PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	PATIENTS' PERCEPTIONS OF SAFETY IN EMERGENCY MEDICAL SERVICES – AN INTERVIEW STUDY
AUTHORS	Venesoja, Anu; Castrén, Maaret; Tella, Susanna; Lindström, Veronica

VERSION 1 – REVIEW

REVIEWER	Farinaz Havaei Univ British Columbia
REVIEW RETURNED	26-Feb-2020

GENERAL COMMENTS	Thank you for an opportunity to review this interesting study. I think the study addresses a timely and important topic. I have provided more detailed feedback in the attached document but overall: 1. The authors need to reorganize the existing contextual information to the Background and also elaborate on this content for an international audience. Prehospital nursing and EMS are not common practices/subjects in North America. These concepts need to be defined and described in the earlier sections of the paper. 2. Although the manuscript is nicely organized, some of the terminologies are not commonly used by native English speakers. The manuscript may benefit from language editing services. Thank you for an opportunity to review this interesting study. I think the study addresses a timely and important topic. Please see my feedback below and I hope this feedback is useful to the authors Abstract: I am not familiar with the term "prehospital" Background: "Despite recommendations and guidelines, patients, are, however, an underused resource when monitoring safety in health care". I think you need to elaborate a bit more here. Do we not determine the quality and safety of patient care base on their reports or the number of adverse events that happen to them? The second paragraph, the author/s identify two concepts safety culture and patient safety culture. While the similarities between the two concepts are addressed, the differences are not. I think you need to briefly mention how the two concepts are different. The term prehospital nursing is unique to Finland. This term needs to be defined for an international audience. In most North American countries, ambulance personnel (and not nurses) respond to emergency calls.

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	Also, unclear how EMS is different or similar from acute care/hospital environment. Needs elaboration Setting: Some the contextual information in this section should be moved up to your background. This will help clarify the concept of prehospital nursing and EMS. Data collection and participants: "Purpose data collection was used aiming to achieve variation…." Variation in what? "Exclusion criteria were that the patient needed urgent treatment in the hospital, was not sober (>1.0%)…" What is the percentage in bracket referring to? Unclear. Data analysis: Any reliability checks in coding? Ethical Considerations: "During the interviews the first author observed the patients and was discontinued…" was? Results: Why repeat the sample size again? It is not clear in Methods section where/how information from Table 1 was obtained (e.g., survey, observation, patient chart). You need to identify this in the Method section. "Most patients mentioned that the prehospital nurses gave enough information about the measurements…" Do you mean vital signs? Assessments? If so, change throughout the paper. P13. I don't understand what you mean by "Usually the lack of information concerned measurements or the patients' medication during care" P. 13. "Patients' possibility to influence their care and safety", is there a better term for this? Patients engagement in care? Involvement in care decisions? P. 13. "Society and physical environment", take out society or use a better heading all together. E.g., Environmental factors? p.13. change iv to IV throughout the manuscript. Discussion p.14. I like the term "opportunity to participate in care". Maybe use this instead of patients' possibility to influence their care and safety? P18. "The generic category Factors affecting patients' sense of participation.." Where is this factor coming from? Not part of the specified themes. Uncles you are using a different label to refer to Patients' possibility to influence their care and safety? Unclear. Study strengths and limitations We moved back and forward…. Excluded patients could have valuable insight…. Who are they and how is this a limitation? What additional information could have added. The short duration of the interviews may be a limitation Overall 1. The authors need to reorganize the existing contextual information to the Background and also elaborate on this content for an international audience. Prehospital nursing and EMS are not common practices/subjects in North America. These concepts need to be defined and described in the earlier sections of the paper. 2. Although the manuscript is nicely organized, some of the terminologies are not commonly used by native English speakers. The manuscript may benefit from language editing services.

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REVIEWER	Kristen Rasmussen University of Stavanger Norway
REVIEW RETURNED	15-Mar-2020

GENERAL COMMENTS	Congratulations on your study! First, there are some main issues that I would like to point at: • From the description of the Finnish EMS system with both prehospital nurses and EMTs, it is not clear if only nurses have been "evaluated" by the interviewed patients or also other prehospital professionals. • Even though a qualitative study, I recommend the text to be "tightened up". • Some of the references are only in Finnish and difficult to assess. Comments to specific parts in the article: p. 3 Did you ask the patients of their perception, experience, sense or feeling of safety? I understand the need for linguistic variation in the article, but the meaning of these words differs to some degree. At least the Title and Conclusion should reflect the English word you find to be closest to the original Finnish word used in the interviews. From reading your article I assume that you have studied patient´s perception of safety? As you only interviewed patients assessed as "low priority", this could be reflected in the Methods paragraph, e.g. "A qualitative design with individual interviews of EMS patients assessed as low priority …." p. 6 I would recommend removing the second, superfluous sentence: "The hospital environment is built for patient care and this environment changes less than EMS." The environment could compromise not only nurses but also other prehospital personnel. Not all countries use blue lights, suggest changing it to "during emergency vehicle driving with lights and sirens". "As the EMS and hospital environment differs, there is a need to investigate patients' experiences of safety in the EMS." Although discussed in the previous text, this sentence should sum up why this is needed; the challenging and changing working environment and driving hazard…. The "aim of the study" and Methods should reflect the Title and Conclusion (and vice versa). Did you study the perception, the sense or the experience of safety? line 60: "ambulance services covers the whole area" is obviously a matter of course, I would expect either the number of services or "ambulance services covers an area of 6872 km2".

