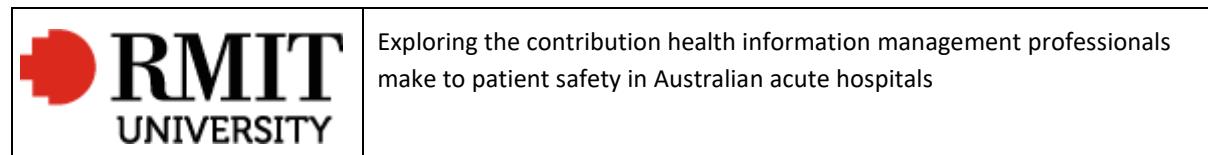


Interview Guide – Key Informant Interview



1. INTRODUCTION

Write down start time.

Hi (participant name), how are you?

Thank you (participant name) for agreeing to be interviewed as a key informant for my PhD research project with the RMIT University. This research will be conducted in three stages. With the interviews being the first stage.

As stated in the participant information sheet provided to you, the aim of the research project is to identify if Health Information Management (or HIM) professionals contribute to patient safety in Australian acute hospitals, and if they do, what that contribution is.

This will be explored through identifying activities performed and determining the attitudes, values, beliefs, practices (collective) and behaviours (individual) of HIMS professionals. This study has been approved by the RMIT University Human Research Ethics Committee.

I will just go through a few points before we get into the questions.

- During the interview we can stop at any time, and no questions are mandatory.
- If you need a bathroom or drink break, let me know and we can pause the interview.
- As we are conducting this interview over internet, there good be some delays.
- I would like to record the interview to help with accurate transcription. Once transcribed the audio will be destroyed. I will send the transcript of the conversation to you for verification.
- You are free to withdraw without consequence until your transcript has been returned to me. After this time, your data may have been included in the analysis and it will not be possible to remove it because it will have been de-identified.
- Data collected from the research project will be stored on a secure sever. Only my research supervisors and I will have access. This is to protect the confidentiality of the information you provide.
- The interview itself will be a semi-structured format, hopefully like a conversation. I do have an interview guide to make sure I don't miss any of the important questions I want to ask you. I will also be taking some notes.

Any questions before start? Are you comfortable, have a drink with you.

Thank you, let's get started.

Start recording.

We are now recording. For transcript purposes, I am Trixie Kemp, Researcher interviewer and I am interviewing a key informant (participant name). Please say hello.

(Participant) do you still consent for the recording of the audio and participation in this research activity?

2. INTERVIEW QUESTIONS

2.1 Health Information Management field

- 2.1.1 Can you describe for me your understanding of what patient safety is?

- 2.1.2 Why do you think patient safety is important?
Prompt - for instance what messages are you receiving to know that this topic matters?

- 2.1.3 Patient safety and quality care are central to health design, delivery, and management. If we use the definition that patient safety is focused on the absence and minimisation of accidental injury or preventable harm, and quality is ensuring that everything that should be done to deliver safe care is occurring.

Consider your own role. What is your role title and what are the functions of your role?
Now tell me how you think your role does or does not contribute to patient safety?

- 2.1.4 Now thinking about the HIM profession in general, how are they directly or indirectly contributing to patient safety in acute hospitals?

- 2.1.5 Can you provide me with a specific example that demonstrates what we just discussed?
Please tell me about your example. (if needed, previous answer may include the example).

- 2.1.6 Are there any HIM professional skills that come to mind when thinking of patient safety?

- 2.1.7 Individual behaviours are the way we act or conduct ourselves. Considering what we just discussed, describe any individual behaviours that stand out to you as supporting patient safety in your role?

- 2.1.8 Now thinking about people working in a group or team of HIM professionals, can describe any group behaviours or practices that also stand out as supporting patient safety?

