

# **Implementation tool for The NCEPOD report Delay in Transit**

Fishbone diagrams

## Delay in Transit

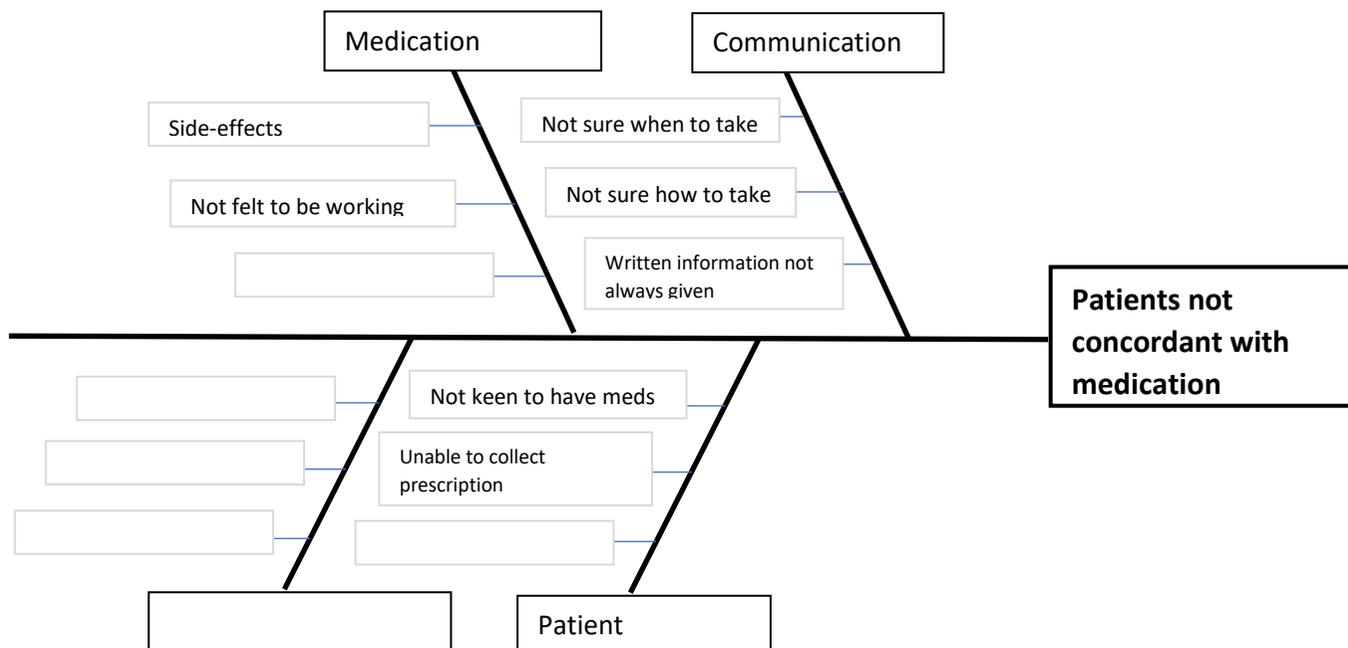
### Fishbone Diagrams

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:



