**Implementation tool for**

 **the NCEPOD report**

**‘Disordered Activity?’**

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://improvement.nhs.uk/resources/cause-and-effect-fishbone-diagram/>

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2. [Poor](#Diagram2) documentation of patient’s anti-seizure medication
3. [Inadequate](#Diagram3) neurology input
4. Discussion of risks associated with seizures is inadequate
5. Discharge documentation from hospitals is often of poor quality

**The patient’s usual epilepsy team is not being informed when the patient presents to hospital with a seizure**

Suggested questions to ask:

How is the patient’s epilepsy managed?

Was the person/team responsible for the patient’s ongoing epilepsy management informed of their presentation to hospital?

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**Documentation of the patient’s anti-seizure medication is often omitted from the medical notes**

Suggested questions to ask:

Was the patient taking anti-seizure medications?

Was the type and dose of ASM documented in the patient’s medical notes?

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**Neurology input is often inadequate for patients admitted to hospital with a seizure**

Suggested questions to ask:

Was neurology advice required for the patient during this presentation?

Was the patient discussed with a neurologist?

Was the patient reviewed by a neurologist

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**The risks associated with epilepsy and seizures are not routinely discussed with patients/family**

Suggested questions to ask:

Is there evidence in the medical notes that the risks associated with epilepsy and seizures were discussed with the patient/family?

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**The quality of the hospital discharge letter is often poor, with limited information for the patient and their GP**

Suggested questions to ask:

Does the discharge letter contain information on the following: diagnosis, medication, cause of the seizure, risks associated with recurrent seizures,

specific safety advice given to the patient and their family or carers, follow-up arrangements in place?

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