Thank you for taking the time to complete this survey. This survey is the first part of a multi-phased research project to implement and evaluate a Bundle of Care for patients with isolated blunt chest wall injury (ChIP).

This survey (phase 1) aims to identify the facilitators and barriers relating to the implementation of this new protocol at Wollongong and Shoalhaven Hospitals. Your responses will be anonymous.

Please ensure you have read the participant information sheet prior to continuing.

Thank you!

PLEASE NOTE YOU CAN CONTROL THE FONT SIZE FROM ZOOM BUTTONS IN TOP RIGHT-HAND CORNER OF YOUR SCREEN

You will have unlimited time to complete this survey, however, if you log out prior to completion, your responses will not be saved.

Participant information Sheet

Please take the time to read

[Attachment: "Participant information sheet v9_180317.pdf"]



Demographic Information

Which hospital do you work at?

Thank you for completing our survey.

At this time, we are only surveying people who are current employees of The Wollongong or Shoalhaven Memorial Hospitals.

For more information please contact sarah.kourouche@sydney.edu.au

What is your gender?

What is your age?

What is your clinical department and role? (please select appropriate box)

Please select your current role

How long have you been in this role? Please answer in years

e.g. 6 months = 0.5

○ Wollongong Hospital

○ Shoalhaven Memorial District Hospital

 \bigcirc Other

- O Both TWH and SMDH
- \bigcirc Please close the browser window

○ Male○ Female

(in years)

- O Anaesthetics Doctor
- Surgical Doctor
- Emergency Doctor or Nurse
- Other e.g. specialist nurses, physiotherapists, non-clinical staff
- Respiratory Doctor
- Consultant / VMO
- Registrar / Fellow
- O Resident / Intern
- Consultant
- O Fellow / Registrar
- O Resident / Intern
- Registered nurse (RN)
- Endorsed / Enrolled nurse (EEN/EN)
- Clinical Nurse Specialist (CNS)
- Staff Specialist / VMO
- Registrar / CMO
- O Resident / Intern
- Senior nurse (Nursing unit manager, Nursing educator, Clinical nurse educator, Clinical nurse consultant etc)
- Physiotherapy
- Switchboard
- Senior specialist nurse eg trauma, pain service, ICU liason etc

(Number response ONLY (in years))

Knowledge and Skills							
Our hospital has a clinical protocol for the care of patients with blunt chest injuries (select one)			 ○ Yes ○ No ○ Don't know 				
	Never	Very rarely	Rarely	Occasionally	Most of the time	Always	
If I am caring for a patient with blunt chest injury, I know exactly what treatment to initiate	0	0	0	0	0	0	
Please select the risk factors you feel are most likely to lead to deterioration for patients with blunt chest injuries (Select all that apply)			 Diabetes Elderly Childhood asthma COPD / Chronic lung disease 3 or more rib fractures Myocardial infarction (Select all that apply) 				
l am familiar with the term "care bur one)	idle" (selec	t	○ Yes ○ No				
A care bundle is: (select one)			 A group specific A pathw 	line for the care of key evidence condition vay for care of a mendation for	e-based interve specific patien		



How important are the following interventions in the management of patients with blunt chest injuries?

(select your response on the scale for each intervention)

	Not Important	Slightly Important	Moderately Important	Important	Very important
Monitoring of arterial blood	\bigcirc	0	0	0	\bigcirc
Maintaining Oxygenation with SpO2 above 95% (or appropriate to lung condition)	0	0	0	0	0
Regular deep breathing and coughing exercises	0	0	0	0	0
Early analgesia	0	\bigcirc	0	0	0
Regular multi-modal analgesia	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Patient controlled analgesia (opioid)	0	0	0	0	0
Multidisciplinary approach with doctors, nurses and allied health professionals involved	0	0	0	0	0
Monitoring of chest x-rays	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Early chest physiotherapy in the ED	0	0	0	0	0
Chest wall splinting while coughing/deep breathing	0	0	0	0	0
Regular chest physiotherapy	0	\bigcirc	0	0	0
Frequent reassessment of respiratory function	0	0	0	0	0
Regular Incentive spirometry (e.g. TRIFLO). Device with 3 chambers each with a ball, patient required to blow so that the balls rise.	0	0	0	0	0
Early mobilization	0	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Surgical fixation of rib fractures	0	0	0	0	0
Clinical protocols for analgesia	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc
Any further comments?		70	Frag taxt)		



I am confident in my ability to accurately.....

