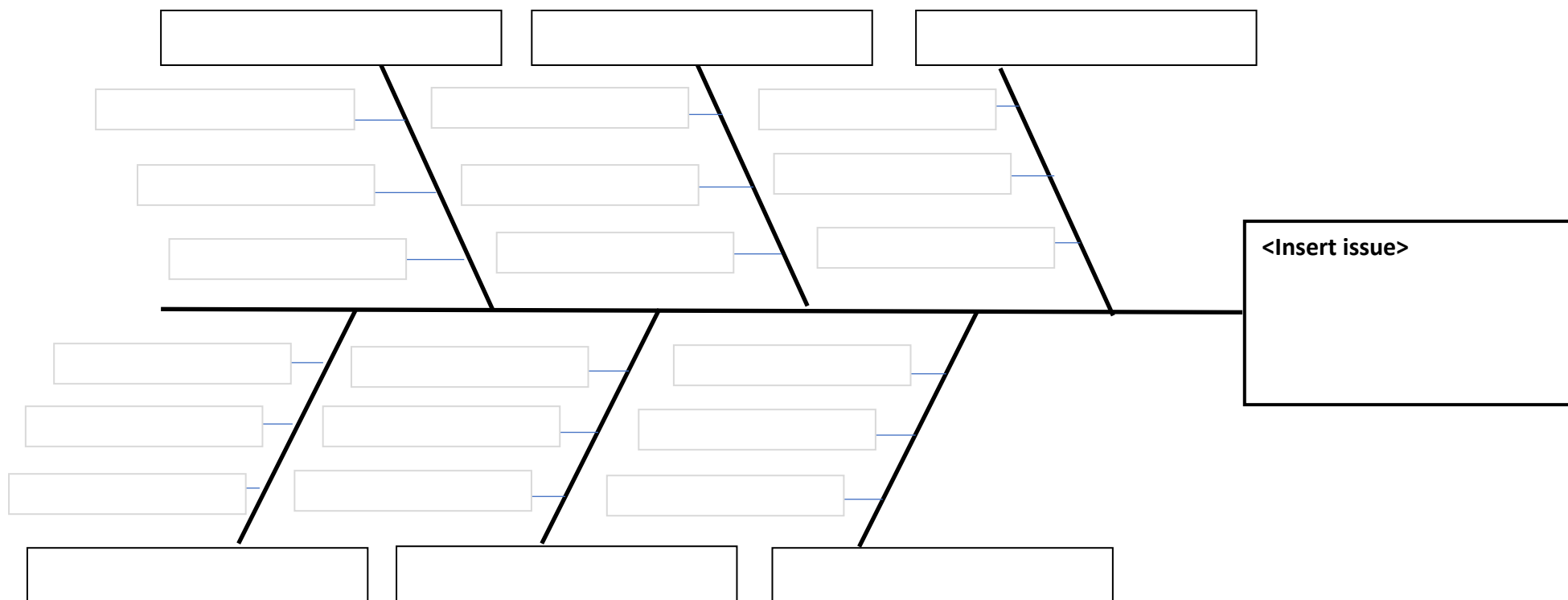
## Balancing the Pressures

### Action plan

Problem identified	Action required	By when?	Lead

## Balancing the Pressures

*Fishbone diagram – to be used for any locally identified issues*



Suggested questions to ask:

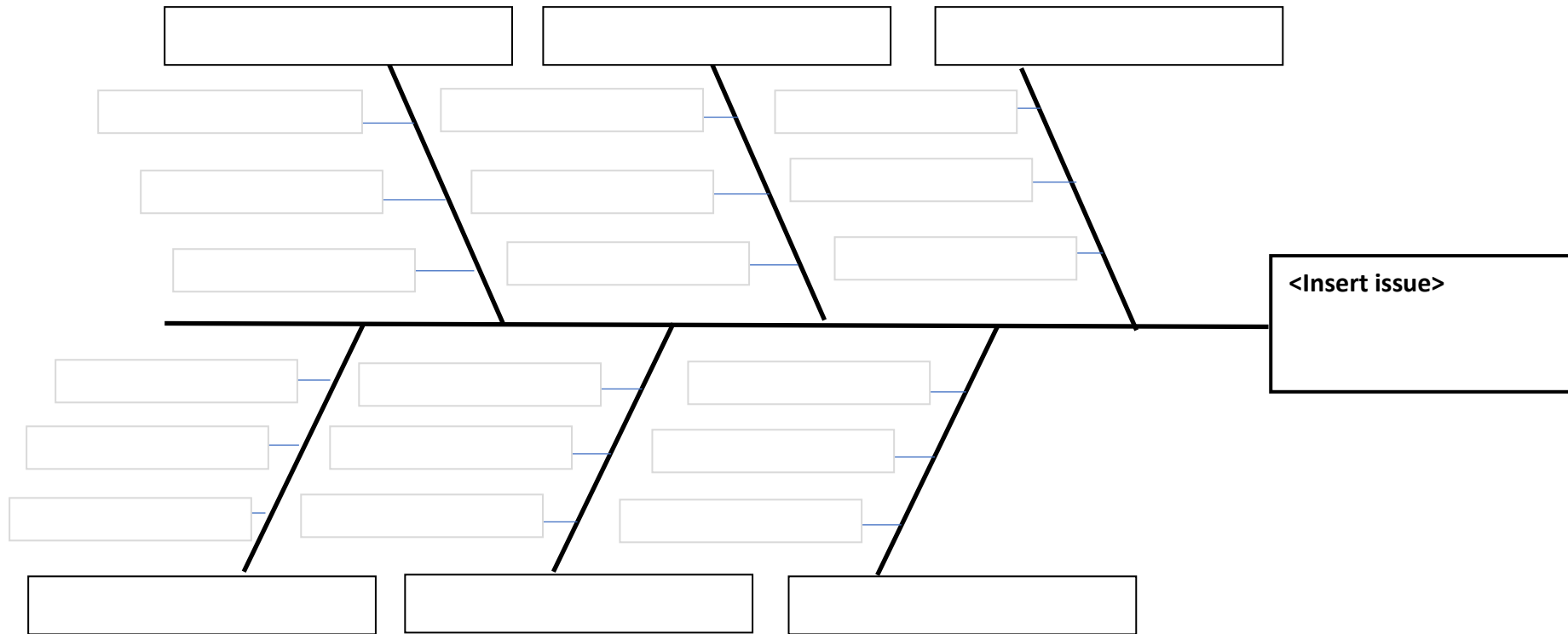
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### Action plan

Problem identified	Action required	By when?	Lead

## Balancing the Pressures

*Fishbone diagram – to be used for any locally identified issues*



Suggested questions to ask:

## Balancing the Pressures

### Action plan

Problem identified	Action required	By when?	Lead