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	p. 7 The ambulance system and educational system described is difficult to understand. Consider rewriting this part. line 8: Is two “one prehospital nurse units” to understand as two rapid response cars manned with one nurse? line 19: Do you mean: “The former is staffed with two prehospital nurses..”? Is the use of credits to describe education is understandable for all readers? I suggest using No. of fulltime years or “education corresponding to a bachelor´s or master´s degree”. You describe ambulances staffed with nurses and/or EMTs and both may be responsible for patient care depending on the assessed level of priority. Did you study the patient´s experience with all personnel or only nurses? In “study aim” and Method you do not separate between the professional groups, in the Results you do. p. 8 Consider rewriting the inclusion criteria paragraph, e.g.: “Inclusion criteria were: patients transported by EMS to the ED after an emergency call to the emergency response centre (ERC), assessed as low priority in the ED or after treatment in the ED. We excluded patients needing urgent treatment in the hospital, patients under the influence of alcohol (blood alcohol level > 1.0 ‰) or drugs, and inter-hospital transports. Additional exclusion criteria were age < 18 years, incapable of communicating in Finnish, or presence of dementia, confusion, or terminal disease.“ I suppose you mean “treatment in the ED”. “In total, 22 patients were asked to participate, 21 of whom agreed to participate in the study. One male refused the interview without providing a reason.” This should be moved to the Result chapter. p. 10 line 35: “Their medical condition was classified in the ED as low priority”: This is obvious as an inclusion criterion and should be removed from Results. p. 11/12 Do you with the expression “equal treatment” mean not treating patients with a patronizing or condescending attitude or the legal rights of the patients? If you mean the attitude of the nurses, I find the use of the expressions “fair treatment”, “fairness” and “fairly” difficult to understand. (p. 16 lines 44 and 58). p. 14 I do not understand the rationale behind categorising “Society” and “Physical environment” together. p. 17

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	line 24: The article in reference 21 has O´Hara as second author and Lawton as first author. I do not find support in this reference that patient safety is less critical for health care workers: "What may be more difficult to address is the engagement of staff with this feedback and the use of this feedback by healthcare teams to improve services. We found that staff needed additional support to respond to patient feedback." But not necessarily "less critical"? p. 18 line 3: Did you ask the patients exclusively of their perception of the nurses or also other prehospital personnel like EMTs? line 26: "Even a short waiting time has a marked impact on patients' experience of safety in our study a short waiting time according to patients ranged from a few to 30 minutes." Two sentences? line 43: "valid driving skills", do you mean "good driving skills"? p. 19 line 49: Rather than that the "exclusion criteria is a limitation", I would suggest something like "According to the exclusion criteria we did not interview high priority patients or inter-hospital transfers. These patients could have given valuable insight …. " A limitation is also that you only explored patients' experiences during daytime. Could night time encounters have given other patient safety challenges, and thus, other answers? p. 20 Again, did you only investigate the nurses? p. 21 line 3: "This information is valuable for development of EMS organizations and protocols, improving their quality and safety performance. However, EMS organizations and prehospital nurses must continue to develop the other elements of patient safety in the EMS." I suggest removing or at least rewriting this part. You have studied patients´ perception of safety and not quality or safety per se. It might be a somewhat bold statement based on what you have explored.

REVIEWER	Shammi Ramlakhan Sheffield Children's Hospital, United Kingdom
REVIEW RETURNED	23-Mar-2020

GENERAL COMMENTS	This manuscript aims to explore patients' sense of safety while using Finnish EMS by using a qualitative design. This is an understudied area, and the methodology is appropriate to the study aims. Methods: Regarding screening potential participants, can the sampling frame be defined better? How many days were researchers based

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	in the ED, and can this be described i.e were weekends, late night etc. sampled? Low acuity EMS patients presumably varies by day and time, so may affect potential participant representation. Please also describe the sampling methods. Was it a convenience sample, or were the participant characteristics defined a priori? It is unclear what 'variation' was sought in recruiting participants. Was a standard interview schedule used? Were these piloted or tested before use in the study or were there any iterations of the interviews based on the researcher's experience during the study? Was a power calculation (or rather determination) defined a priori? Even in qualitative research, depending on what population and analytic approach is used, it is expected that an estimate of the number of participants to achieve the outcome is undertaken. The authors allude to thematic saturation (bottom of page 8), but can this be defined. For example, what were the criteria for determining thematic saturation, and how many additional interviews (if any) were conducted after this was thought to be achieved? Inductive analysis is an appropriate approach to analysis, but was there any rationale for using this rather than say ethnographic or framework analysis for example? Was any software used for analysis? The implication is that analysis and coding were done 'by hand'. Is this correct? Discussion: The authors appropriately highlight that having a sense of safety in EMS is not the same as actually receiving safe or unsafe care. However, without knowing what was on the interview schedule, it is not possible to determine whether the authors sought to define these differences. It is also not possible to determine whether patients were asked what would generally make them feel that safe care was being provided or vice versa, rather than specifically in the index EMS encounter. Patients who use EMS often, or have had experience of it, would also be likely to have different opinions than an individual using EMS for the first time. Were the responses (or sample) representative of different levels of experience/use of EMS? Minor issues: p5, line 13: "...as being usually caused..." rather than "...to usually be..." p7, line 10: "...but not capable..." p7, line 58: "purposive" rather than purposeful p8, line 17 - is the number meant to represent blood alcohol level?

