

PATIENT INTERVIEW SCHEDULE

Briefing

- The purpose of the interview
 - To get an understanding of what they understand about patient safety
 - To get feedback on the reporting tool
 - To find out if it accurately captures their thoughts on safety
 - To get an understanding of how they think the reports of safety can lead to improvements
- Interview will be recorded unless they ask otherwise
- Why they have been asked take part in the study
- How long the interview will last
 - Approximately 30 to 60 minutes
- Their rights as participants
 - Right to withdraw at any time
 - Ask questions at any time
 - Right to complain
 - Anything that is said today will not affect your healthcare
 - What you tell me today will remain completely confidential and you will remain anonymous.
 - However if you tell me something that suggests yourself or someone else may be at risk of harm, I will have to break confidentiality. Again, doing so will not affect the care that you receive.
- Have they got any questions?
- Signing of the consent form

To begin with I'd like to ask you a few questions about yourself. Remember, if you don't want to answer a question please say.

General Health Questions

1. **How old are you?**
2. **Do you consider yourself to have any disabilities**
 - a. **If yes, what are they?**
3. **What would you describe your ethnicity?**
4. **What sort of care, if any, are you receiving at the moment?**
5. **Roughly how often do you go into hospital?**

General Safety Questions

1. **In terms of the care that you receive, what do you understand by safety?**
2. **Have you ever been involved in something to do with your care that may have or did affect your safety?**

Prompt

- What about someone else's safety?

3. **Have you ever experienced something that made you feel particularly safe?**

Prompt

- Think back to the last time you were discharged from hospital

4. **Do you think that as a patient, you should have a role in your own safety?**

Prompt

- What role should you play and why?
- Who should ultimately be responsible for your safety and why?
- Do you think that you can make a difference to your own safety?
 - If yes, how? What would help this to happen?
 - If no, why not? What are the barriers?

5. **Do you think patients should be providing feedback on their safety?**

Prompt

- Will doing so make any difference? Why / why not?
 - If no, ask what would need to change

6. Can you think of any reasons why patients would or would not be willing to provide feedback on their safety?

Care Transfer Questions

I'd now like to ask you some questions about your recent transfer out of hospital. This includes when you were being discharged, the journey or transport to your next destination and when you arrived there.

1. Can you tell me about your recent transfer?

Prompt

- Where were you discharged from? Where were you transferred to? How did you get there?
 - Who was involved in your transfer? (can be staff, family, friends etc)
 - Relating to your safety, did anything of note happen?
2. In the survey, you said [...]. What was it that made you choose these answers?
 3. Ask a question about feeling safe
 4. Ask a question about feeling unsafe
 5. Would you say that your experiences would make you more or less likely to report on your safety?

Safety Survey Questions

1. Can you tell me what you thought of the safety survey in general?
2. Did you feel you understood the point of the safety survey?

Prompt

- What do you think the survey was trying to find out?
 - Why do you think we'd want to find out about this?
 - Did you think it allowed you to provide useful feedback?
3. Did you feel that the survey provided you with any useful information about safety?
 4. Did you experience any difficulties filling out the survey?
 5. Did you feel you understood what all of the questions were asking you?
 6. I'd like to go through the safety survey to see how you interpret(ed) it. Can you tell me what you understood by:
 - a. 'Your departure'

Commented [JS1]: I've moved this from general safety questions. Otherwise we'd start asking about the survey and then move away from it again. Delete this comment and it's good to go!

Prompt

- Departure from where?
- What sorts of events/places might this involve?

b. 'Your journey'

Prompt

- Journey from where to where?

c. 'Your Arrival'

Prompt

- Arrival where?
- What sorts of events/places might this involve?

7. In terms of your departure, what do you think we might have meant by the following? Can you give an example?

- Communication from staff
- Staff listening to you
- Departure running to schedule
- Falling or potential falls
- Medication problems or concerns
- Hygiene

8. In terms of your journey, what do you think we might have meant by the following? Can you give an example?

- Communication from staff
- Staff listening to you
- Journey running to schedule
- Falling or potential falls
- Medication problems or concerns
- Hygiene

9. In terms of your arrival, what do you think we might have meant by the following? Can you give an example?

- Communication from staff
- Staff listening to you
- Waiting times
- Falling or potential falls
- Medication problems or concerns
- Hygiene

10. Did you think the questions that it asked reflected what you think about safety?

Prompt

- Why or why not?

11. Was there anything that it missed?

12. Are there any other ways that you think would be more appropriate to provide feedback on your safety?

Prompt

- Other formats or questions?

13. Did you think that completing the survey may or may not affect the care that you receive in the future?

Prompt

- If no, why not? What are the barriers to this?
- If yes, how? What can make this happen better?

