**Prehospital video triage of potential stroke patients in north central London and east Kent: rapid mixed methods service evaluation**

**Interview topic guides**

**1. INTERVIEW TOPIC GUIDE [AMBULANCE CLINICIANS]**

**Preliminaries:**

* Go through Participant Information Sheet (any questions?)
* Confirm informed consent and permission to record.
1. What is your role in the care of stroke patients please?
2. Have you been using the new prehospital triage system for stroke patients?

*[PROMPT: the new system uses digital applications, such as FaceTime, on devices to enable communication between paramedic crews and a hospital-based stroke specialist]*

1. What technology and devices are you using for the new system? (e.g. iPad, iPhone, FaceTime)?
2. When did you start using the new system?
3. Could you estimate how many times you have used the system?
4. What were your initial impressions with this new approach?
5. Has using the new triage approach affected your working practice? If so, how?
	* Has your decision-making about patients and destinations changed as a result of this new approach? If so, how?
6. How usable is the technology and triage system in your view?
	* Is the video and call quality sufficient for your needs?
	* Have you experienced any technical problems during calls? If so, what were they? (e.g. poor connection) [Prompt]:
7. Do you have any concerns about patient safety or the patient experience when using the technology and new triage approach?
	* If so, how might these influence care delivery and/or safety?
	* Do your colleagues share these concerns?
8. Have you received any training to use the new system? [If yes] If so, was this helpful?
9. Has there been local leadership to support staff with implementation of the new triage approach?
10. Has anything else that we have not discussed made a difference to how you and your colleagues have used this system? (e.g. time, resources, clinical governance)
11. In your opinion, has the service generated any benefits for staff?
12. How does it compare to what was it like before using these tools to triage patients?
13. Would you like to continue to use this approach going forwards? WHY?
14. How might the triage system have to be adapted if it was to be used elsewhere in the country?
15. Is there anything else that you’d like to mention that I have not asked you today? Or any recommendations you would like to make that could help decision makers who are considering adopting this approach?

**2. INTERVIEW TOPIC GUIDE [STROKE CLINICIANS]**

**Preliminaries:**

* Go through Participant Information Sheet (any questions?)
* Confirm informed consent and permission to record.
1. What is your role in the care of stroke patients please?
2. Have you used the new prehospital triage system for stroke patients?

*[PROMPT: the system uses digital applications, such as FaceTime, to enable communication between paramedic crews and a hospital-based stroke specialist]*

* + Are you using this tool via an iPhone?
	+ When did you start using the new system?
	+ Could you estimate how many stroke - or suspected stroke - patients you have used the technology for?
1. Do you recall your initial impressions with the new approach? What were they?
2. Has using the technology and new triage approach affected your working practice? If so, how?:
	* Has your decision-making about patients changed as a result of this service? If so, how? If not, why not?
	* What was it like before using these tools to triage patients?
3. How usable is the technology?
	* Is the video and audio quality sufficient for supporting a remote clinical diagnosis?
4. Have you experienced any technical problems during calls? If so, what were they? (e.g. poor connection) [Prompt]:
5. Do you have any concerns about patient safety or the patient experience when using the technology and new approach to triaging patients?
* Do your colleagues share these concerns?
1. Are there any important factors that have affected the implementation of this new service?
	* Have you received any training? Was it useful?
	* Has there been local leadership to support implementation in this Trust?
2. In your opinion, has the service generated any benefits for staff in your role?
3. Are there any other benefits you see arising from the new approach for stroke services?
4. Are there any problems or disadvantages associated with the new service or the technology that we’ve not discussed?
5. How might the system have to be adapted if it was to be used elsewhere in the country?
6. Is there anything else that you’d like to mention that I have not asked you today? Or any recommendations you would like to make that could help other health professionals and decision makers thinking about taking this approach?

**3. INTERVIEW TOPIC GUIDE [SERVICE LEADS]**

**Preliminaries:**

* Go through Participant Information Sheet (any questions?)
* Confirm informed consent and permission to record.

**Drivers/context for change**

* Background to introducing prehospital triage?
* Previous efforts to make this change?
* Which factors influenced the decision to introduce prehospital triage?
	+ Pandemic? HASU relocation? Other factors?
* Who contributed to decision? Any other groups that might have been useful?
	+ Stroke/ambulance teams; senior managers? CCGs? NHSE/I? ISDN? ICS?
* ***General prompts***
	+ What made a difference - anything act to help/hinder?

**The intervention**

* What were the aims of prehospital triage in your area?
* Describe how the intervention worked/works?
* How was the platform and protocols developed?
* How was prehospital triage supported - e.g. training, leadership?
	+ How were you involved? Who else was involved?
	+ How did these contribute? Any ways this might have been better?
	+ What else might have helped?
* How has prehospital triage developed over time?
	+ TIMELINE; influential factors in changes; request supporting documents

**Governance**

* How was development and implementation overseen and managed? By whom?
	+ How were you involved? Who else was involved?
	+ Events? Dedicated groups? Established groups?
	+ Local teams & hospital management?
	+ Involvement of external bodies? CCGs? NHSE/I? ISDN? ICS?
* How was working across stroke, ambulance, and other hospital services facilitated?
	+ What helped, what hindered? Anything you’d do differently?

**Impact to date**

* What difference has it made? - patient transfer, safety, care quality, outcomes, patient experience, staff experience?
	+ Which factors have made a difference?
	+ How might things have been better? What might have gone wrong?
* Do you feel prehospital triage in your area is sustainable?
	+ Why/why not? What might support this? What might help/hinder?
* How might prehospital triage develop further - locally, regionally, nationally?
	+ Any adaptations - for improvement or sustainability?
	+ What might support diffusion? Resources, external leadership, national programmes?

**Closing**

* Any lessons that might help others who are interested in leading or introducing prehospital triage?
* Anything else you would like to discuss?