REVIEWER	Dr M.A. van Melle Cambridgeshire and Peterborough NHS Foundation Trust
REVIEW RETURNED	08-May-2020

GENERAL COMMENTS	Thank you for the opportunity to review this piece. The article is well written. It did take me a few reads to get the essentials as I do not totally get the main groupings of the results and how it then relates to the discussion and conclusion. The discussion is not a

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	totally flowing story and does not 100% cover the totality of the results. The conclusion only covers a part as well. Abstract The abstract is very focused on pre-hospital nurses. No other (contextual) factors are mentioned, making the results seem about only a limited part of the research question. The conclusion contradicts the results slightly and the final sentence is not covered anywhere else. It covers recommendations that I could not find in the discussion. Strength & limitations block items; item 1, 3 and 4 present the main findings, not strengths and limitations. Introduction • Safety culture might not be relevant here in the introduction-> if need words can get rid of that part. • Problem formulation-> the problem stated is covered in the results, but only partly answered in the discussion and conclusion Methods • Good description of the setting and interviewers. • I missed a few words on the methods section on the reflexivity of how the researchers and their assumptions might influence the results, as a qualitative researcher is never objective. It is touched upon in the discussion, but not the direction to which the results would be affected. • p9 line58 Participants: do you mean purposeful sampling (the recruitment of patients) instead of purposeful data collection (which might also say something about the questions/ a lack of depth of the interviews as well). • How were the interview questions decided; which aspects of safety were covered? Based on a theory or experience? And 10-20 minutes is very short to cover everything. • Could the authors clarify some of the methods? Did the authors write notes during the interviews and discus between interviewers? And did the interviews and discussions influence the following interviews? Were the transcriptions anonymised? Was any qualitative research software such as NVIVO? Was coding done only by the first author (with some help of the qualitative researcher) Results • Can you clarify/ elaborate slightly in the second paragraph? It probably is the global summary of the findings, but is not clear? • Figure 1 is difficult to read. Figures should be readable independently, so needs an explanatory sentence. Additionally: Is this the coding tree or just the theory at the end? Would it be possible to add the description of the coding tree as an online appendix to show how you got to these groups? • In each main group paragraph, it starts with a line with sub-groupings; could that be in a proper sentence, although well explained in the next sentence. • Main group headings: The two groups do not totally fit the research question and are not logical when research question is about general safety. Especially the name of the first main group does not fit the content/ subheadings within these groups. Are these subheadings related to a theory conceived when doing the analysis (as inductive analysis implies)? Maybe a more extensive coding tree in the appendix would help. The following groups might

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	be more logical: pre-hospital nurse related and other factors (needs rearranging subgroups) or safety factors during care (including but not only pre-hospital nurse social skills) and affecting contact (context?). Examples of this poor fit within main groups and subheadings: - Sense of being rushed-> is that prehospital nurse social skills? Can also be context factor (how busy is it) - The second quote does not really present unfair treatment/ not taking concerns seriously… Unsafe because breathing problems? More patient characteristic… - Patient's possibilities to influence is not really a prehospital nurse social skill. I would make the time difference instead of pre-hospital nurse vs context in these two main groups. - Contextual factors; Is this the right word? – especially when it includes pre-hospital nurse competence and mentions communication skills, which fit social skills better Prehospital nurses' professional competence actually mentions communication skills, which is definitely related to social skills. - Society and physical environment; I do not read society in the explanation. Would expectations and physical environment be a better name? (expectation that EMS coming provides feeling of safety). Discussion The discussion is difficult to understand, as the flow story is not totally logical. • The conclusion does not 100% fit the discussion; I only read about objectification and miss a wider discussion on the social interactions (and communications mentioned in the professional competence). And I miss other main results outside of pre-hospital nurses in this conclusion. I miss the theory that sprung from your coding and your data (a bit of reflexivity). I would spend a little more on the main findings; you ignore the second main group of your findings. • Page 17 second paragraph: The first sentence about O'Hara and your research is not supported by your data. I think the first line about O'Hara et al is not really relevant to the point made by the paragraph (it does fit the next paragraph and the discussion in the last paragraph before strengths and limitations on page 19). The rest of the paragraph is logical. O'Hara is an interesting reference to present here, although true, it contradicts the aim of your research. There is ample evidence to say the opposite; that a patient's input in safety is invaluable. That they report different, but relevant issues and healthcare professionals and patients' issues complement each other to improve safety. I would add some references on the usefulness of patient input. The reference is relevant when discussing the difference between feeling safe and safety as described in the last paragraph before strengths and limitations on page 19. This could also be a limitation to the study, described elsewhere. • Reference number 31 is not a review study but a summit summary and many of these 7 themes do not come back in your data; maybe you can leave some items out • Limitations: - What could be the consequence of the shortness of the interviews? - The limited experience of the interviewer might affect not only the length of the interviews. What would its consequence be on the

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	depth of the interviews (missing important themes) or the analysis? - Another limitation might be the sole inclusion of low priority patients, which is totally understandable. But that might affect the results. Minor typos: • ethical considerations p10 line 20: to ask the first author questions about the research • ethical considerations p10 line 27: and discontinued (delete was)

VERSION 1 – AUTHOR RESPONSE

Reviewer	Comment	Answer
Abstract		
1	I am not familiar with the term "prehospital"	A commonly used definition is care/medical treatment occurring before or during transportation (as of a i.e trauma victim) to a hospital (https://medical-dictionary.thefreedictionary.com/prehospital+care) However insted of prehospital we have changed to emergency medical service (EMS)
4	The abstract is very focused on pre-hospital nurses. No other (contextual) factors are mentioned, making the results seem about only a limited part of the research question. The conclusion contradicts the results slightly and the final sentence is not covered anywhere else. It covers recommendations that I could not find in the discussion.	Thank you for the comment, we changed the term prehospital nurse to EMS personnel since that term covers all the EMS professions. We adjusted the final sentence in the abstract.
4	Strength & limitations block items; item 1, 3 and 4 present the main findings, not strengths and limitations.	We adjusted the block items to present more strength and limitations rather than main findings.
Background		
1	"Despite recommendations and guidelines, patients, are, however, an underused resource when monitoring safety in health care". I think you need to elaborate a bit more here. Do we not determine the quality and safety of patient care	Sentence is changed to: "Patients experiences of difficulties and harms can provide information about safety, which is not obvious to healthcare staff."

