

Interview Schedule

Note: Check recorder is running.

Researcher introduces themselves:

HI MY NAME IS KATE SHEMILT; I'M CALLING FROM THE COUNTESS OF CHESTER HOSPITAL REGARDING RESEARCH THAT I AM UNDERTAKING AS PART OF A PHD. I'M HOPING THAT YOU RECENTLY RECEIVED A LETTER WHICH GAVE AN OVERVIEW OF THE STUDY?

WOULD YOU TAKE PART IN AN INTERVIEW AT A TIME CONVENIENT TO YOU AS PART OF THAT RESEARCH? IT SHOULD TAKE A MAXIMUM OF 15 MINUTES.

Too busy – SORRY TO HAVE CAUGHT YOU AT A BAD TIME. I WOULD BE HAPPY TO CALL BACK. WHEN WOULD BE A GOOD TIME TO CALL IN THE NEXT DAY OR TWO?

Now – THAT'S GOOD, ARE YOU OKAY WITH THE INTERVIEW BEEN AUDIO RECORDED?

Depending on the response continue with the interview or organise a call-back

Obtain informed consent.

Can I just check that you have read and understood the participant information sheet for the study that was supplied in the letter you hopefully received? Have you got any questions about the study?
Yes No

You understand that participation is voluntary and you can withdraw at any time, without giving a reason.
Yes No

That any personal information collected during the study will be anonymised and remain confidential.
Yes No

Are you happy with the interview been digitally recorded and that this recording will be transcribed
Yes No

Some quotes could be taken from the recording of our conversation and may be used in publications and reports, but these will be anonymised and not traceable to you.
Yes No

Finally do you agree to take part in the study?
Yes No

Section A: About the Acute Trust

FIRST I WOULD LIKE TO START BY ASKING YOU SOME GENERAL QUESTIONS ABOUT THE ACUTE TRUST.

1. How many sites are in your trust? Acute Elective
2. What is the name of the main acute hospital site in your trust?

PLEASE CONSIDER THE MAIN ACUTE HOSPITAL SITE IN YOUR TRUST WHEN ANSWERING THE FOLLOWING QUESTIONS

Section B: Prescribing system

MOVING ON TO THE PRESCRIBING SYSTEM.....

1. What type of inpatient prescribing system is used within your Acute Trust?
 - a) Paper.....→**SKIP TO Q 8**
 - b) Electronic If electronic who is your provider.....?
 - c) A mixture..... What wards are excluded..... and why?.....

2. How long has the current inpatient prescribing system been in place?

3. Does the Electronic Prescribing (EPMA) inpatient system use functionalities such as:

a. Dose checking	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
b. Dose calculations	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
c. Free text prescribing or drug not on system	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>	
d. Drug interaction alerts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
e. Multi level control for prescribers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
f. Drop down menu for drug selection	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
g. Access to drug management information	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
h. Allergy checker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
i. Discharge/transfer summaries	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	
j. Other.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't Know <input type="checkbox"/>	

4. Do you think that these are effective at improving prescribing quality compared to paper prescribing? Why?

	Yes	No	Don't Know
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			

5. Do you have any supplementary drug charts?

Yes No Don't Know **Skip to Q 7 if No**

6. Which drugs are prescribed on a supplementary paper drug chart?

- | | | | | | | |
|---------------------------|-----|--------------------------|----|--------------------------|------------|--------------------------|
| a. Continuous IVIs | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |
| b. Insulin | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |
| c. Warfarin | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |
| d. Tapering doses | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |
| e. Other (please specify) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |
| f. None of them | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Don't Know | <input type="checkbox"/> |

7. Have you encountered any unpredicted benefits or problems with EPMA?

8. Are you aware of any plans in the future to change the prescribing system?

Yes No Don't Know

a) If so which one..... and why.....?

9. Has your trust considered the use of "standards for the design of hospital in-patient prescription charts"?

Yes No don't know

a) If so, what did the discussion find?

Further sections were incorporated after this point in the interview as part of a larger study. However, they are not covered within this specific paper.

10. Do you have any other comments to make regarding prescribing quality and prescribing systems in place within your Acute Trust?

THIS COMPLETES OUR INTERVIEW. THANK YOU FOR TAKING THE TIME TO ANSWER QUESTIONS.

WE ARE PLANNING FURTHER RESEARCH AROUND PRESCRIBING SYSTEMS AND HOW THEY ARE CENTRAL TO THE PRESCRIBING PROCESS. WOULD YOU BE INTERESTED IN KNOWING MORE ABOUT THE RESEARCH?

If YES what next ... GREAT, THAT IS GOOD NEWS. HOW WOULD YOU LIKE TO BE CONTACTED?

If NO what next OKAY, SORRY TO HEAR THAT,

E-mail address

THANK YOU FOR TAKING THE TIME TO PARTICIPATE.....