**Implementation tool for**

 **the NCEPOD report**

**‘Joint Care?’**

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. It took a patient who had swelling and pain in their joints more than ten weeks to be diagnosed and put on a treatment plan.**

Suggested questions to ask:

Are there clear lines of referral to the service from primary care?

Is a pathway widely publicised and easily accessible?

Are all staff who see patients referred to the service able to diagnose JIA and start treatment?

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**2. A 15-year-old was not offered psychological support services when diagnosed with JIA.**

Suggested questions to ask:

Was an initial assessment made of the young person’s holistic health?

Are psychological specialists considered as part of a patient’s MDT when diagnosed?

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**3. A patient was anxious about their prescribed medication and found it hard to adhere following their diagnosis.**

Suggested questions to ask:

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

Was information about the risks and benefits of their medication provided at diagnosis to both the patient and parent/carer? Was this information available online?

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**4. A patient was prescribed oral methotrexate while their parent waited for training on how to administer subcutaneous injections.**

Suggested questions to ask:

Is training for parent/carers on how to administer subcutaneous injections undertaken at time of prescribing?

Is information, in various languages where appropriate, available for patients and parent/carers to take home?

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**5. A patient’s intra-articular injections were delayed due to theatre capacity.**

Suggested questions to ask:

Is there a direct line of communication between the service and surgery/anaesthesia?

Can a regular list with semi-urgent slots be created for patients who require intra-articular injections?

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**6. An adolescent was discharged from the rheumatology service without being discussed prior.**

Suggested questions to ask:

Is there a list of all adolescents under the care of the rheumatology service with JIA?

Is there policy that states that all adolescents with JIA should have input from paediatric and adult services?

Does every adolescent have an MDT with involvement from specialties trained in adolescent health? Does this team meet at least once before transfer?

Is there funding for a developmentally appropriate service for adolescents?

Are outpatient reviews earmarked to address adolescents’ holistic health, including transition to adult services?

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**7.**

Suggested questions to ask:

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