**Implementation tool for**

 **the NCEPOD report**

**‘Recovery Beyond Survival’**

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:

No lead clinician

**A patient was not copied into an important correspondence**

Communication

Co-ordination

Lack of joint working between specialties

Patient’s details not known to healthcare professional

No policy in place

No executive board guidance

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/resources-and-toolkits>

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

NHS Improvement: <https://www.england.nhs.uk/improvement-hub/wp-content/uploads/sites/44/2011/06/How-to-construct-a-fishbone-diagram.pdf>

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**1. Poor coordination of rehabilitation services**

Suggested questions to ask:

People (staffing, roles, responsibilities)

Process (workflows, communication, handovers)

Place (ICU, ward, community settings)

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| **Problem identified** | **Action required** | **By when?** | **Lead** |
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**2. Patients are not having their rehabilitation needs identified**

Suggested questions to ask:

Was an initial assessment made of the patient’s rehabilitation needs?

Was a screening tool used?

Why are patients at risk of long-term physical, psychological or cognitive effects not identified during their ICU stay?

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**3. Patients felt unsupported following discharge from hospital**

Suggested questions to ask:

Was the patient given a contact in the service should they have questions or concerns about their ICU stay?

Why are patients and families not receiving clear information about critical illness impact and recovery trajectory, and not being involved in rehabilitation planning?

Is information available for patients and parent/carers to take home?

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**4. Patients are not being followed up by all the relevant members of the MDT**

Suggested questions to ask:

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**5.**

Suggested questions to ask:

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**6.**

Suggested questions to ask:

Does every patient have MDT involvement from specialties needed in relation to their rehabilitation needs?

Are follow-up appointment offered to address patient’s rehabilitation goals and holistic health, post discharge?

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**7.**

Suggested questions to ask:

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