

**Appendix 3: Qualitative exploration of the knowledge, attitude and practices (KAP) of clinical quality and performance assessment amongst South African trained ALS EMS personnel**

Category	Supporting Quote
<p>General understanding of quality assessment</p>	<p><i>“I think it’s very important, and I will give you a little example of why I think it’s important. So, when you think of somebody who is rich and somebody who is poor, if you go to somebody’s house and the house is dirty, and let’s say they’re sort of lower income, keeping a house clean does not take a lot of money, or minimal. It’s about a level of quality of cleanliness, if you understand what I’m saying? So just because somebody’s poor, doesn’t mean they shouldn’t be clean. So, it’s the same sort of thinking,” ... organisations that are resource limited can still achieve a reasonable sense of quality without all the fancy resources and fancy equipment. It comes down to basic needs of the patient. Yes, I think quality can be maintained, no matter how resource poor any institution or organisation is.”</i></p> <p><i>“So basically, I feel, even in a resource limited setting, I do see the need and requirement for an audit tool of some form, because then we can further see what we are doing, is it right, wrong, or are we incurring harm or are we worsening cases?”</i></p>
<p>The role of context in quality assessment</p>	<p><i>“I would say that to improve uptake and acceptance, one would need to make it contextually appropriate and relevant and almost be localised adaption at provincial level or lower, but it still aligns itself to a greater set of criteria that is whatever methodology behind it or robustness behind it.”</i></p> <p><i>“No, because if you’re going to say that the Western Cape is resource limited, Cape Town central is not the same resource limited that is out in Northern Cape, in Kathu. So out in Kathu they’ve got one ambulance, so firstly from a human resource point of view they are resource limited. In Cape Town central, in my division, so in one division in Cape Town central, which is the western division, they have got four ALS on every shift.”</i></p> <p><i>““There is financial motivation. If they don't make sure that their quality is up to standard, then they lose the contracts that they have with medical aids, and then their finances get affected.”</i></p> <p><i>“From discussions I’ve had with private sector paramedics, they are more stringent in private sector, because private sector is, my view is that they are finance driven and if they do not put in information or they don’t treat a patient in a certain way, they get penalised. So, the private sector, I think are more tight, in my opinion, on quality processes.”</i></p>
<p>Factors affecting implementation of quality assessment systems</p>	<p><i>“if you get everyone to understand what benefit is there to their patients and what benefit is there to them for doing it, then it can be successful... it doesn’t need to be a financial benefit. If I knew as a practitioner that if I took part in a clinical governance process, then I would confidently know that I’m giving the best possible care to my patients, you’d have my buy-in straight away.”</i></p> <p><i>“There definitely needs to be an interactive system, a one sided ‘review cases and then slap him down when there a poor interaction’ is not particularly valuable. We’ve always focused on the disciplinary use of it and the corrective portion rather than the encouraging the good.”</i></p>

	<p><i>"Perhaps because of the way that it's been managed in the past, where people have had negative experiences, when it becomes a case of let's just tell you no, no, no, this is not how you do it."</i></p>
<p>Factors affecting on-going utilization of quality assessment systems</p>	<p><i>"So, we do have bad apples, but as a whole, if you ask one of the top managers, what is your culture around dealing with mistake/medical error as such, they should be telling you that it is just culture. Now, if someone says that already, then at least you are somewhere. And I like the saying, culture trumps policy every time. We can have whatever policy we have."</i></p> <p><i>"... to properly implement it, you're going to need appropriate management, and you're going to need management that actually wants to. And in my opinion, I think we have a lot of management that is there simply because they can be there, and not because they take it at heart."</i></p>
<p>Quality assessment system reliability and validity</p>	<p><i>"...because the staff on the ground are intimately part of improvements. In fact, they are the key role players, so they should know exactly what the targets are, they should know exactly how it's being measured, so they are clear on what the expectations are."</i></p> <p><i>"If people can understand what you're doing and why you're doing it, you are going to have their buy-in a lot more than just by saying this is what we're doing and you're going to have to accept it. I think they would want to know, and also if you know why it's being done, you probably wouldn't be so sceptical about it or so nervous about it. You would probably embrace it a lot more and understand it."</i></p>
<p>Advantages of an effective, efficient quality assessment system</p>	<p><i>"So, I think if there was a standard thing implemented it would be huge for patient care, because I think they would pick up problems that they could actually fix for sure, and then I think it would help the staff to just stay more on top of things as a whole as well. I think, also knowing that their care is being watched closer would also prompt people to stay more current and attend more training, do you know what I mean? Like stay on top of things themselves also, because I think that people do get quite complacent there because they are kind of just left to just do what they like."</i></p> <p><i>"You know, we've only now recently started moving over to looking at quality indicators of positive things, things that we are doing well, instead of only looking at adverse events as quality - or saying we now only have - we've done 100 cases and we only had two reported adverse events. Where now, we are starting to look it actually good things as well."</i></p>
<p>Disadvantages of an inappropriate, ineffective quality assessment system</p>	<p><i>"And then I think of course that many people in our organisation fear the governance, because they are scared that someone is going to shout at them, they are going to look like an idiot in front of their peer, and I think in that way they probably don't understand what we are trying to achieve and what we're doing. And then some people are also actively against clinical governance, because I am an independent practitioner, so why are you governing me? I got my degree, or I have my diploma or my certificate, you should not govern me, there's no reason for that."</i></p> <p><i>"...that's where I think it can be a dangerous thing, because you might get people who come and just do what they have to do, just because they want the points, instead of doing it for the best interest in your service and your patients. I think because you don't want people to do something because they are going to get something out of it."</i></p>