**Implementation tool for**

**the NCEPOD report**

**Twist and Shout**

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>

**Contents**

1. [Emergency department staff training](#Diagram1)
2. [Transfers](#Diagram2)
3. [Senior decision-making](#Diagram3)
4. [Pathways and protocols](#Diagram4)
5. [Follow-up and discharge arrangements](#Diagram5)
6. [Fishbone diagram – to be used for any locally identified issues](#Diagram6)
7. [Fishbone diagram – to be used for any locally identified issues](#Diagram6)

**1. A 12-year-old was sent home with antibiotics following presentation to urgent care complaining of lower stomach pain. Patient was readmitted and had to undergo an orchidectomy.**

Suggested questions to ask:

Are emergency department staff trained to identify atypical warning signs of testicular torsion?

Is an urgent referral pathway in place to expedite patients with testicular torsion to timely surgical intervention?

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| **Problem identified** | **Action required** | **By when?** | **Lead** |
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**2. The transfer of a patient to a hospital that could perform scrotal exploration delayed the patient’s arrival to theatre.**

Suggested questions to ask:

Does the receiving hospital have a pre-alert system in place, agreed with the organisation? Do you have a network of care in place to allow timely transfer to another hospital?

If there is a way of classifying the urgency of a patient’s condition, is it used in the context of transfers to another hospital? Are transfers for testicular torsion classed as urgent?

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**3. A 15 year-old presented complaining of testicular pain on a Saturday at 11pm and had to wait over 6 hours before they could undergo scrotal exploration.**

Suggested questions to ask:

Are senior decision-makers (urologist, paediatric surgeon or general surgeon, ST3 equivalent or above) available to assess suspected testicular torsion cases?

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**4. A patient underwent an orchidectomy as a result of delays in the pathway of care.**

Suggested questions to ask:

Does the organisation have a documented pathway of care for patients with suspected testicular torsion?

Is the presence of this pathway communicated to all healthcare professionals involved in the care of this group of patients?

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**5. A 12 year-old who underwent an orchidectomy was unaware that they could get a prosthetic following the procedure.**

Suggested questions to ask:

Was the patient provided with follow up information?

Was the patient provided with details of patient-initiated-follow-up?

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**6.**

Suggested questions to ask:

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**7.**

Suggested questions to ask:

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