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	base on their reports or the number of adverse events that happen to them?	
1	The second paragraph, the author/s identify two concepts safety culture and patient safety culture. While the similarities between the two concepts are addressed, the differences are not. I think you need to briefly mention how the two concepts are different.	This paragraph is rewritten.
1	The term prehospital nursing is unique to Finland. This term needs to be defined for an international audience. In most North American countries, ambulance personnel (and not nurses) respond to emergency calls.	We changed the term prehospital nurse to EMS personnel. Therefore, one term covers all the EMS professions.
1	Also, unclear how EMS is different or similar from acute care/hospital environment. Needs elaboration	Changed: “The hospital environment is built for patient care when EMS personnel have to treat the patients in their homes, inside the ambulance or even outside.”
2	I would recommend removing the second, superfluous sentence: “The hospital environment is built for patient care and this environment changes less than EMS.”	Changed: “The hospital environment is built for patient care when EMS personnel have to treat the patients in their homes, inside the ambulance or even outside.”
2	The environment could compromise not only nurses but also other prehospital personnel.	We changed the term prehospital nurse to EMS personnel. Therefore, one term covers all the EMS professions.
2	Not all countries use blue lights, suggest changing it to “during emergency vehicle driving with lights and sirens”.	We removed the word “blue”.
2	”As the EMS and hospital environment differs, there is a need to investigate patients’ experiences of safety in the EMS.” Although discussed in the previous text, this sentence should sum up why this is needed; the challenging and changing working environment and driving hazard….	Rewritten the sentence: “As the EMS workers has to act more challenging, including risks of driving hazards, and changing environment than healthcare workers in hospital, there is a need to investigate patients’ experiences of sense of safety in the EMS.”
2	The “aim of the study” and Methods should reflect the Title and Conclusion (and vice versa). Did you study the perception, the sense or the experience of safety?	We have redefined this through the text. We study the patients sense of safety in the EMS.
4	Safety culture might not be relevant here in the introduction-> if need	Paragraph is rewritten.

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	words can get rid of that part. • Problem formulation-> the problem stated is covered in the results, but only partly answered in the discussion and conclusion	
Methods		
3	Regarding screening potential participants, can the sampling frame be defined better? How many days were researchers based in the ED, and can this be described i.e were weekends, late night etc. sampled? Low acuity EMS patients presumably varies by day and time, so may affect potential participant representation.	We particularize sentence: "All interviews were performed weekdays during daytime (between 8 am to 4 pm), although some of the interviewed patients had transported to the ED in the night-time."
3	Please also describe the sampling methods. Was it a convenience sample, or were the participant characteristics defined a priori? It is unclear what 'variation' was sought in recruiting participants.	We have defined participant characteristics prior with the inclusion and exclusion criteria. Sampling technique is rewritten to "purposeful sampling" in the text.
3	Was a standard interview schedule used? Were these piloted or tested before use in the study or were there any iterations of the interviews based on the researcher's experience during the study?	Interview guide is added to supplementary file.
3	Was a power calculation (or rather determination) defined a priori? Even in qualitative research, depending on what population and analytic approach is used, it is expected that an estimate of the number of participants to achieve the outcome is undertaken.	No power calculation was made due to the use of a qualitative study design. Instead the interviews were conducted until no new information was obtained during the interviews. But we did an estimation before we started out of method literature and previous experience of qualitative study designs. We estimated that approximately 15-20 patients needed to be included to achieve the aim of the study.
3	The authors allude to thematic saturation (bottom of page 8) but can this be defined. For example, what were the criteria for determining thematic saturation, and how many additional interviews (if any) were conducted after this was thought to be achieved?	The interviews continued until no new information was obtained during the interviews. The variations in the interviews started to be limited during interview number 15, but 6 was further conducted aiming to ensure that no new variations would emerge.

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3	Inductive analysis is an appropriate approach to analysis, but was there any rationale for using this rather than say ethnographic or framework analysis for example?	Thank you for that comment and we agree an ethnographic or other theoretical framework could have been used, but we wanted to explore the area inductively. Further we have though/discussed using a ethnographic framework if we have the possibility to do a observation study in the future.
3	Was any software used for analysis? The implication is that analysis and coding were done 'by hand'. Is this correct?	Add sentence: "Coding was made without using any software for analysis."
4	Good description of the setting and interviewers.	Thank you
4	I missed a few words on the methods section on the reflexivity of how the researchers and their assumptions might influence the results, as a qualitative researcher is never objective. It is touched upon in the discussion, but not the direction to which the results would be affected.	Thank you for your comment. We have process reflexivity in the strengths and limitations (first paragraph).
4	p9 line58 Participants: do you mean purposeful sampling (the recruitment of patients) instead of purposeful data collection (which might also say something about the questions/ a lack of depth of the interviews as well).	"purposive data collection" changed to "purposeful sampling"
4	How were the interview questions decided; which aspects of safety were covered? Based on a theory or experience? And 10-20 minutes is very short to cover everything.	We want to explore what factors patients experience meaningless to safety in the EMS encounter. Therefore, we want to ask open questions rather than questions which may be prescriptive by previous theory.
4	Could the authors clarify some of the methods? Did the authors write notes during the interviews and discus between interviewers? And did the interviews and discussions influence the following interviews? Were the transcriptions anonymised? Was any qualitative research software such as NVIVO? Was coding done only by the first	We did not write any notes during the interviews (only one interviewer). Interviews and discussions did not influence the following interviews. Add sentences: "All the transcriptions were anonymised." "Coding was made without using any software for analysis."