## Delay in Transit

### Fishbone Diagrams

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/>

## Delay in Transit

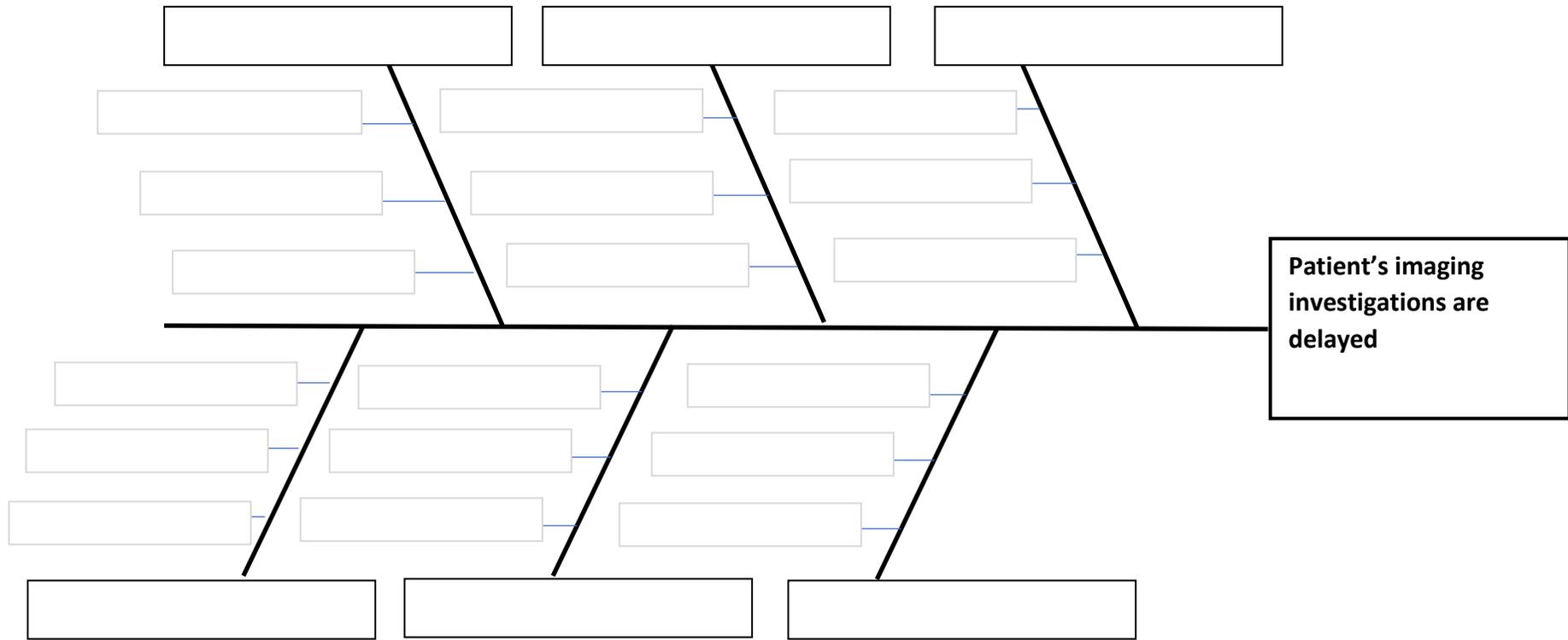
### Fishbone Diagrams

#### Contents

1. [Patient's imaging investigations are delayed](#)
2. Diagnosis of ABO delayed
3. Patient's pain not assessed on admission
4. Inadequacies in assessment/ monitoring / treatment of nutritional needs of ABO patients
5. Inadequate involvement of Care of the Elderly?
6. Delay in clinical decision making
7. Inadequate risk assessment
8. Delay in undertaking surgery
9. No nutritional advice given on discharge
10. *to be used for any locally identified issues*
11. *to be used for any locally identified issues*
12. *to be used for any locally identified issues*

# Delay in Transit

## Fishbone diagram 1



Suggested questions to ask:

Is there an ABO pathway that has a maximum recommended timeframe for CT?

Did the patient undergo an unnecessary abdominal X-ray prior to CT?

Was there delay due to access of CT?

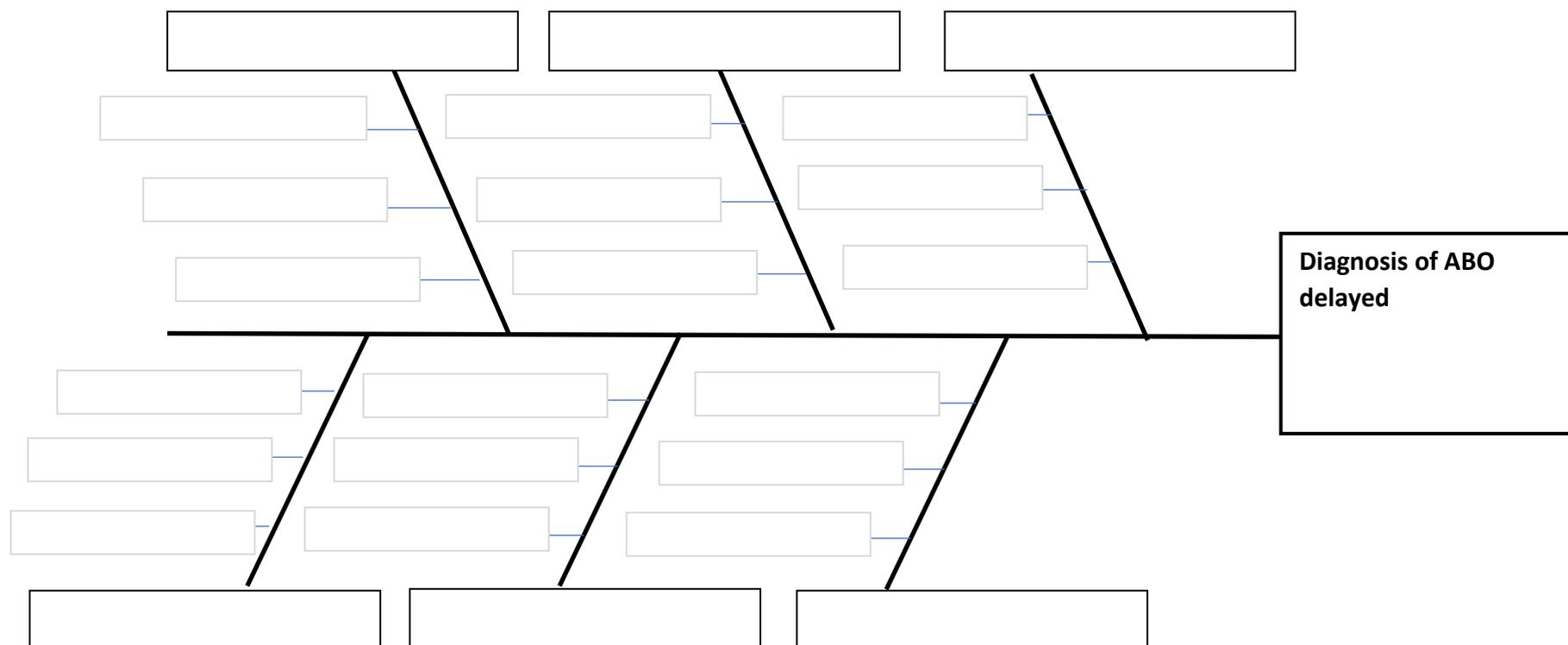
# Delay in Transit

## Action plan

Problem identified	Action required	By when?	Lead

## Delay in Transit

### Fishbone diagram 2



#### Suggested questions to ask:

Was there a delay in imaging? Was the patient admitted under a surgeon? Was there a delay in surgical assessment? Was there a delay in consultant review?

