Solutions

Marking: **M1** a correct method, **A1** the correct answer, **B1** an independent mark.

Each answer shows the steps, then the **result**.

2.1

A: **slip**

B: **mistake**

C: **violation**

2.2

B → **D** → **C** → **A** (S, B, A, R)

2.3

sign in (before anaesthesia)

time out (before the cut)

sign out (before leaving theatre)

2.4

any two of: short staffing or fatigue; look-alike packaging or poor storage; frequent interruptions; poor IT or handwritten charts; no second check

3.1

(a) each defence had a hole: the "u" was read as a zero, no second check, a lone nurse at night, and the holes lined up so the error reached the patient

(b) any two of: write "units" in full (or electronic prescribing); an insulin double-check; better night staffing; glucose checks after insulin

(c) tell the patient (or family) what happened and apologise; explain the effects and what will change, and record it

(d) the same holes stay, so another person will make the same error

3.2

(a) yes: 8 points in a row are below the old median, which is more than 6 in a row

(b) **Plan, Do, Study, Act**

(c) to learn and fix problems on a small scale, with little risk, before spreading it

3.3

(a) a **never event**

(b) the site mark was covered; the time-out was rushed or not done properly

(c) any two of: collect the facts and a timeline; ask "why?" repeatedly to find system causes; agree actions and check they work; share learning

(d) junior staff may notice a problem but not dare to speak up, so the error is not stopped

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(e) they show the holes before anyone is harmed