- 2.1.9 We know that our behaviour is driven by values, beliefs, and attitudes. So, the next few questions will focus on these areas. Just to confirm:

- Values are our core principles that guide what we consider is important and they affect our behaviour. A value may be loyalty, integrity, candor etc.
- Beliefs are what we think is true, without facts. For instance, lying is bad, Santa Claus is real/not real is a belief.
- Attitudes are the way we think or feel about someone/something.
- Can you describe any specific values that you have towards patient safety?
- Do any beliefs come to mind when thinking of patient safety?
- Do feel attitudes play a part in HIM professionals' behaviours towards patient safety?

2.1.10 What are the key documents that guide HIMS professionals in their work?

2.1.11 Considering this discussion, what do you consider are the most important values, beliefs, attitudes, behaviours, or practices by HIM professionals in relation to patient safety? Why?

2.1.12 Are there any hospitals that come to mind where I could observe what you have described today?

2.1.13 Anyone else you can think of that I should talk to about HIM professionals and patient safety?

2.1.14 Do you have any concerns, issues or opportunities about the HIM profession that may impact patient safety that you want to raise?

2.1.15 Are there are closing comments or feedback you would like to provide for this topic?

2.2 Patient Safety field

2.2.1 Describe your understanding of what health information management is and the HIM profession?

There is a vast amount of health data captured within our health facilities. Health Information Management professionals are a dedicated profession that manage the collection, storage, protection, analysis and quality of information. HIM professionals support clinicians and health service management by ensuring the data is trustworthy and reliable information for decision making. Their skillset includes records management, human resources, medical terminology, anatomy, physiology, coding, classification and data management.

2.2.2 Considering this definition, do you think patient safety would be relevant to the HIM profession, and why?

2.2.3 How do you think HIM professionals could contribute (directly or indirectly) to patient safety in acute hospitals?

2.2.4 Can you provide me with an example that demonstrates what we just discussed? Please tell me about your example.

2.2.5 Are there any HIM professional skills that come to mind when thinking of patient safety?

2.2.6 Individual behaviours are the way we act or conduct ourselves. Considering our conversation so far, are there individual behaviours that stand out to you as supporting patient safety, particularly in roles that do not deliver direct patient care?

2.2.7 When thinking about people working in a group or team, can describe any group behaviours or practices that support patient safety, particularly those for roles that do not deliver direct patient care?

2.2.8 This next series of questions is about values, beliefs and attitudes. We know that our behaviour is driven by values, beliefs, and attitudes.

- Values are the core principles that guide what we consider is important and they affect our behaviour. A value may be loyalty, integrity, candor etc. From your experience, are there any specific values that people have or associate with patient safety?
- Beliefs are what we think is true, without facts. For instance, lying is bad, Santa Claus is real/not real is a belief. Do any beliefs come to mind when thinking of patient safety?
- Attitudes are the way we think or feel about someone/something. Do feel attitude plays a part in a person's behaviours towards patient safety?

2.2.9 From everything we have just discussed, is there any values, beliefs, attitudes, behaviours, or practices that stands for patient safety? Why?

2.2.10 What are the key documents that guide patient safety practices in the acute hospitals?

2.2.11 Are there any hospitals that come to mind where I could observe what you have described today?

2.2.12 Anyone else you can think of that I should talk to about HIM professionals and patient safety?

2.2.13 Are there any closing comments or feedback you would like to provide for this topic?

3. CONCLUSION

I will stop recording now.

As I mentioned before, I will transcribe this interview and hope to get it back to you within 1-2 weeks. If you could then review the document and confirm if I have correctly captured your responses. Then return the transcript with any corrections.

Once received the transcript will be de-identified and data merged with other interview transcripts. It is at this point I will no longer be able to remove your responses from the research project.

If you have any further questions about the research project, please contact me or one of my research supervisors. Their contact details are on the participant information sheet I sent you, along with the email address for the RMIT University Human Research Ethics if you have any concerns.

If you are interested in receiving notifications of publications related to this research, please let me know.

Thank you again for your time and participation in my research.
Write down end time.