14. Is there anything else that you'd like to add?

1 **Table 2: Safety survey responses in relation to the departure stage of the transition.**

2

Departure	Safety rating				Differences in Characteristics		
	N (% of all 366 respondents)	Safe (%)	Neutral (%)	Unsafe (%)	Clinical area*	Age**	Gender**
Communication	346 (94.5)	304 (87.9)	32 (9.2)	10 (2.9)	p=0.808	p=0.132	p=0.607
Responsiveness	342 (93.4)	303 (88.6)	31 (9.1)	8 (2.3)	p=0.075	p=0.285	p=0.807
Delays***	257 (70.2)	Cycle 1: 118 (64.8)	Cycle 1: 51 (28)	Cycle 1: 13 (7.1)	Cycle 1: p=0.874	p=0.097	p=0.768
		Cycle 2: 34 (45.3)		Cycle 2: 23 (30.7)	Cycle 2: 18 (24.0)	Cycle 2: p=0.151	
Falls	310 (84.7)	268 (86.5)	37 (11.9)	5 (1.6)	p=0.874	p=0.887	p=0.184
Medication	335 (91.5)	278 (83.0)	36 (10.7)	21 (6.3)	p=0.107	p=0.650	p=0.182
Hygiene	351 (96.0)	319 (90.9)	29 (8.3)	3 (0.9)	p=0.841	p=0.559	p=0.322

3 * Kruskal-Wallis test comparing the four clinical areas: cardiac, care of older people, orthopaedics, stroke.

4 ** Spearman's rho correlation with safety rating

5 *** Reported per cycle due to changes in the question

6

7 **Table 3: Safety survey responses in relation to the journey stage of the transition.**

8

Journey	Safety rating			Differences in Characteristics		
	N (% of all 366 respondents)	Safe (%)	Neutral (%)	Unsafe (%)	Transport type*	Age**
Communication	231 (63.1)	213 (92.2)	14 (6.1)	4 (1.7)	p<0.001 Safe Ambulance, 93.3% Private car, 91.0% Patient transport, 85.7%	p=0.121
Responsiveness	230 (62.8)	207 (90.0)	20 (8.7)	3 (1.3)	p<0.001 Safe Ambulance, 90.8% Private car, 83.3% Patient transport, 66.7%	p=0.463
Delays	226 (61.7)	Cycle 1: 151 (73.5) Cycle 2: 34 (45.3)	Cycle 1: 29 (19.2) Cycle 2: 23 (30.7)	Cycle 1: 11 (7.3) Cycle 2: 18 (24.0)	p<0.001 Safe*** Ambulance, 71.4% Private car, 67.2% Patient transport, 58.3%	p=0.460
Falls	230 (62.8)	194 (84.3)	29 (12.6)	7 (3.0)	p=0.009 Safe Ambulance, 90.8% Private car, 83.3% Patient transport, 66.7%	p=0.038 (male more likely to report safe) p=0.420
Medication	226 (61.7)	197 (87.2)	23 (10.2)	6 (2.7)	p=0.001 Safe	p=0.501 p=0.444

					Ambulance, 87.7% Private car, 87.2% Patient transport, 91.7%		
Hygiene	232 (63.4)	211 (90.9)	18 (7.8)	3 (1.3)	p<0.001	p=0.536	p=0.703
					Safe Ambulance, 91.7% Private car, 92.4% Patient transport, 81.8%		

9 * Kruskal-Wallis test comparing the three categories with >10 responses: ambulance, private car, patient transport.

10 ** Spearman’s rho correlation

11 *** Cycles 1 and 2 combined

12

13 **Table 4: Safety survey responses in relation to the arrival stage of the transition.**

14

Arrival		Safety rating			Differences in Characteristics		
	N (% of all 366 respondents)	Safe (%)	Neutral (%)	Unsafe (%)	Arrival destination*	Age**	Gender**
Communication	235 (64.2)	219 (93.2)	11 (4.7)	5 (2.1)	p=0.980	p=0.840	p=0.122
Responsiveness	237 (64.8)	210 (88.6)	23 (9.7)	4 (1.7)	p=0.315	p=0.691	p=0.207
Delays	223 (60.9)	Cycle 1: 118 (79.7)	Cycle 1: 21 (14.2)	Cycle 1: 9 (6.1)	p<0.001	p=0.084	p=0.039 (male more likely to report safe)
		Cycle 2: 34 (45.3)	Cycle 2: 23 (30.7)	Cycle 2: 18 (24.0)	Safe*** Home, 58.8% Hospital, 68.8%		
Falls	241 (65.8)	204 (84.6)	32 (13.3)	5 (2.1)	p=0.052	p=0.069	p=0.001 (male more likely to report safe)
Medication	239 (65.3)	213 (89.1)	21 (8.8)	5 (2.1)	p=0.433	p=0.404	p=0.400
Hygiene	241 (65.8)	219 (90.9)	17 (7.1)	5 (2.1)	p=0.779	p=0.927	p=0.351

15 * Mann-Whitney U test comparing the two categories with >10 responses: home, hospital.

16 ** Spearman's rho correlation

17 *** Cycle 1 only as too few respondents (n=2) reported going to hospital in cycle 2.