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	author (with some help of the qualitative researcher)	
	Setting	
1	Some the contextual information in this section should be moved up to your background. This will help clarify the concept of prehospital nursing and EMS.	In the background section we want to describe what is previously studied in this topic. Therefore, we do not want to add contextual in the background section. However, the “setting” section is reorganized. First there is described how the law regulates the Finnish EMS system and after that we describe how the EMS system is organized in the area where this study was conducted.
2	line 60: “ambulance services covers the whole area” is obviously a matter of course, I would expect either the number of services or “ambulance services covers an area of 6872 km2”.	Changed to “ambulance services covers an area of 6872 km2”
2	The ambulance system and educational system described is difficult to understand. Consider rewriting this part.	The “setting” paragraph is reorganized. First there is described how the law regulates the Finnish EMS system and after that we describe how the EMS system is organized in the area where this study was conducted.
2	line 8: Is two “one prehospital nurse units” to understand as two rapid response cars manned with one nurse?	Add the description: “main task is to treat and evaluate low priority patients at home”
2	line 19: Do you mean: “The former is staffed with two prehospital nurses..”?	Changed: “The former is staffed with two prehospital nurses…”
2	Is the use of credits to describe education is understandable for all readers? I suggest using No. of fulltime years or “education corresponding to a bachelor´s or master´s degree”.	Changed credits to fulltime years.
2	You describe ambulances staffed with nurses and/or EMTs and both may be responsible for patient care depending on the assessed level of priority. Did you study the patient´s experience with all personnel or only nurses? In “study aim” and Method you do not separate between the	We changed the term prehospital nurse to EMS personnel. Therefore, one term covers all the EMS professions.

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	professional groups, in the Results you do.	
	Data collection and participants:	
1	"Purpose data collection was used aiming to achieve variation...." Variation in what?	The patients experiences
1	"Exclusion criteria were that the patient needed urgent treatment in the hospital, was not sober (>1.0%)..." What is the percentage in bracket referring to? Unclear.	Removed and replaced by "(based on ED nurses' assessment)"
2	Consider rewriting the inclusion criteria paragraph, e.g.: "Inclusion criteria were: patients transported by EMS to the ED after an emergency call to the emergency response centre (ERC), assessed as low priority in the ED or after treatment in the ED. We excluded patients needing urgent treatment in the hospital, patients under the influence of alcohol (blood alcohol level > 1.0 ‰) or drugs, and inter-hospital transports. Additional exclusion criteria were age < 18 years, incapable of communicating in Finnish, or presence of dementia, confusion, or terminal disease."	Rewritten the inclusion criteria paragraph.
2	I suppose you mean "treatment in the ED".	"treatment in the hospital" changed "treatment in the ED"
	Data analysis:	
1	Any reliability checks in coding?	"The authors were held multiple discussions to ensure reliability and credibility of the analysis and keeping the balance between their pre-understanding and openness to the content during the analysis."
	Ethical Considerations:	
1	"During the interviews the first author observed the patients and was discontinued..." was?	Removed "was"
	Results:	
1	Why repeat the sample size again?	Removed sample size from the data collection and participants section.
1	It is not clear in Methods section where/how information from Table 1 was obtained (e.g., survey, observation, patient chart). You	Changed to the table, where the information was obtained. "Primary condition as patients described"

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	need to identify this in the Method section.	
1	"Most patients mentioned that the prehospital nurses gave enough information about the measurements..." Do you mean vital signs? Assessments? If so, change throughout the paper.	Measurements changed to assessments
1	P13. I don't understand what you mean by "Usually the lack of information concerned measurements or the patients' medication during care"	Changed: "Usually the lack of information concerned what the EMS personnel has assessed and assessments results or the patient's medication during care."
1	P. 13. "Patients' possibility to influence their care and safety", is there a better term for this? Patients engagement in care? Involvement in care decisions?	Thank you for good suggestion. We have changed "Patients' possibility to influence their care and safety" to "Involvement in care decisions"
1	P. 13. "Society and physical environment", take out society or use a better heading all together. E.g., Environmental factors?	Thank you for good suggestion. We have changed "society and physical environment" to "environmental factors"
1	p.13. change iv to IV throughout the manuscript.	Changed i.v. to IV
2	"In total, 22 patients were asked to participate, 21 of whom agreed to participate in the study. One male refused the interview without providing a reason." This should be moved to the Result chapter.	Moved to the results section
2	line 35: "Their medical condition was classified in the ED as low priority": This is obvious as an inclusion criterion and should be removed from Results.	Removed
2	Do you with the expression "equal treatment" mean not treating patients with a patronizing or condescending attitude or the legal rights of the patients? If you mean the attitude of the nurses, I find the use of the expressions "fair treatment", "fairness" and "fairly" difficult to understand. (p. 16 lines 44 and 58).	Thank you for your comment. We mean the attitude of the nurses. In this context condescending is the right word. Fair, fairness and fairly is removed and replaced with equal/ equality.
2	I do not understand the rationale behind categorising "Society" and "Physical environment" together.	We have changed "society and physical environment" to "environmental factors"
4	Can you clarify/ elaborate slightly in the second paragraph? It probably is the global summary of the findings, but is not clear?	Paragraph rewritten: "The main category *Patients' confidence in the EMS* underpinned by two generic categories, *EMS personnel social skills* and *circumstantial factors affecting patients' care*, and six sub-categories identified during the qualitative content analysis (Figure 1). The generic categories with their

