

Deck 3

Investigation B

Let's rewind the clock

Imagine that the investigation you have just completed never took place.

Would the findings be different if someone else was chosen to be the investigator?

Different skills, resources and interactions might reveal information in different ways and potentially change the focus of the investigation.

 **Draw the next card**

When you have completed the inside of this card, **shuffle the remaining cards in this deck, then draw 10 of them.** These will be your **investigation cards.**

These cards show the types of information that might be found during the investigation. Read each card and place it on the timeline to add more detail to the event. →

→ When 10 orange cards have been placed on the mat, the investigator's time and resources have been used up and the investigation must end. **The leftover cards show that some information never comes to light.**

Go to **page 4** of the **Activity Booklet** to record your thoughts so far.

Investigator B

First complete the **inside** of this card to learn more about who this investigator is.

Then follow the remaining instructions to learn how to complete this investigation phase.



Open this card

Investigator B



This healthcare professional may have been chosen to be an investigator for this incident because some part of the incident aligns with her expertise.

Day Job

“Investigator” is not her day job, she is asked to do this in addition to her existing healthcare role:

From the remaining stickers included in your kit, choose a **day job** and **stick it here**.

Commitments

Due to other commitments both inside and outside of work she cannot give this investigation all her focus and attention.

From the remaining stickers included in your kit, choose a **commitment** and **stick it here**.

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Patient's Son



Phonecall

...I felt a bit sidelined when I brought mum in. The staff only seemed to listen when they were asking for **information they wanted**, but not when we had questions...

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Patient's Son

Phonecall

... I got an official letter about a week after the Incident. **It was full of typos, they even got our surname wrong.** Just shows you how much they care about putting this right...

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Patient's Son



Phonecall

...They're saying the morphine made her confused. **And I'm saying, I told you she was confused when we first arrived.** Did nobody make a note of that?...

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Patient

Conversation

...I remember trying to get someone's attention because I woke up feeling strange. **I don't remember anyone telling me about the call button...**

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Nurse

Email

... I thought that immediately drawing attention to the mistake would at least ensure the patient was okay.

Like most nights, we really needed more hands. Someone might have seen her struggling to get out of bed...

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Nurse

Email

Giving her the morphine was the first time I'd met her.
I'd just started my shift. She was obviously uncomfortable, so I can see why the consultant would want to help alleviate her pain.

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Nurse

Email

< no new messages >

The nurse hasn't responded to emails for a week. **He later replies saying that he has been struggling to cope with the stress of the investigation.**

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Nurse

Phonecall

...Accidents happen more often than most people think and there is actually a little coffee club set up to support staff who are struggling with an investigation, I **should probably go...**

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Nurse

Email

... I can't tell you why I didn't double-check the dosage. **I now know that the pharmacist raised a query that the dosage might be too high**, but it was just another notification on the system. There's so many that they often slip through the net...

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Conversation

... My head was in the zone, dealing with the problem and writing my report, but **I should have taken the time to speak to the nurse. The handover didn't feel like the right time** but then we didn't have a shift together for over a week.

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Conversation

... It is entirely possible that **even a slight overdose of morphine could cause confusion** and may explain why she tried to get out of bed in the first place...

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Conversation

...There is no training to help us navigate these investigations. **I've experienced enough in my time to know that they're all unique, you learn as you go.** This is the first for the nurse and he seems to be struggling...

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Surgical Staff

Email

... Thanks for your email. The **patient** did say that she had a headache when she was admitted and took some co-codamol she'd brought with her. This was just before her morphine jab...

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Investigator's notes



Clinical Records

The **consultant** who prescribed the morphine was not the one who ordered it from the pharmacy. **A junior member of staff inputted the dosage into the system.**

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Investigator's notes



RE: Patient Contact

I had arranged a bedside chat with the patient, but my son's school asked me to pick him up as he's feeling sick.

I tried to rearrange but on this occasion the family decided against it.

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Investigator's notes



RE: Matron

I didn't recognise her name on the report but on meeting the matron face-to-face **I recall that we trained together.**

I'm now put in the position of investigating someone I know.

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Investigator's notes



RE: Medication Responsibilities

The **nurse** thinks that the pharmacist must have prepared the wrong dosage of morphine.

The **pharmacist** indicates that it is the nurse's responsibility to double check this.

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Investigator's notes



RE: Patient call button

The matron says that on admission, the patient was made aware that there was a button she could press if she needed assistance.

The patient doesn't remember being told this.