

APPENDIX 2 INTERVIEW GUIDE

Quality Improvement work (in paediatric trauma care)

What is your personal role in the improvement work in the trauma setting?

Whose role is it to assess & invoke improvements at present?

Can you describe a situation where you 'were an advocate' for an improvement process in the trauma setting?

What improvement processes have you worked with before?

Where is the expert judgment in the process?

The FACT process

How would you describe the aim of the FACT process in your own words?

What are your thoughts or concerns on participating in the different steps of creating the FACT?

Who did you receive the FACT results from?

The FACT results

What were your thoughts when you looked at the FACT results?

Did you feel the FACT results paint a fair picture of your team –hospital interaction?

What in particular does the FACT results provide **you** with?

Was there something in the FACT results that surprised you?

Was there anything in the FACT results that you think should be discussed or acted upon?

Do you feel there is anything else that should be looked at in the context of the hospital team interaction that is not on the FACT at present?

Do you feel the FACT adds anything to your understanding of trauma management in your hospital?

The follow up

Did you discuss the FACT results with anyone?

Where any initiatives taken by anyone for any follow up or actions based on the outcome of the FACT?

What is your role in acting upon these results?

Who should act upon these results?

How do you see yourself using FACT to invoke changes?

So the aim of FACT is to enhance the horizontal and vertical transmission of the performance of trauma team-hospital interactions in the management of traumatically injured children in the respective hospital, and to thereby enhancing the opportunity to reflect and learn on the rare but high stakes complex clinical events associated with managing such children. What are your reflections on that?

The FACT tool is furthermore designed to provide the opportunity to effect positive changes in staff knowledge, skills, behavior, attitudes, team-hospital infrastructure and systems and patient care. What are your reflections on that?

Further development and use

Is there anything else that you feel should be present in the FACT that is not currently there?

Do you feel the FACT has any usage outside of the trauma setting?