**Implementation tool for**

 **the NCEPOD report**

**End of Life Care:**

**Planning for the End**

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. A patient with an advanced chronic condition had several attendances to hospital over 6 months before finally dying in hospital; no parallel planning was considered for this patient.**

Suggested questions to ask:

Are healthcare staff adequately trained in recognising signs and symptoms of end of life?

Why was parallel planning not considered for this patient, despite several hospital attendances?

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**2. A patient who had multiple previous admissions with an advanced chronic condition, was admitted to hospital and no advance care plan was made, nor discussed with the patient or their family.**

Suggested questions to ask:

Are healthcare staff adequately trained in recognising signs and symptoms of end of life? Are healthcare staff trained to have difficult conversation about death and dying?

Are advanced care plans routinely used in the organisation? Are advanced care plans shared with other healthcare organisations?

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**3. Patients not being referred for, or discussed for, palliative care.**

Suggested questions to ask

Does the wider team include people with palliative care skills?

Do care pathways include when and how to involve palliative care?

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**4. During their final admission to hospital, a patient had inappropriate interventions at the end of life.**

Suggested questions to ask:

Are healthcare staff adequately trained in recognising signs and symptoms of end of life?

Was a review conducted to the benefits of starting, stopping or continuing interventions as part of the patient’s care plan?

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**5.**

Suggested questions to ask:

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