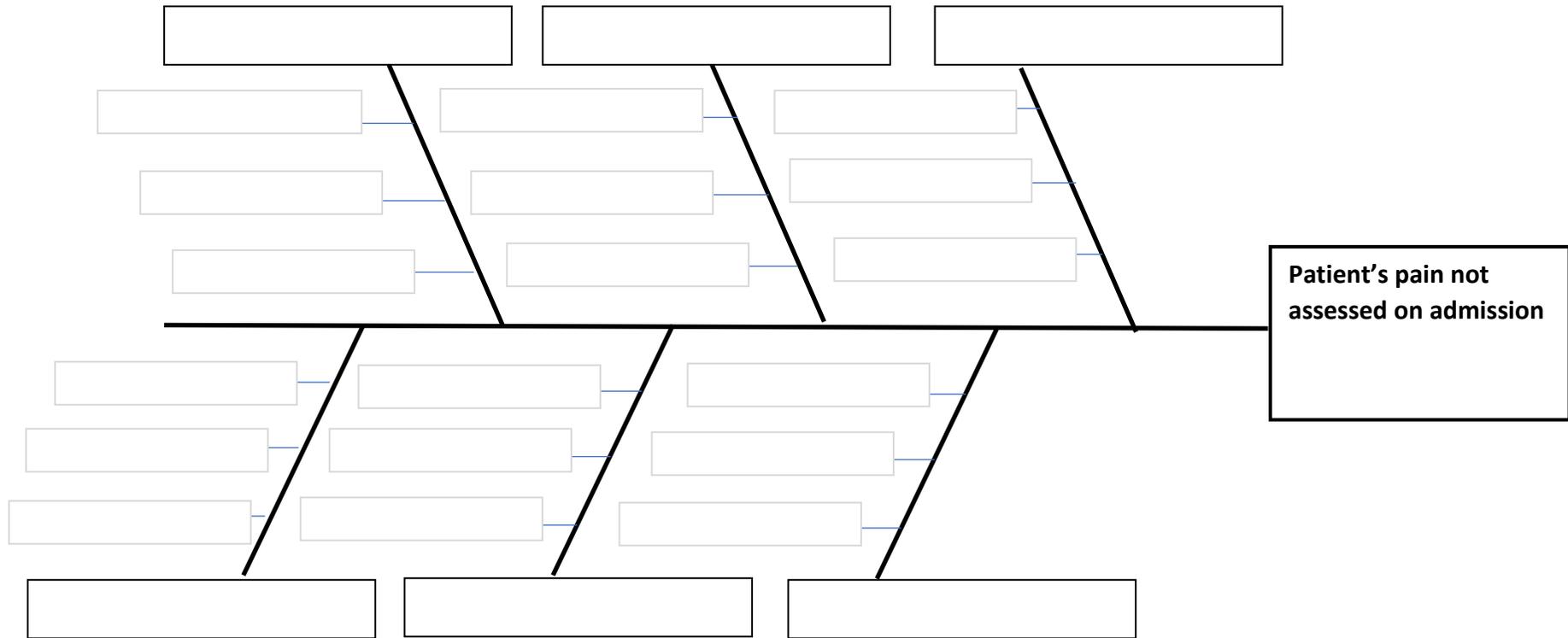
**Delay in Transit**

**Action plan**

Problem identified	Action required	By when?	Lead

## Delay in Transit

### Fishbone diagram 3



Suggested questions to ask:

Is there a guideline to assess pain in patients with suspected ABO on assessment in ED?

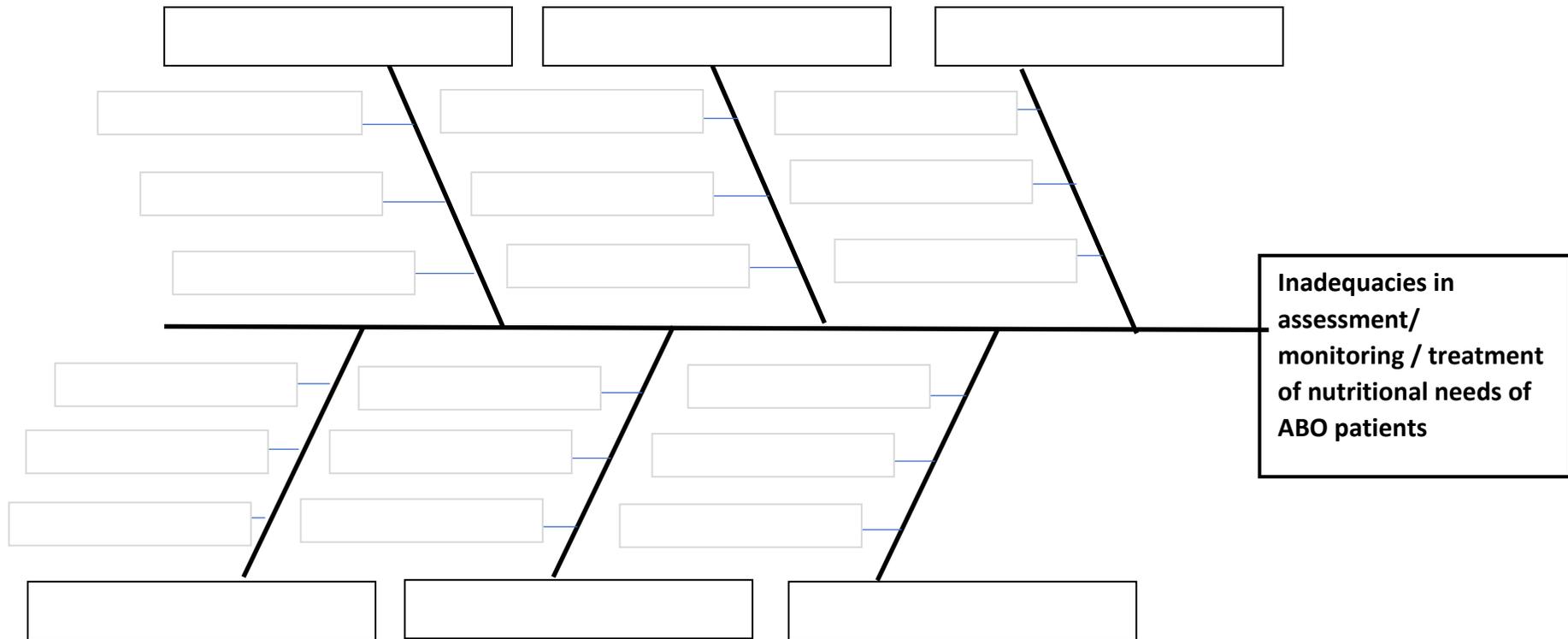
# Delay in Transit

## Action plan

Problem identified	Action required	By when?	Lead

## Delay in Transit

### Fishbone diagram 4



Suggested questions to ask:

Is there a guideline to assess the patient's nutritional status/ MUST screen in those with suspected/ diagnosed ABO? Is weight, BMI, hydration status assessed as tstandard in the ED? Is there a nutrition team, who is referred?