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		sub-categories are presented below with illustrative quotations."
4	Figure 1 is difficult to read. Figures should be readable independently, so needs an explanatory sentence.	Figure heading is changed to "Patients' experiences of sense of safety in the EMS"
4	Additionally: Is this the coding tree or just the theory at the end? Would it be possible to add the description of the coding tree as an online appendix to show how you got to these groups?	Coding tree is added as a supplementary file.
4	In each main group paragraph, it starts with a line with sub-groupings; could that be in a proper sentence, although well explained in the next sentence.	Thank you for the comment we have deleted the sub-groupings and included them in the following sentence.
4	Main group headings: The two groups do not totally fit the research question and are not logical when research question is about general safety. Especially the name of the first main group does not fit the content/ subheadings within these groups. Are these subheadings related to a theory conceived when doing the analysis (as inductive analysis implies)? Maybe a more extensive coding tree in the appendix would help. The following groups might be more logical: pre-hospital nurse related and other factors (needs rearranging subgroups) or safety factors during care (including but not only pre-hospital nurse social skills) and affecting contact (context?). Examples of this poor fit within main groups and subheadings: - Sense of being rushed-> is that prehospital nurse social skills? Can also be context factor (how busy is it) - The second quote does not really present unfair treatment/ not taking concerns seriously… Unsafe because breathing problems? More patient characteristic… - Patient's possibilities to influence is not really a prehospital nurse social skill. I would make the time difference instead of pre-hospital nurse vs context in these two main groups. - Contextual factors; Is this the right word? – especially when it includes pre-hospital nurse competence and mentions communication skills, which fit social skills better Prehospital nurses'	We adjusted the study aim. ("The aim of this study was to describe patients' experiences of their sense of safety in the EMS.") Therefore, we think that by doing that, the two groups fit the research question. Coding tree is added as a supplementary file. We have changed "Patients' possibility to influence their care and safety" to "Involvement in care decisions", meaning in this context how the EMS personnel can involve patients in their care rather than treat patients like an object. With this change we believe, that this describes better EMS personnel social skills. In this context we defined sense of being rushed as a social skill. Patient can't know how busy it is and still, if the EMS is busy, the EMS personnel can act without hurry. Therefore, we have defined this as a social skill. We removed the second quote. You were right. There was an overlap. We removed communication skills from the professional competence. We have changed "contextual factors" to "circumstantial factors" We have changed "society and physical environment" to "environmental factors"

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	professional competence actually mentions communication skills, which is definitely related to social skills. - Society and physical environment; I do not read society in the explanation. Would expectations and physical environment be a better name? (expectation that EMS coming provides feeling of safety).	
Discussion		
1	p.14. I like the term "opportunity to participate in care". Maybe use this instead of patients' possibility to influence their care and safety?	We have changed "Patients' possibility to influence their care and safety" to "Involvement in care decisions"
1	P18. "The generic category Factors affecting patients' sense of participation.." Where is this factor coming from? Not part of the specified themes. Uncles you are using a different label to refer to Patients' possibility to influence their care and safety? Unclear.	We have changed "Patients' possibility to influence their care and safety" to "Involvement in care decisions"
2	ne 24: The article in reference 21 has O´Hara as second author and Lawton as first author. I do not find support in this reference that patient safety is less critical for health care workers: "What may be more difficult to address is the engagement of staff with this feedback and the use of this feedback by healthcare teams to improve services. We found that staff needed additional support to respond to patient feedback." But not necessarily "less critical"?	We recognize that O'Hara is a little controversial reference in this study. Therefore we remove it from the references.
2	line 3: Did you ask the patients exclusively of their perception of the nurses or also other prehospital personnel like EMTs?	We changed the term prehospital nurse to EMS personnel. Therefore, one term covers all the EMS professions.
2	line 26: "Even a short waiting time has a marked impact on patients' experience of safety in our study a short waiting time according to patients ranged from a few to 30 minutes." Two sentences?	Split in two sentences.
2	line 43: "valid driving skills", do you mean "good driving skills"?	Changed "good driving skills"

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3	The authors appropriately highlight that having a sense of safety in EMS is not the same as actually receiving safe or unsafe care. However, without knowing what was on the interview schedule, it is not possible to determine whether the authors sought to define these differences. It is also not possible to determine whether patients were asked what would generally make them feel that safe care was being provided or vice versa, rather than specifically in the index EMS encounter.	Interview guide is added to supplementary file.
3	Patients who use EMS often, or have had experience of it, would also be likely to have different opinions than an individual using EMS for the first time. Were the responses (or sample) representative of different levels of experience/use of EMS?	We have added sentence to the text to describe that. "Some of the patients has used EMS more than once and for some of them, this was a first contact to the EMS."
4	The discussion is difficult to understand, as the flow story is not totally logical.	Discussion reorganized and rewritten.
4	The conclusion does not 100% fit the discussion; I only read about objectification and miss a wider discussion on the social interactions (and communications mentioned in the professional competence). And I miss other main results outside of pre-hospital nurses in this conclusion. I miss the theory that sprung from your coding and your data (a bit of reflexivity). I would spend a little more on the main findings; you ignore the second main group of your findings.	Discussion reorganized and rewritten.
4	Page 17 second paragraph: The first sentence about O'Hara and your research is not supported by your data. I think the first line about O'Hara et al is not really relevant to the point made by the paragraph (it does fit the next paragraph and the discussion in the last paragraph before strengths and limitations on	We recognize that O'Hara is a little controversial reference in this study. Therefore, we remove it from the references.

