**Implementation tool for**

**the NCEPOD report**

**Time Matters**

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/>

**Contents**

1. [Advanced treatment plans](#Diagram1)
2. [Oxygenation is not being optimised](#Diagram2)
3. [Patients are not being prioritised for coronary intervention](#Diagram3)
4. [Active targeted temperature management is not being used](#Diagram4)
5. [The final assessment of neurological prognosis is being made too early](#Diagram5)
6. Missed opportunities for organ donation
7. [Patients are not being referred for cardiac rehabilitation](#Diagram7)
8. [Patients are not being referred for neurological rehabilitation](#Diagram8)

**Advance treatment plans (such as ReSPECT) are not being shared between services**

Suggested questions to ask:

Does this hospital have an electronic system for advanced care directives? If yes, who is this shared with?

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| **Problem identified** | **Action required** | **By when?** | **Lead** |
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**Oxygenation of patients with ROSC is not being optimised**

Suggested questions to ask:

Were the patients arterial blood gases measured on arrival?

Was oxygen prescribed?

Was oxygen saturation monitored?

Was inspired oxygen concentration adjusted to achieve an arterial oxygen saturation target of 94-98%?

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**On admission after an out-of-hospital cardiac arrest, patients are not being prioritised for coronary intervention**

Suggested questions to ask:

A primary cardiac cause for a patients’ out-of-hospital cardiac arrest is likely, was this considered?

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**Active targeted temperature management is not being used**

Suggested questions to ask:

Was the patient unconscious and admitted to critical care? If so, was active targeted temperature management used in the first 72 hours?

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**The final assessment of neurological prognosis is being made too early**

Suggested questions to ask:

Do local policies and protocols include the timing of neurological prognosis?

If Yes, when is the earliest neurological prognostication is undertaken?

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**There are missed opportunities for organ donation from patients who have a planned withdrawal of life sustaining treatment**

Suggested questions to ask:

Is there a clinical lead for organ donation?

Does the hospital have a specialist nurse for organ donation?

Was organ donation considered?

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**Patients are not being referred for cardiac rehabilitation**

Suggested questions to ask:

Was the patient assessed by a heart rhythm specialist prior to discharge?

Was the patient referred for cardiac rehabilitation?

Was cardiac rehabilitation offered within the first three months from discharge?

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**Patients are not being referred for neurological rehabilitation**

Suggested questions to ask:

Was the patient referred for neurological rehabilitation?

Did they receive neurological rehabilitation?

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