**Implementation tool for**

**the NCEPOD report**

**Consolidation Required**

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:

Patient population

**Patients not concordant with medication**

Communication

Medication

Side-effects

Not sure when to take

Not felt to be working

Not sure how to take

Written information not always given

Unable to collect prescription

Not keen to have meds

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://www.england.nhs.uk/wp-content/uploads/2021/12/qsir-cause-and-effect-fishbone.pdf>

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**1.** Consider community-acquired pneumonia as a possible diagnosis when patients present with new onset confusion without a clear cause

Suggested questions to ask:

What symptoms did the patient present with?

Did the patient have new onset confusion?

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| **Problem identified** | **Action required** | **By when?** | **Lead** |
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**2.** Microbiological investigations are not being arranged according to the level of community-acquired pneumonia severity

Suggested questions to ask:

Was the severity of pneumonia calculated?

If yes what was the CURB65 score?

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**3.** Antibiotics for pneumonia are not being prescribed according to the level of clinical severity

Suggested questions to ask:

Was the severity of pneumonia calculated?

If yes what was the CURB65 score?

Was the Trusts/Health boards antimicrobial guideline followed?

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**4.** Patients are not being provided with written information about pneumonia

Suggested questions to ask:

Does the Trust have written information for patients about pneumonia?

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**5.** A clear follow up plan is not being provided to patients

Suggested questions to ask:

Does the patient meet the criteria for a follow up chest X-ray?

If the patient smokes, is over 50 years of age or has symptoms that persist was a follow up X-ray arranged and undertaken?

If the chest X-ray was not undertaken, was the reason why documented?

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**6.**

Suggested questions to ask:

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**7.**

Suggested questions to ask:

Is there a record of patients who have temporary stomas inserted? Is there a policy in place regarding the closure of temporary stomas? Was the stoma closed within 6 months?

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| **Problem identified** | **Action required** | **By when?** | **Lead** |
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