

S1 File: Qualitative Interview Topic Guide

Staff Perceptions of Risk and Safety Qualitative Study

Protocol

- 1. Brief the participant on the purpose of the project and interview.
- 2. Describe the nature of the interview (i.e. that it is recorded) and discuss confidentiality.
- 3. Describe the format of the questions. The interview consists of one decision making scenario, with a series of prompts for exploring decision-making.
- 4. Explain the process for completing the personality questionnaire [either after this interview or at another time [email will be sent with details of how to complete it].

Staffing Scenario

Prompts [show the participant the intensive care unit scenario, including the staffing table and ask:]

- Please can you allocate the staffing to patients for this shift?
- What additional information would you want to know?

In this type of scenario:

- How many nurses/therapists/admin/medics do you think are required to run this shift safely?
- What are your three key priorities for the shift?
- With the current staffing, do you have any safety concerns?
 - o If yes, what are they?
 - o If no, why not?
- What are the barriers in providing safe patient care?
- What are you thinking about?
- What makes you feel comfortable or challenged?
- Is there anything that this has made you think about, that we haven't covered?







Intensive Care Unit Scenario

BED 3

Bariatric. Long-term weaning.

BED 4

Ventilated. NIV plus filter with inotropes.

Intubated, ventilated, communityacquired pneumonia.

Weaning.

SIDEROOM 2

C.difficile. Two day post-op. WHIPPLES. Waiting on ward.

SIDEROOM 3

Community-

BED 5

acquired

BED 6

Noradrenaline. Low-dose inotropes

BED 2

Agitated, restless,

BED 1

Neurological patient. High ICPs. Needs urgent CT scan. Paralysed and sedated.

Neurosurgical patient MRI to clear their neck. Paralysed and sedated otherwise stable.

SIDEROOM 1

Intensive Care Unit Scenario

You have started a shift on a 12 bedded intensive care unit with four side rooms, occupied by 12 patients.

There are seven Level 3 patients and five Level 2 patients.

Handover notes

Booked admissions: 2 x electives 1 x ventilated patient, intubated on ward

Discharaes: 1 x predicted 1 x confirmed (patient with epidural)

BED 7

Long-term ventilation. mask trial for ventilation overnight.

BED 8

Oesophogectomy Epidural. Lots of pain.

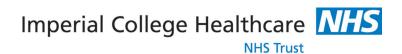
Just extubated. Confused and agitated. Head injury. Waiting for trauma bed.

SIDEROOM 4

Band	Nursing	Therapists	Admin	Grade	Medical
7	1	1 (off sick)		Cons	1
6	3 (1st day/1 agency)	1		Reg	1
5	6 (1 junior supervised by Band 6)	2 (both supervised)		F2/ST	2
3	1		1(ward clerk sick)		







Staffing Issues

- Can you recall shifts where a staffing problem significantly affected the quality of patient care?
- What was the staffing problem?
- How was patient care affected?
- What were the implications of the situation for you, your colleagues and the unit?

Perception of Risk

- What do you feel is a high risk staffing situation on the unit? Why?
- Is that situation viewed as high risk by your colleagues? By your team leader/manager?
- What staffing situations do you consider as too high risk?

Perceptions of Safety

- Tell me about a time when you were concerned about safety in your area?
- Did you discuss this with your team leader/manager?
- How did the conversation go?
- Did you team leader/manager act on the safety issue you described?
- Has the safety issue been addressed?
- What could be done in the department to improve patient and safety experience?
- Which factors prevent admitting patients/admissions?