(Select your response on the scale for each intervention)

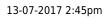
	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
Locate landmarks to listen to a patient's chest	0	\bigcirc	0	0	0	0
Assess a patient's respiratory effort	0	0	0	0	0	0
Assess pleuritic pain	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Interpret findings from my assessment of a patient's respiratory function	0	0	0	0	0	0
Describe findings from assessment of respiratory function	0	0	0	0	0	0
Instruct a patient in the use of Incentive spirometer (TRIFLO)	0	0	0	0	0	0
Monitor for deterioration in a patient with blunt chest injury	0	0	0	0	0	0
Set up high flow nasal prongs	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc
Prescribe high flow nasal prongs	\bigcirc	\bigcirc	\bigcirc	0	\bigcirc	\bigcirc
Titrate flow rates for high flow nasal prongs	0	\bigcirc	0	0	0	0
Prescribe appropriate analgesia for blunt chest injury	0	\bigcirc	0	0	0	0
Prescribe appropriate epidural analgesia for blunt chest injury	0	\bigcirc	0	0	0	0
Prescribe appropriate oral opioid analgesia for blunt chest injury	0	0	0	0	0	0
Prescribe appropriate paravertebral block analgesia for blunt chest injury	0	0	0	0	0	0
Prescribe appropriate Patient Controlled Analgesia for blunt chest injury	0	0	0	0	0	0
Prescribe (including nurse initiated/standing orders) early opioid analgesia	0	0	0	0	0	0
Manage epidural analgesia for blunt chest injury	0	0	0	0	0	0



Confidential

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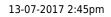
Manage oral opioid analgesia for blunt chest injury	0	0	0	0	0	0
Manage intramuscular opioid analgesia for blunt chest injury	0	0	0	0	0	0
Manage intravenous opioid analgesia for blunt chest injury	0	0	0	0	0	0
Manage paravertebral block analgesia for blunt chest injury	0	0	0	0	0	0
Manage Patient Controlled Analgesia for blunt chest injury	\bigcirc	0	0	0	0	0
Any further comments?						





Select your response in relation to your experience with clinical protocols

	Never	Very rarely	Rarely	Occasionally	Most of the time	Always
l find it easy to remember when to activate new protocols	0	0	\bigcirc	0	0	0
During my work day I think there are too many protocols to remember	0	0	0	0	0	0
Any further comments?			(Free text)			





How important are the following environmental factors in helping you remember to use clinical protocols......

Please select on the scale

	Not Important	Slightly Important	Moderately Important	Important	Very important
Having a guideline on the intranet/internet	0	0	0	0	0
A form with a checklist kept in the patient notes	0	0	0	0	0
Flyers around the department Email reminders	0 0	0 0	0 0	0 0	0 0
Simple criteria for activation	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Having equipment easily accessible	0	\bigcirc	0	0	0
Sticker placed in patient notes emR tick box or icon	0 0	0	0 0	0 0	0 0

Any further comments?



Please rate how important (or not important) the following factors are in improving your use of clinical protocols:

Select from the scale

	Not Important	Slightly Important	Moderately Important	Important	Very important
Knowing I will be spoken to by a superior if I do not follow it	0	0	0	0	0
Knowing I am being audited	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Feeling that the protocol will make a difference to the patient	0	\bigcirc	0	0	0
Other staff reminding me to	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
ldentifying myself as a "change agent"	0	0	0	0	0
Being aware of risks associated with not following a protocol	0	0	0	0	0

Please add any further comments here



You're halfway! Please keep going your answers are highly valuable.

How likely are the following factors going to prevent you using protocols?

	Not at all	Somewhat	Moderately	Very much so
Too busy / interruptions eg with other patients, in OT, phone calls etc	0	0	0	0
No access to computer to access protocol / document	0	0	0	0
No access to phone to page / answer pager	0	0	0	0
Under staffed	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Inadequate training in protocol use	0	0	0	0
Can't find protocol when I need it	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Protocol not clear	\bigcirc	\bigcirc	\bigcirc	\bigcirc
I have my own process / way of doing things	0	Ο	0	0

Any further comments?



How important are each of the strategies below in helping you to use and adhere to protocols in your workplace?

Select response on the scale

	Not Important	Slightly Important	Moderately Important	Important	Very important
Support from supervisor / manager	0	\bigcirc	0	0	0
Step by step instructions	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Concise flowchart	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Localised place for all protocols	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Protocols kept electronically	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Protocols up as posters in clinical environment	0	0	0	0	0

Any further comments?



I am more likely to follow a new protocol if I have support from.....

(Select your response on the scale for each support source):

	Strongly Disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly Agree
My superiors	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Medical staff	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Nursing staff	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
My colleagues	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The patient	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
The patient's family	\bigcirc	0	0	0	\bigcirc	0

Any further comments?

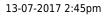


How important are the following educational supports in using a new protocol?