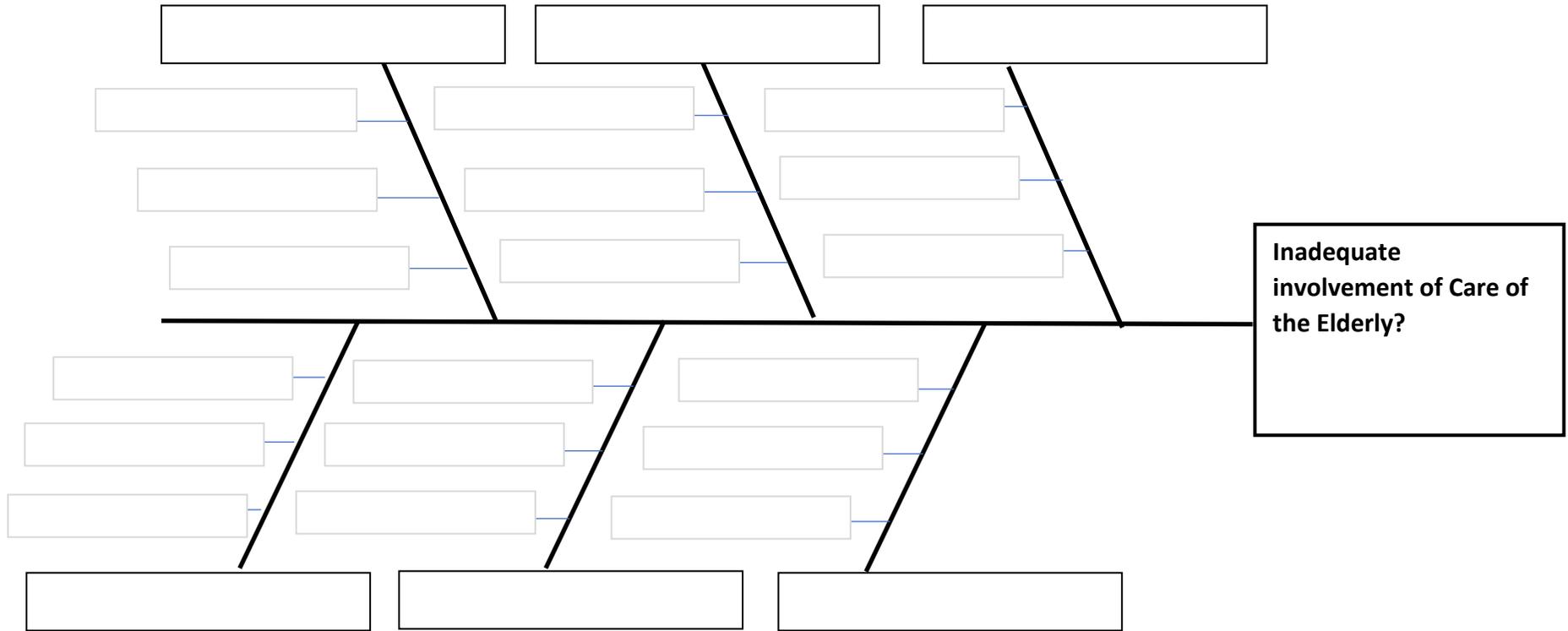
# Delay in Transit

## Action plan

Problem identified	Action required	By when?	Lead

# Delay in Transit

## Fishbone diagram 5



Suggested questions to ask:

Is there a COE team? What age was this patient? What is the referral trigger? Were they involved in the decision making?