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	page 19). The rest of the paragraph is logical.	
4	O'Hara is an interesting reference to present here, although true, it contradicts the aim of your research. There is ample evidence to say the opposite; that a patient's input in safety is invaluable. That they report different, but relevant issues and healthcare professionals and patients' issues complement each other to improve safety.	We recognize that O'Hara is a little controversial reference in this study. Therefore, we remove it from the references.
4	I would add some references on the usefulness of patient input.	We add some references
4	The reference is relevant when discussing the difference between feeling safe and safety as described in the last paragraph before strengths and limitations on page 19. This could also be a limitation to the study, described elsewhere.	We recognize that O'Hara is a little controversial reference in this study. Therefore, we remove it from the references.
4	Reference number 31 is not a review study but a summit summary and many of these 7 themes do not come back in your data; maybe you can leave some items out	Removed, when organizing and rewritten the discussion.
Study strengths and limitations		
1	We move**d** back and forward....	Corrected
1	Excluded patients could have valuable insight.... Who are they and how is this a limitation? What additional information could have added.	We have rewritten the sentence like reviewer 2 have suggested.
1	The short duration of the interviews may be a limitation	You are right. However, the interviews were done in the hospital and we have to observe how the patients be able to answer our questions.
2	line 49: Rather than that the "exclusion criteria is a limitation", I would suggest something like "According to the exclusion criteria we did not interview high priority patients or inter-hospital transfers. These patients could have given valuable insight …. "	Thank you for your suggestion. We have rewritten the sentence as you suggested.
2	A limitation is also that you only explored patients' experiences during daytime. Could night time	We have rewritten the sentence in the data collection section: "All interviews were

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	encounters have given other patient safety challenges, and thus, other answers?	performed weekdays during daytime (between 8 am to 4 pm), although some of the interviewed patients had transported to the ED in the night-time.”
2	Again, did you only investigate the nurses?	We changed the term prehospital nurse to EMS personnel. Therefore, one term covers all the EMS professions.
4	What could be the consequence of the shortness of the interviews?	Not enough depth of the interviews, however in-deep questions were used but the included patients were sparse in their descriptions and this may have been caused by patients fatigue.
4	The limited experience of the interviewer might affect not only the length of the interviews. What would its consequence be on the depth of the interviews (missing important themes) or the analysis?	Continuous discussions among the authors were done during the data collection and analysis ….
4	Another limitation might be the sole inclusion of low priority patients, which is totally understandable. But that might affect the results.	Some of the patients have assessed as high priority by EMS, therefore we redefined one sentence where we describe inclusion criteria: “The patient was assessed as low priority in the ED or the patient has transported to the hospital as high priority, but priority was assessed as low after treatment in the ED.”
	Conclusions	
2	line 3: “This information is valuable for development of EMS organizations and protocols, improving their quality and safety performance. However, EMS organizations and prehospital nurses must continue to develop the other elements of patient safety in the EMS.” I suggest removing or at least rewriting this part. You have studied patients´ perception of safety and not quality or safety per se. It might be a somewhat bold statement based on what you have explored	We have rewritten this paragraph.
	Other comments	
1	**The authors need to reorganize the existing contextual information to the Background and also elaborate on this content for an international audience. Prehospital nursing and EMS are not common practices/subjects in North America. These concepts**	Hopefully after the revisions made out of all reviewers comments you will find the contextual information clearer and more suitable also for the North American readers.

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	need to be defined and described in the earlier sections of the paper.	
1	**Although the manuscript is nicely organized, some of the terminologies are not commonly used by native English speakers. The manuscript may benefit from language editing services.**	Thank you for the feedback. We have used language editing services.
2	From the description of the Finnish EMS system with both prehospital nurses and EMTs, it is not clear if only nurses have been "evaluated" by the interviewed patients or also other prehospital professionals.	We changed the term prehospital nurse to EMS personnel. Therefore, one term covers all the EMS professions.
2	Even though a qualitative study, I recommend the text to be "tightened up".	Hopefully after the revisions made out of all reviewers comments the manuscript is more solid.
2	Some of the references are only in Finnish and difficult to assess.	Thank you for your comment. We have removed all Finnish language references.
3	This manuscript aims to explore patients' sense of safety while using Finnish EMS by using a qualitative design. This is an understudied area, and the methodology is appropriate to the study aims.	Thank you
3	p5, line 13: "...as being usually caused..." rather than "...to usually be..." p7, line 10: "...but not capable..." p7, line 58: "purposive" rather than purposeful p8, line 17 - is the number meant to represent blood alcohol level?	Corrected Corrected Corrected Redefined in the text: "based on ED nurses assessment"
4	Thank you for the opportunity to review this piece. The article is well written. It did take me a few reads to get the essentials as I do not totally get the main groupings of the results and how it then relates to the discussion and conclusion. The discussion is not a totally flowing story and does not 100% cover the totality of the results. The conclusion only covers a part as well.	Thank you for your valuable comments. We have done corrections and adjustments to the text. All of the comments has helped us to develop this manuscript better.
4	Minor typos: • ethical considerations p10 line 20: to ask the first author questions about the research • ethical considerations p10 line 27: and discontinued (delete was)	Corrected as you suggested Removed "was"

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VERSION 2 – REVIEW

REVIEWER	Kristen Rasmussen University of Stavanger Norway
REVIEW RETURNED	26-Jun-2020

GENERAL COMMENTS	Congratulation with a improved manuscript! Some minor grammar comments: p. 7 line 19: purchase the EMS from the other party p. 7 line 25: personnel with the knowledge to make … p. 8 line 53: I would suggest using the exact age used as exclusion criterium. p. 9 line 8: All interviews were performed on weekdays during daytime (between 8 am and 4 pm) p. 13 line 43: What do you mean by "a student participant"? p. 13 lines 50: described p. 15 lines 5 and 23: The patients felt … Last sentence exact quotation of first, rewrite? p. 17 line 58: By seeing the patient as…

REVIEWER	Shammi Ramlakhan Sheffield Children's Hospital, United Kingdom
REVIEW RETURNED	27-Jun-2020

GENERAL COMMENTS	The authors have addressed most of the points raised by the initial review. However, the manuscript would benefit from language and grammar editing. In the Background alone, there are several examples: p5, line 34 - "Another WHO's definition..." p5, line 43 - "impact to" p6, line 6 - "EMS in its nature" p6, line 24 - "It is studied that..." Setting: There is unnecessary detail on the organisation and staffing of EMS. Much of the first paragraph could be omitted and summarised to allow contextual rather than detailed understanding of Finnish EMS. For example, although explanation of education, acuity levels and skills of various EMS responders would be important if these differences were linked to patient perceptions of safety or care, this was not explored or presented in the results, so is of limited value to the reader. Data Collection and Participants: Purposeful sampling is stated, but there is no detail or evidence of this. Rather, it appears that a convenience sample was used. The mean age of participants was over 70, and were a mix of repeat and first users of EMS. Are these and other participant demographics representative of the ED or EMS populations? Results: p12, EMS personnel social skills. The first sentence is difficult to follow and needs rephrasing.