(Select your response on the scale for each intervention)

	Not Important	Slightly Important	Moderately Important	Important	Very important
A short course on the protocol	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
An online learning program	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Help on the floor from senior	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
staff An in-service on the protocol	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
My colleagues reminding me	0	0	0	0	0

Do you have other comments relating to educational support provided? Please provide detail





It is my role to

(Select your response on the scale for each option):

Assess patients with blunt chest injury	Strongly Disegree	Disagree 〇	Slightly Agree	Agree	Strongly Agree
Refer patients with blunt chest injury to a physiotherapist	0	0	0	0	0
Prescribe analgesia for patients with blunt chest injury	0	0	0	\bigcirc	0
Assess and recognise if a patient with blunt chest injury needs further analgesia	0	0	0	0	0
Decide if a patient with blunt chest injury needs admission	0	0	0	\bigcirc	0
ldentify and escalate a deteriorating patient with blunt chest injury	0	0	0	0	0
Care for patients on the ward with blunt chest injury	0	0	0	\bigcirc	0
Mobilise patients with blunt chest injury	0	0	0	0	0

Any further comments?



Almost finished! Thank you for your persistence.

I am confident I.....

(Select response on the scale for each option):

Can adequately assess a patient with blunt chest injury	Never	Rarely	Sometimes	Very often	Always
Can identify the patients with blunt chest injury that are at higher risk of complications	0	0	0	0	0
Can recognise patients with blunt chest injury who are deteriorating	0	0	0	0	0
Will know when to escalate care in a patient with blunt chest	0	0	0	0	0
injury Know when a patient with blunt chest injury can be discharged home safely or needs admission	0	0	0	0	0

Any further comments?



Please select how important the following statements are to you in your professional role:

(Select one response for each option)

	Not important	Slightly Important	Moderately Important	Important	Very Important
l want to minimise my patient's risk of complications	0	0	\bigcirc	0	0
l want to have my patients appropriately managed as soon as possible	0	0	0	0	0
I want to have have my patient go to the appropriate level ward	0	0	0	0	0
Any further comments?		(1	Free text)		



With regards to your work at the hospital, do you agree or disagree with these statements?

(Select your response on the scale):

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
I am interested in being involved in the development of new protocols	0	0	0	0	0	0
I am interested in being involved in the implementation of new protocols	0	0	0	0	0	0
Despite any barriers that may occur, I strive to provide the best quality, evidence based care	0	0	0	0	0	0
Patients with blunt chest injury are provided consistent and evidence based care	0	0	0	0	0	0
Any further comments?			(Free text)		



When using new protocols in my practice, I feel.....

(Select a response for each):

	Not at all	Somewhat	Moderately so	Very much so
Calm	\bigcirc	\bigcirc	\bigcirc	\circ
Secure	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Tense	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Regret	\bigcirc	\bigcirc	\bigcirc	\bigcirc
At ease	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Upset	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Anxious	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Comfortable	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Self-confident	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Nervous	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Jittery	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Content	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Worried	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Joyful	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Pleasant	\bigcirc	\bigcirc	\bigcirc	\bigcirc

What do you think makes you feel this way?

Please comment (free text)



Patients with blunt chest injury are at risk of developing complications such as pneumonia and with inadequate treatment have higher rates of morbidity and mortality. ChIP is a protocol that is used in other hospitals and reduces risk of pneumonia by 56%. It activates an early multidisciplinary response (like a trauma call) and initiates evidence based guidelines for patients with blunt chest injury around analgesia, oxygenation, admission, and allied health reviews.

The following questions relate to this protocol. This is the last, but VERY important question :)



If a new protocol is implemented in your hospital, that:

activates an early multidisciplinary response (like a trauma call) and prompts evidence based guidelines for patients with blunt chest injury

What impact do you think it will have on you and/or your patient with blunt chest injury on the following?

(Select your response on the scale for each option):

	Strongly Disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly Agree
There will be improvement in patient outcomes	\bigcirc	\bigcirc	0	0	0	0
My workload will be greater	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
My work day will be easier	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
There will be no change to my work day	0	\bigcirc	0	0	\bigcirc	0
There will be easier access to admitting team review	\bigcirc	\bigcirc	\bigcirc	0	0	\bigcirc
Patient will get earlier analgesia	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc
There wll be improved time to physiotherapy review	0	\bigcirc	0	0	0	0
There will be improved time to medical review	0	\bigcirc	0	0	0	0
There will be reduced length of time in the emergency department	0	0	0	0	0	0
The patient will have earlier referral to aged care	0	0	0	0	0	0
There will be overall improvement in patient care	0	\bigcirc	0	0	0	0
There will be reduced time to having a clear patient plan	\bigcirc	\bigcirc	0	0	0	0
The health care process will be improved overall	0	0	0	0	0	0
There will be improved time to surgical review	0	0	0	0	0	0
There will be improved time to pain team review	0	0	0	0	0	0
There will be decreased access to equipment	0	0	0	0	0	0
Any further comments?			(Free text))		

