



### About this guide

This discussion guide is for use focus groups with invited participants for the Australasian College for Emergency Medicine (ACEM) research projects “Emergency care during a global pandemic: Experiences and lessons learnt from frontline clinicians in low- and middle-income countries in the Indo-Pacific region”.

The purpose of the focus groups is to explore the experiences of emergency care providers, policymakers and coordinators in LMIC in the Indo-Pacific region during the COVID-19 pandemic.

The guide provides a framework for the focus group moderator/s (including probes to stimulate further discussion), but need not be followed in detail or in order. It permits flexibility in order to pursue unanticipated, relevant issues that arise in discussion.

### Domains of inquiry

Questions are designed to explore several domains related to the research objectives:

- ethical tensions related to healthcare worker safety, resource allocation and the care of vulnerable groups
- challenges and barriers to enabling an effective response
- strengths/enablers of an effective response
- unique aspects of the Indo-Pacific response, including localised innovation
- differences in experience by role, gender, seniority and country/region.

### Group composition and dynamics

A series of focus groups will be conducted via Zoom, each with participants from a particular country or region, namely:

- Fiji
- Papua New Guinea
- Micronesia
- Melanesia
- Polynesia

The aim is for each group to have between 4 and 10 participants.

Each will be moderated by a member of the

#### *Recruitment*

Written consent will be obtained from each participant in advance.

## Discussion guide

### Introduction

Thank you for agreeing to participate in this focus group about emergency care during the COVID-19 pandemic. We greatly appreciate your time and willingness to share your experience.

[ Introduce self (moderator) and RA and any other research team members online. ]

[ Explain ACEM research project and purpose of focus group ]

These focus groups will help us understand the issues and challenges faced by frontline emergency care providers, policymakers and coordinators in the Indo-Pacific region, and different responses and innovations.

The results will be used in reports and research papers and will inform recommendations to improve health system readiness for future public health emergencies.

### Guidelines for discussion

- This session is being recorded – but we will retain audio only, and no one will be identified – we'll use what you say, but won't report who said it.
- There are no right or wrong answers.
- My role as moderator will be to guide the discussion – but you can raise any issues that you would like to; if you agree or disagree with what someone else has said please 'jump in' after they finish to share your experience.
- But because we're recording, it is helpful if only one person speaks at a time.
- If you think of anything you want to say maybe make a note – because at the end we'll ask if there's anything we have not covered that you think is important to note.

### Questions

[Health system challenges and changes; infrastructure and equipment]

- Let's start by just talking generally about the emergency care response to COVID-19 in your countries – perhaps the challenges you faced, or the biggest changes in your health system in response to the pandemic.

*Probe: Thinking about the Emergency Care Health Systems Building Blocks – What kind of changes did you see in terms of:*

- *Human resources and training*
  - *Infrastructure and equipment*
  - *Data (information and research)*
  - *Processes*
  - *Leadership and governance (including financing)*
- Thinking back to the start of the pandemic, did you have – or could you quickly get – the resources and supplies you needed?

*Probes:*

- *Staff – in the required numbers, roles?*
- *PPE*
- *Infection control or cleaning supplies*
- *Equipment*

- What are some of the factors that you think were either strengths or weaknesses in your country's response to COVID-19?

*Probe: These could be related to good or bad leadership or coordination, or innovative local responses?*

- Thinking about how healthcare and emergency care have changed in response to COVID-19, can you share some examples of positive and negative changes?

*Probes: Positive changes – things you'd like to see stay in place*  
*Negative changes – what should go*

[HR – staff responses, safety, stigma, etc.]

- Again, thinking back to when COVID-19 first emerged, how did frontline healthcare workers respond?

*Probes:*

*How did safety concerns impact staff availability?*

*What information was provided to healthcare workers about COVID-19 and how to protect themselves and their families?*

*Were there differences in responses related to roles, or gender, for example?*

- How did your [hospital/health department] ensure the safety of care providers? What factors made you feel protected, or more at risk?
- What about the mental health and wellbeing of healthcare workers? What type of support was provided to staff?

*Probe: Do you think it was appropriate and adequate? e.g. remuneration, accommodation, support for those isolated from families for extended periods, psychosocial support?*

- Did staff experience stigma or discrimination in their communities because of their work in emergency care?

[Ethical and other issues]

- We know that in some countries health ministries and care providers faced ethical challenges, having to close certain health services, and making decisions about who would get care if there was a surge in infections because of limited facilities or equipment, for example. Is anyone aware of ethical issues or pre-planning for how limited resources would be allocated?
- What kind of guidance would help clinicians and policymakers with that kind of decision-making?

- Because of closures or limited access to services, or other issues related to COVID, were there patients who couldn't get healthcare? Were there other health priorities that were neglected because of the focus on COVID?
- Do you think that personal factors – like gender, or being a carer, or your discipline or training – affected your role or how other healthcare workers responded to the pandemic?

**['Ending' questions]**

- Of all the things we discussed today about emergency care and COVID-19, what was the most important issue or learning?
- If you were part of the coordinating team for the emergency care response to the next pandemic or disaster, what would you do differently?
- Is there anything else you want to add?