Codes Audit Trail

293 initial codes brompton

161 initial codes glenfield

454 initial codes combined

1. Example of codes:

against being dictated to by GP re PA smoking rock bottom prior to lightbulb moment importance of life quitting smoking occupation work wont affect me if not breathless, wont listen technology monitoring analysis monitoring feedback GP's work reactively PA attention agency nursing poor care

2. Sorting codes into potential themes:

Medication – Not persued further because minimally discussed specifically and not in relation to LVRS or Valve procedures

Interaction with GP post Hospital

Discharge

Experience of Oxygen

Exacerbations

Experience of valves
Post Hospital Care
Wanting More operations – not further used as replicated in "experience post surgery" theme
Hospital Care
Experience post surgery
Experience Pre-surgery
Physical activity monitoring – not pursued further as replicated in "physical activity monitoring"
Feeling on ones own
PA Monitoring – not pursued further as codes suited in physical activity
Physical activity
Its my fault
PR
Experience of deterioration
Other Therapies
Work
Travel
Vulnerable at home
Follow up appointment
Thoughts about operation
Smoking
Complications post op
Other opportunities – Not pursued further as 1 code included relating to stem cell research
Importance through the pathway - Not pursued as too vague and broad without connecting well to other themes

3. Initial Thematic Map

'Interaction with GP post hospital' 'Discharge'

'Post hospital care'

'vulnerable at home'

'Follow up appointment'

'Hospital Care'

'Experience of valves'

'Experience Post Surgery'

'Thoughts about operation'

'Complications Post op'

'Experience of oxygen'

'Experience of deterioration'

'Smoking'

'Its my fault'

'PR'
'Physical Activity'
'Other Therapies'

'Feeling on ones own'
'vulnerable at home'

'Experience of oxygen'
'Work'
'Travel'

4. Comparing, amending, and refining themes

Follow up appointment vs experience post surgery

Follow up appointment codes

poor communication no follow up follow up appointment lack of follow up

want to have follow up

Experience post surgery

respiratory failure ITU worse after op decline in walking deteriorating

chest infection lung volume increased little improvement deteriorating health message of being improved forever post op immediately better no need to repeat op complications recovery variable deterioration time and deterioration to recovery to previous health pain painkillers hoped for more wanting more surgery support

Pain nerve damage further treatment post op ward care time to recover repeat proceedure time to see benefit time to recovery SOB Coughing

The "experience post surgery theme was seen as distinctly separate to the "follow up appointment" Theme. However, following review the codes in this theme are not distinctively linked to one another and needed further refining. Other codes were removed such as "chest infections" into "Exacerbations" Theme, but this code was also relevant to the "complications post op" Theme. The resulting Themes were produced from the "experience post surgery" Theme

Declining health post op:

Worse after op
Decline in walking
Deteriorating
Little improvement
Deteriorating health
Deterioration
Time and deterioration to recovery to previous health

Improved health post op:

Message of being improved forever post op Immediately better No need to repeat op

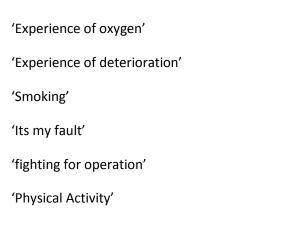
Other codes more suitable in "complications post op":

Respiratory failure ITU Chest infection Complications Pain Pain nerve damage

Reviewing these codes it is clear that the extract regading the code "respiratory failure" and "ITU" were experienced by a participant after he had had the surgery during an exacerbation. The interviewers did not clarify how soon after the operation this event was and so these two codes were also added to "exacerbations" Theme.

After reviewing the potential themes above it was agreed between AL and SB that these represented sub themes that could be appropriately grouped into major themes to illustrate the patient journey through LVRS or EBVS more appropriately:

1. The patient focus on declining health



2. Consequences of having the operation

'Hospital Care'

'Declining health post-op'

'Complications Post op'

'Thoughts about operation'

'Experience of oxygen'

'Travel'

'wanting more surgery'

3. Vulnerability and limited continuity of care post discharge

'Interaction with GP post hospital'

'Discharge'

'vulnerable at home'

'Follow up appointment'