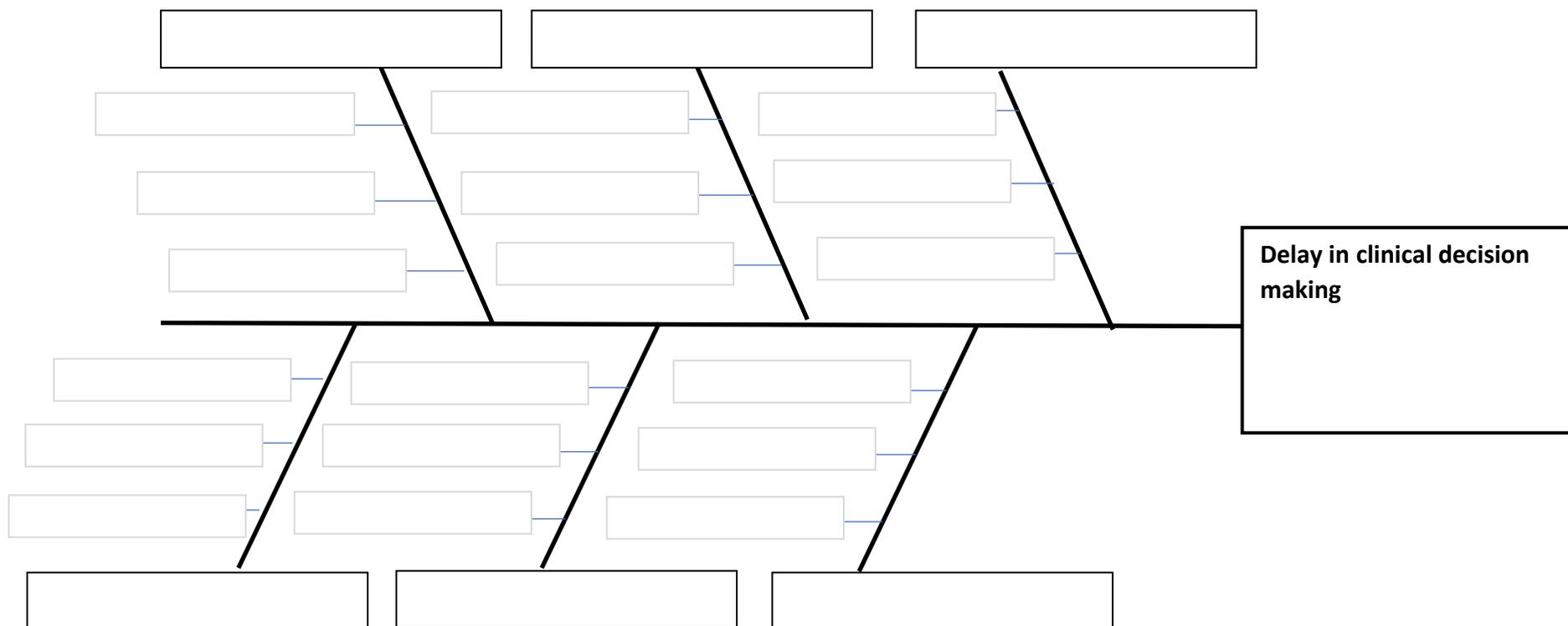
# Delay in Transit

## Action plan

Problem identified	Action required	By when?	Lead

## Delay in Transit

### Fishbone diagram 6



Suggested questions to ask:

Was the patient admitted under a surgical team? Was there a delay in the patient being reviewed by a senior clinician?

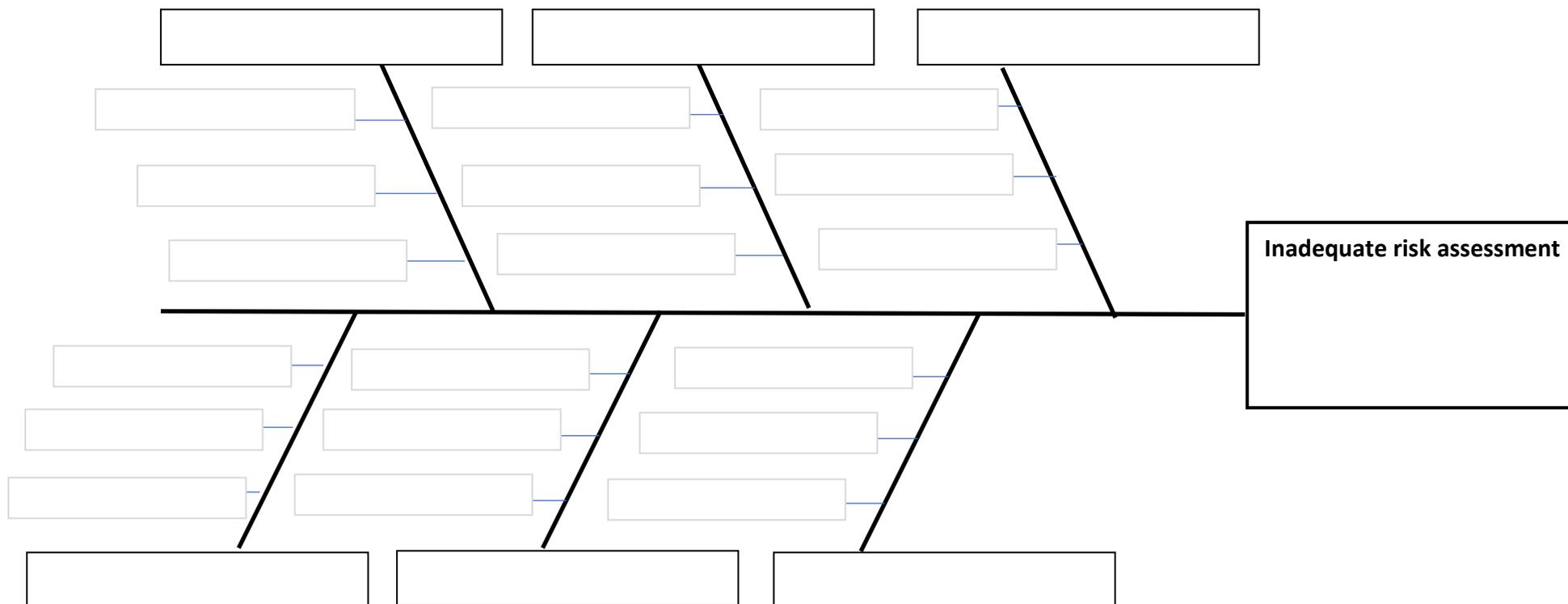
# Delay in Transit

## Action plan

Problem identified	Action required	By when?	Lead

# Delay in Transit

## Fishbone diagram 7



Suggested questions to ask:

Was a risk assessment tool used for this patient? Was the risk of death noted on the consent form?

