

## **Interview Topic Guide for Reception and Nursing Staff and Junior Clinicians – v1**

*Topic Guides, to be used flexibly as prompts, will be further developed during fieldwork. Staff interviews may take place at any time.*

*Note basic data on interview: Site, Researcher, Date/Day of week, Time, Location, Interviewee (initials, band/grade/role), People present, Not/recorded, duration of interview*

1. Information, consent and socio-demographic data
  - a. Information/re-check consent/anonymity (no names)/confidentiality (reserved information)
  - b. Researcher fills in pre-interview questionnaire sheet
  - c. Individual background – qualifications, years, past work
  - d. Current hospital/department: since when? Roles/responsibilities?
  - e. Previous experience of work in emergency/acute settings: which roles?
  
2. Patient flow/types of patients who come in/experience of attending/caring for them
  - a. How is the flow of patients here? How does it vary over times/days of the week? Have you seen it vary over time? How?
  - b. What has that been like for you, in your role?
  - c. Ask more about any categories/types of patients/conditions/patterns of use that were spontaneously mentioned in response to the previous questions.
  - d. What is it like attending to/caring for them (in general, and the different groups mentioned?)
  - e. Can you give me an example of any situation to do with admission that you specially remember?
  
3. Decisions (including shared decisions) about admission: influences and process
  - a. How do decisions get made about who is admitted and who is not?
  - b. What are the main influences on that, of all kinds?

- c. How much do decisions vary on different shifts, or at different times of the day or week?
  - d. What are the main skills or personality traits needed to do your job...
  - e. And to make admission decisions?
  - f. In your experience, how far do patients, carers and relatives influence the decisions made about admissions?
  - g. What do you think about the way people use the services?
  - h. Can you tell me about any experience you specially remember – positive or negative – that had to do with someone being admitted or not? What do you think about that now?
4. Suggestions for dealing with patient flow/admission decision-making
- a. What do you think works well here in the emergency department?
  - b. What do you think could be improved in acute admissions, and how?
  - c. Have you seen things working differently elsewhere? How?
  - d. Is there anything else you would like to comment?

Sum up and remind re anonymity/confidentiality

## Interview Topic Guide for Senior Staff – v3

*Topic Guides, to be used flexibly as prompts, will be further developed during fieldwork. Staff interviews may take place at any time.*

*Note basic data on interview: Site, Researcher, Date/Day of week, Time, Location, Interviewee (initials, band/grade/role/specialty), People present, Not/recorded, duration of interview*

1. Information, consent and socio-demographic data
  - a. Information/re-check consent/anonymity (no names)/confidentiality (reserved information)
  - b. Researcher fills in pre-interview questionnaire sheet
  - c. Individual background – qualifications, years, training, past work
  - d. Current hospital/department: since when?  
Roles/responsibilities?
  - e. Previous experience of work in emergency/acute settings: which roles?
2. Particularities of emergency services/department/unit/patient flow on this site
  - a. How do emergency services on this site differ from others you know or have worked in?
  - b. How do the features mentioned affect your work and day-to-day experience?
  - c. Ask more about any categories of cases/types of patient/conditions/patterns of use that were spontaneously mentioned in response to the previous questions.
3. Making decisions about admission and discharge: influences and process
  - a. Thinking about the different admission and discharge decisions made in the course of a typical day/24 hour period, can you tell me about how those happen and what is involved?
  - b. Ask more about topics of particular interest that are spontaneously mentioned.

- c. Prompts: types of condition/case/patient, social situation, stages, process, models, cases of certainty/uncertainty, decision paths, support systems, technologies.
- d. Which are the most straightforward admission decisions? Why?
- e. Which sorts of admission decisions are difficult? In what ways?
- f. How do professional or clinical skills or staffing affect how decisions are made?
- g. What about personal abilities/qualities/experience, how do those influence decisions?
- h. Can you tell me about a case or two of decision-making that you specially remember, either positive or negative?
- i. If difficult, how could the problem have been avoided or better dealt with?

4. Shared decision-making about admission and discharge

- a. How do patients, carers and family members get involved in or influence decisions?
- b. Can you give me any examples of that?
- c. Prompts: Multi-disciplinary teams? Social as well as medical crises? Shared decision-making? How seniority affects decisions?

5. System and organisation of services

- a. How would you sum up the situation of emergency services and acute admissions on this site? (Communication, technology, ambulance services, cost, GPs, social care, community services... look out for new issues mentioned)
- b. What do you think works well here? What could be improved? Key points for practice?
- c. Do you have suggestions for improving arrangements for alternatives to admission, reducing inappropriate or avoidable admissions, or other issues in service organisation?
- d. Have you seen things working differently or better elsewhere? How?

- e. Is there anything else you would like to comment?
6. Sum up and remind re anonymity/confidentiality

## **Interview Topic Guide for Patients/ Families/Informal Carers – v2**

*Topic Guides, to be used flexibly as prompts, will be further developed during fieldwork. Patient and family interviews may take place at any stage of the hospital visit and following the visit.*

*Note basic data on interview: Site, Researcher, Date/Day of week, Time, Location, People present, Not/recorded, duration of interview*

1. Information, consent and socio-demographic data
  - a. Information/consent/anonymity (no names)/confidentiality (reserved information)
  - b. Participant details: researcher fills in pre-interview questionnaire sheet
  - c. ED visit, quick initial check: is this the first time? When last? How often before?
  
2. The visit
  - a. Why did they visit the hospital: self-/referred/admission letter? Other services approached first? How did they decide what to do/where to go? Did they expect (not) to stay in?
  - b. Prompt re condition (current and/or pre-existing), symptoms, home/social situation, disability/cognitive impairment/mental health/mobility if relevant - cover holistic issues
  - c. How did they get to the hospital? Alone/accompanied by/accompanying whom?
  - d. Where did they go first in the hospital? Successive places/pathway (have copies of hospital/ED maps ready in case this is useful to chart movements). Mobility issues?
  - e. Time: how long did this take/did they wait, and how did they feel about it?
  - f. Which staff/practitioners did they speak with: who, where, when, what happened?
  - g. Which documents did they bring/get asked for/complete?
  - h. Assessments/tests: did they have/are they awaiting any? How do they feel about that?

- i. Costs: did they pay for anything (e.g. transport, services, goods, food while waiting)?
  - j. Explore how they felt about hospital visit/wait/stay/care/experience?
  
3. Communication with staff and decisions about admission/care
  - a. Thinking about individual staff/practitioners, what sorts of questions did they ask/what did they say? Check about understanding/language/cognitive/hearing or visual impairment issues if relevant.
  - b. Did they get to ask questions or offer information about their condition? How were these heard/responded to? Did they feel they were being labelled/categorised in any way?
  - c. What is their understanding of what is wrong with them? Did the clinicians seem clear about this, or was there any uncertainty/disagreement/consultation with other staff?
  - d. Admission/non-admission – outcome. Agree/disagree (happy with this?) – why?
  
4. Follow-up to visit
  - a. General impression/recollection of their visit. Did they notice the service was/not busy?
  - b. How are they feeling now? How do they feel now about the visit? Would they do anything differently another time about seeking urgent care/ leading up to/during the visit?
  - c. What is their home situation/support/care/current treatment? Future visits needed?
  
5. Overall feelings about visit and outcome
  - a. Key points that mattered to how they felt about their visit?
  - b. Any suggestions? What went well, what could have been better?
  
6. Sum up and remind re anonymity/confidentiality