18



York Teaching Hospital
NHS Foundation Trust



The University of
Nottingham

Nottingham University Hospitals
NHS Trust



Figure Legend

Figure: Data collection overview



York Teaching Hospital
NHS Foundation Trust



The University of
Nottingham

Nottingham University Hospitals
NHS Trust



Additional files

Additional file 1: Supplementary Material - Patient Interview Topic Guide

This file contains the interview topic guide used with patients.

Additional file 2: Supplementary Material - Staff Interview Topic Guide

This file contains the interview topic guide used with staff members.

Additional file 3: Supplementary Material - Safety Survey

This file contains the final version of the safety survey distributed to patients as part of the limited efficacy testing

Additional file 4: Supplementary Material - COREQ checklist

This file contains the COREQ checklist

SAFE AND SURE

Safety Survey

Dear patient and / or carer,



This survey is for you to tell us how safe you felt during your most recent transfer out of hospital, and what made you feel this way. Anything that you tell us will remain confidential and will not affect the care that you receive.

It is important for us to find out about your

experiences so that we can improve our services. **Please complete the survey and return it in the prepaid envelope provided.**

Contact Jason Scott or Emily Heavey if you have any questions, would like help completing the survey or if you would like to receive the survey in large print.

01904 876 376

j.scott@yorksja.ac.uk

e.heavey@yorksja.ac.uk

What does safety mean?

We believe that for you to feel safe, healthcare staff should

communicate with you, respond to your individual needs and ensure you are physically safe and secure. We are also interested in finding out if there is anything else that makes you feel safe.

How do I complete the survey?

For each question, please tick the face that best represents how you felt. The **green face** means you had no worries or concerns about your safety, the **red face** means you were worried or concerned about your safety, and the **yellow face** means you felt somewhere between the two.



Arrival means settling in at your next location.

What is your NHS Number? (optional) _____

Are these the opinions of: patient ☐ carer ☐

What was the date of your departure?

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

Which ward did you depart from? _____

Where were you going to? _____

How did you get there? _____

Did someone go with you? Yes ☐ No ☐

If yes, who? Family / Friend ☐ Carer ☐ Member of Staff ☐

Only tick boxes for questions below that are relevant to you, for example the question on staff communication during your journey may not be applicable if you used your own transport.

How safe did the communication from staff make you feel? For example giving you clear and timely information or being polite.

Comments: _____

On your departure ☐ ☐ ☐ _____

During your journey

	<input type="checkbox"/>		<input type="checkbox"/>	
--	--------------------------	--	--------------------------	--

On arrival at your next location ☐ ☐ ☐ _____

How safe did you feel with regards to staff listening to you and responding to your individual needs?



Comments: _____

On your departure ☐ ☐ ☐ _____

During your journey ☐ ☐ ☐ _____

On arrival at your next location ☐ ☐ ☐ _____

Did you experience any delays? Yes ☐ No ☐

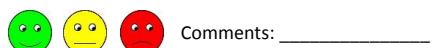
If yes, where was the longest delay during your transfer?

Departure ☐ Journey ☐ Arrival ☐ Comments: _____

How did this make you feel? _____



How safe did you feel about the possibility of falling? For example if you felt confident that you wouldn't fall or if you were concerned that you might



On your departure ☐ ☐ ☐ _____

During your journey ☐ ☐ ☐ _____

On arrival at your next location ☐ ☐ ☐ _____

How safe did you feel about your medication? For example receiving the correct medication, understanding the medication you were taking or delays in receiving your medication.

Comments: _____

On your departure ☐ ☐ ☐ _____



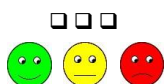
During your journey ☐ ☐ ☐ _____

On arrival at your next location ☐ ☐ ☐ _____

How safe did you feel about hygiene and cleanliness? For example if staff washed their hands and if the surroundings were clean

Comments: _____

On your departure



During your journey



On arrival at your next location



Overall, how safe did you feel throughout the whole transfer including the departure, journey and arrival?

Comments: _____



Thank you for taking the time to complete this survey. Please return it in the freepost envelope provided.

What will we do with your answers to this survey?

We will bring together feedback from patients and provide this anonymously to healthcare teams involved in your transfer. The purpose of this is to identify what is being done well, and areas where the quality of care that you receive can be improved.

What should you do if you want to make a complaint about your care?

By completing this survey you are **not** making a complaint. If you have felt unsafe at any other point during your care or would like to raise a specific concern please contact the Patient Advice and Liaison

Service. If you contact us we can give you information on how to do this.

Would you like to receive a summary of the research findings?

Yes ☐

No ☐

Please fill out your details below and we will send you this at the end of the study. All information will remain private and confidential in line with the Data Protection Act (1998), and will not be shared with anyone or used for any other purpose than to provide you feedback.

Name: _____

Address: _____

Could you please tell us your gender, age and how you define your racial / ethnic origin. This will tell us if we're reaching a wide sample of people. If you are a carer, please tell us the patient's details. You do not have to complete this part if you do not want to.

Gender: Male ☐ Female ☐

Age: _____

Racial / ethnic origin: _____

Version 5, 09/12/14