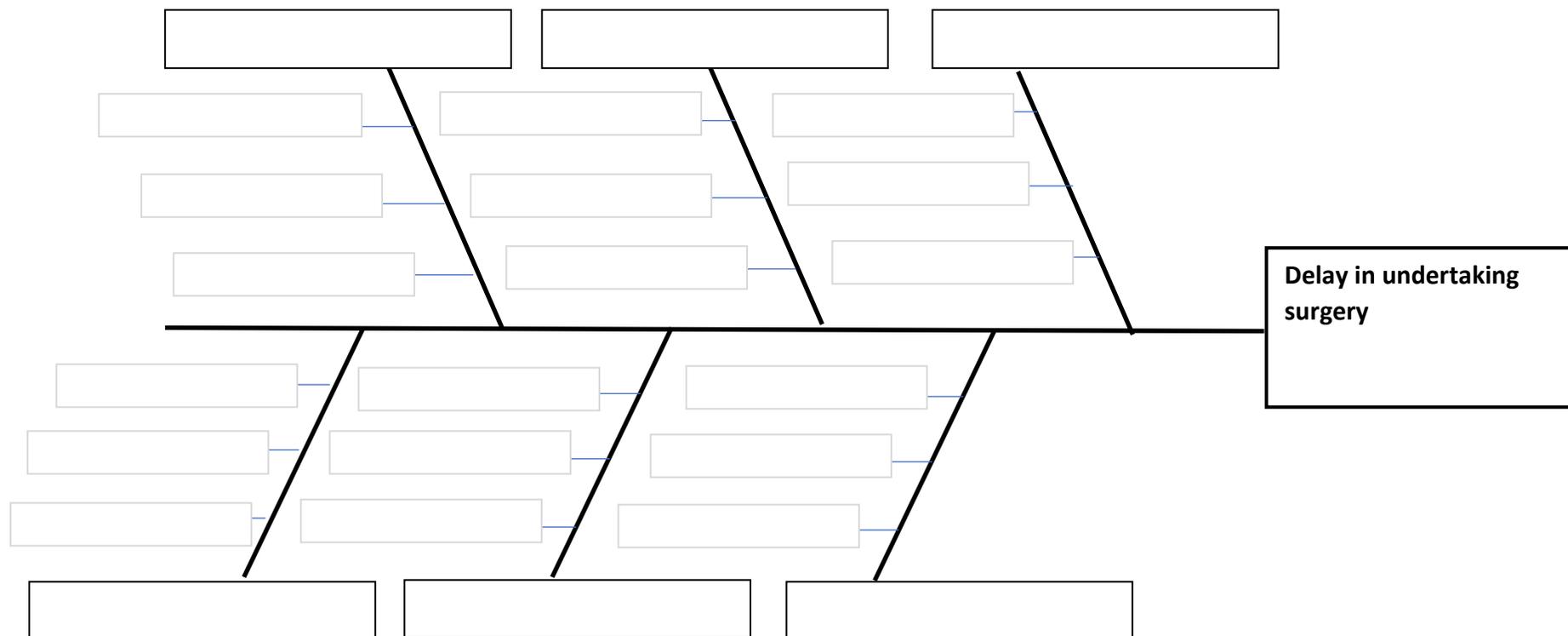
# Delay in Transit

## Action plan

Problem identified	Action required	By when?	Lead

# Delay in Transit

## Fishbone diagram 8



Suggested questions to ask:

Was there a delay in diagnosis of ABO? Were there issues in availability of emergency theatre? In the availability of anaesthetist? Surgeon? Timing of diagnosis- out of hours? Is there a stenting service at this hospital? (if relevant)

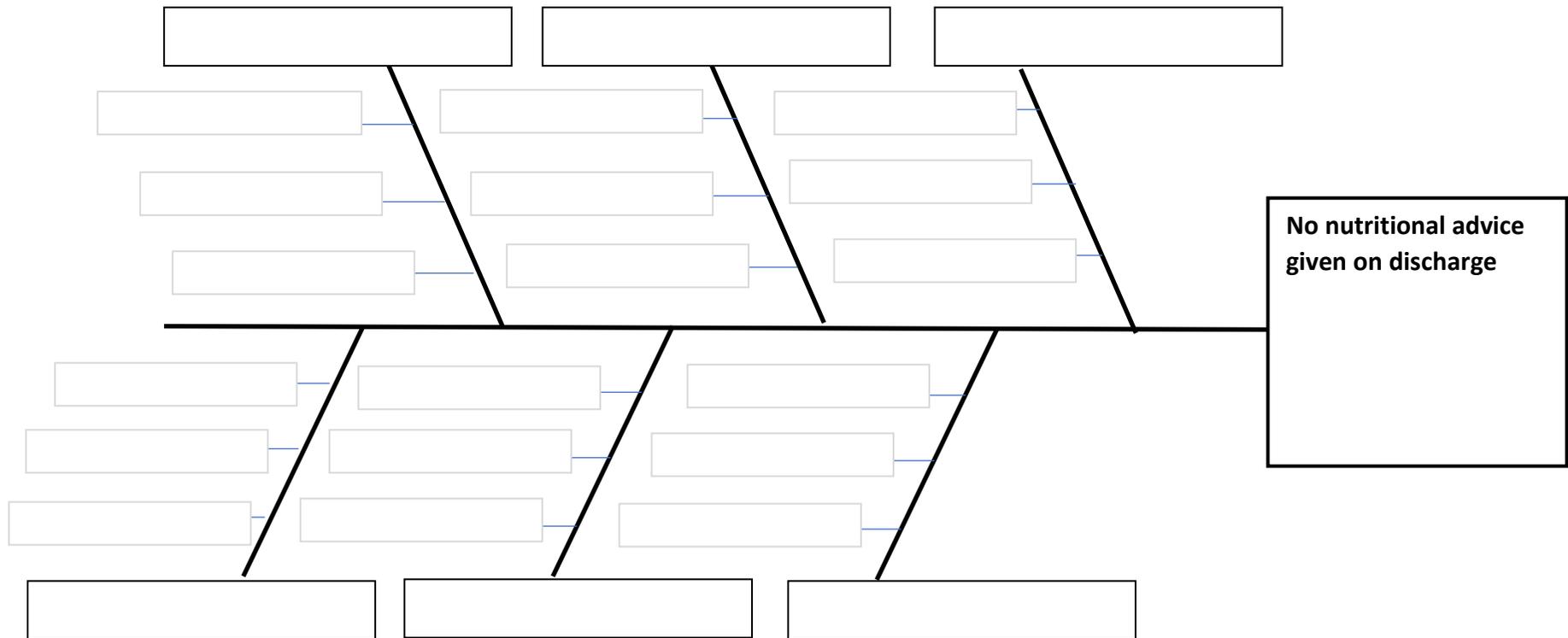
# Delay in Transit

## Action plan

Problem identified	Action required	By when?	Lead

# Delay in Transit

## Fishbone diagram 9



Suggested questions to ask:

Was advice on nutrition given at discharge? Is there a patient leaflet RE: nutritional advice? Is there a guideline stating that patients with ABO should be given nutritional advice on discharge?

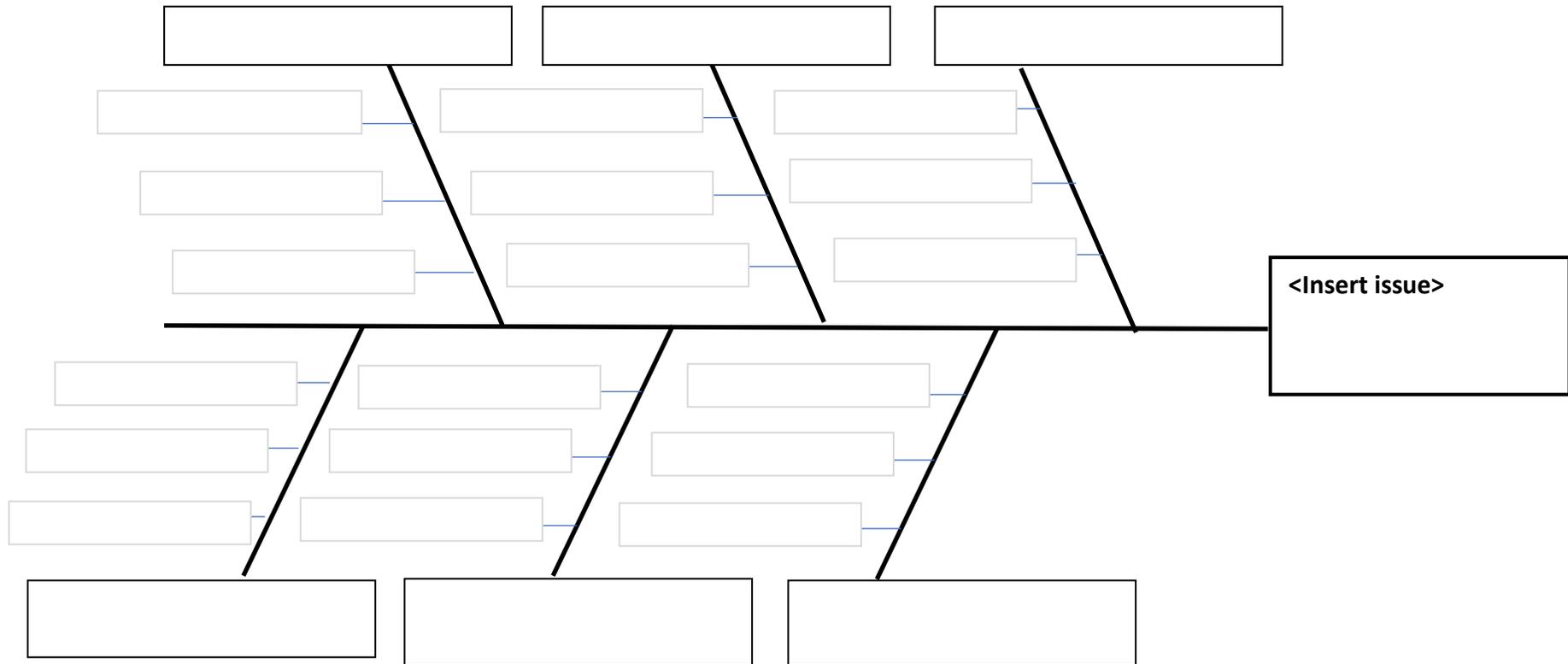
# Delay in Transit

## Action plan

Problem identified	Action required	By when?	Lead

# Delay in Transit

Fishbone diagram 10- to be used for any locally identified issues



Suggested questions to ask:

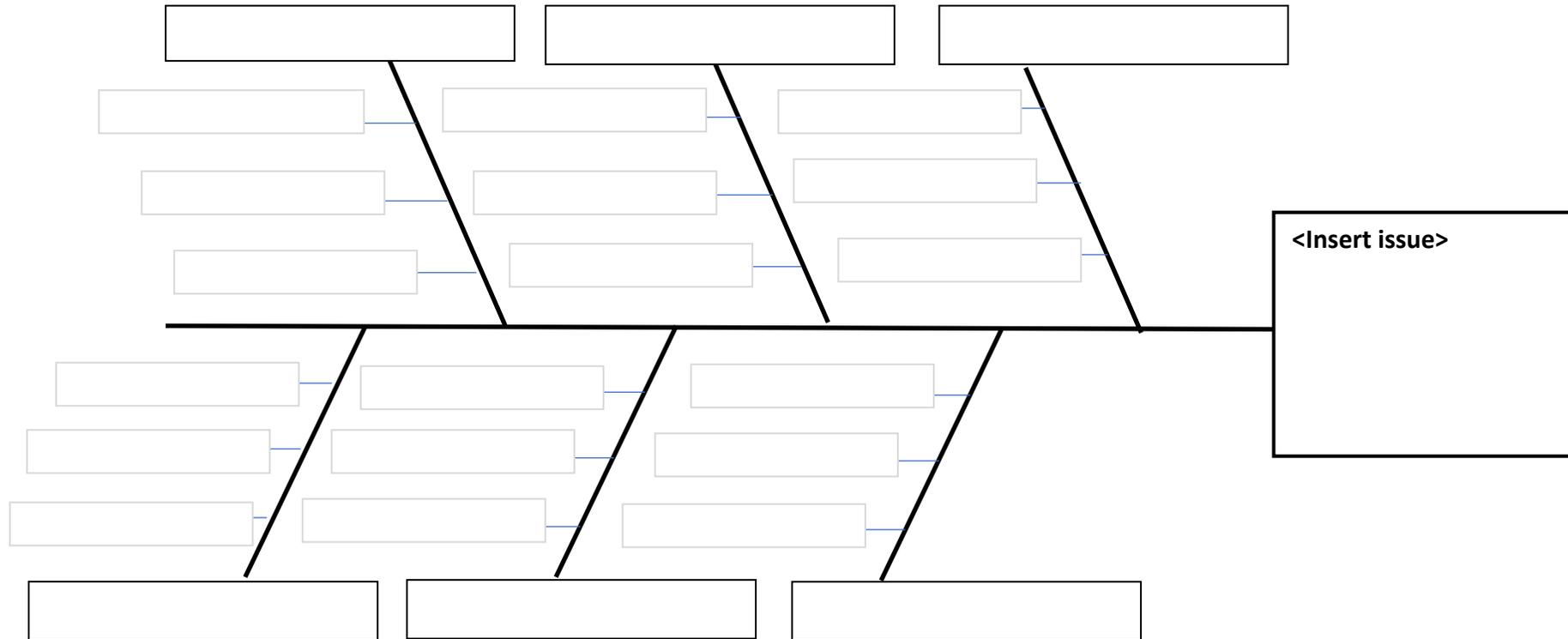
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## Action plan

Problem identified	Action required	By when?	Lead

# Delay in Transit

Fishbone diagram 11- to be used for any locally identified issues



Suggested questions to ask:

## Delay in Transit

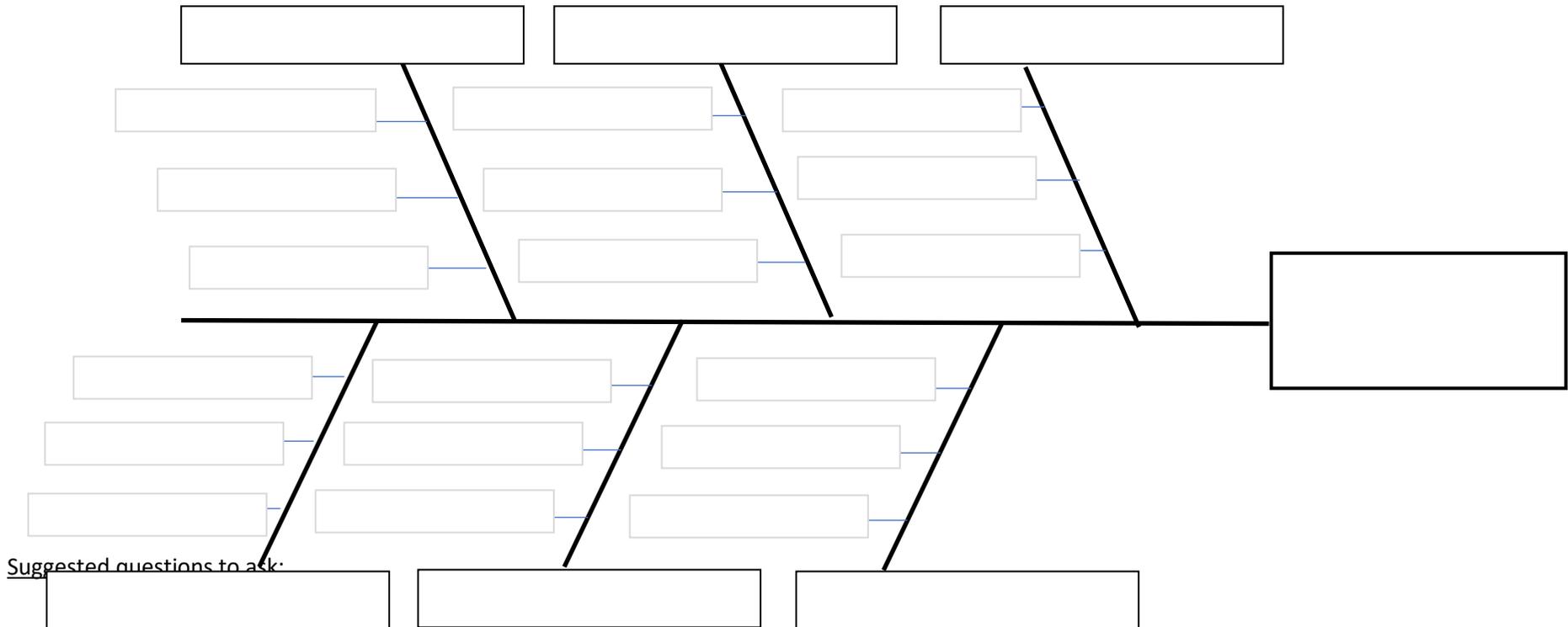


### Action plan

Problem identified	Action required	By when?	Lead

# Delay in Transit

Fishbone diagram 12 – to be used for any locally identified issues



Suggested questions to ask:

# Delay in Transit

## Action plan

Problem identified	Action required	By when?	Lead