REVIEWER	Marije van Melle Cambridgeshire and Peterborough NHS Foundation Trust
REVIEW RETURNED	10-Jul-2020

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GENERAL COMMENTS	Dear Editor, I do see a lot of improvements, especially on the clarity of the methods. Many of my comments have been attended to well. The authors included relevant textual and supplementary additions making their research methods much clearer. The terminology has improved; eg the conversion to 'EMS personnel' really improved the clarity for the international audience. The authors state in their rebuttal that a language editing service was used. However, there are some major language issues in the added text of which I added some examples in my comments. The readability would improve much with new English editing. Additionally, I still think the domains chosen by the authors do not 100% make sense (minor changes would solve this). Examples of English grammar issues throughout the document: - Experience of the sense of …. -> I would change that into perception throughout the document. - Abstract line 17: experience sense of safety-> perceive safety - Strengths and limitations: with this study, it was possible to gain knowledge -> this study provides knowledge Background Text suggestion: - Safety and patient safety in EMS paragraph, Line 24- 'It is studied ……error or AE' can be simplified. Suggestion: EMS personnel who reported an error or AE evaluate culture lower than those that did not report an error or AE. Methods Text suggestions - Setting section: I think the sentence 'During the study period-companies.' Is too much info so could probably be deleted. - Data collection and participants section: line 53 was-> were. Additionally, exclusion criteria were – either being minor or age <18. - Data collection and participants next page line 8 during weekdays during daytime -> All interviews were performed on weekdays between 8am and 4pm. - Data analysis section: line 31 coding sheets-> codes The authors were held-> The authors held multiple discussions or the authors extensively discussed. Results Circumstantial is not the right word for the non-social skill dimension/category (it means indirect, which does not relate to eg the EMS professional competence). Wouldn't it be better to add an extra category 'other EMS personnel skills' (professional competence and driving skills) and keep 'environmental factors' separated as its own domain? I do not understand why the authors would want to push the other EMS personnel criteria into a domain with environmental factors. Table 1 Female N=12, MALE N=9. However, if I count the numbers of primary conditions, the females add up to 10 and male to 11. Are the 2 patients with missing data in the wrong column (n=2)?

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Text suggestions:
- Line 21: Some of the patients had used EMS more than once and for some it was the first contact. Could you make this more specific and include the number?
- EMS personnel social skills section: line 41-46: from patient's perspectives in the care the possibility to get information …. EMS-> can you clarify? Do you mean: EMS personnel's social skills that affected the patients' perception of safety included being treated equally, receiving information and being involved in their care. 'Equal treatment was not always the case among EMS personnel' suggests this is only between personnel and doesn't include the patient. And it is probably already in the previous sentence
- Equal treatment section: line 11 'condescending' as it is here implies that the patient is treating the EMS staff condescendingly. Being treated condescendingly?
- Information section line 50 : information was handed over?
- Line 57 sums up a list 'Usually, the lack of information ……. during care'. The 'and' needs to be replaces with a comma.
- Circumstantioan factors affecting care section: line 5 and Environmental factors section line 23-24: double sentence (' the patients feel that EMS provides an essential public safety function')

Discussion
I think the first paragraph of the discussion with main findings is a biog improvement and good summary.

Limitations: could you elaborate on how the short interviews could affect your research? Eg it would limit the depth of understanding maybe?

Text suggestions:
- Line 58-60: By the seeing the patient as a team member suggestion: and involving them in their care
- Next page line 5: the sentence "In previous research ….. safety': delete 'among other factors' and in line 10: when involving patients
- In the 'In our study' paragraph line 39 what does the However refer to? Could you clarify this first section? I think this whole paragraph needs to be more concise and to the point. A lot of linking words are used that are not all logical.

VERSION 2 – AUTHOR RESPONSE

Reviewer	Comment	Answer
Kristen Rasmussen, University of Stavanger, Norway		
2	Congratulation with a improved manuscript!	Thank you.
2	p. 7 line 19: purchase the EMS from the other party	We have removed this sentence.

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2	p. 7 line 25: personnel with the knowledge to make …	Corrected
2	p. 8 line 53: I would suggest using the exact age used as exclusion criterium.	Changed: being younger than 18 years of age
2	p. 9 line 8: All interviews were performed on weekdays during daytime (between 8 am and 4 pm)	Corrected: All interviews were performed on weekdays between 8 am to 4 pm
2	p. 13 line 43: What do you mean by “a student participant”?	Changed: a student presence
2	p. 13 lines 50: described	Changed: describe
2	p. 15 lines 5 and 23: The patients felt … Last sentence exact quotation of first, rewrite?	Paragraphs rewritten.
2	p. 17 line 58: By seeing the patient as…	Rewritten based on reviewer 4 comment: By the seeing the patient as a team member and involving them in their care
Shammi Ramlakhan, Sheffield Children's Hospital, United Kingdom		
3	The authors have addressed most of the points raised by the initial review. However, the manuscript would benefit from language and grammar editing. In the Background alone, there are several examples:	We have used language editing services.
3	p5, line 34 - "Another WHO's definition..."	Changed: Other WHO’s definition
3	p5, line 43 - "impact to"	Changed: impact on
3	p6, line 6 - "EMS in its nature"	Changed: In its nature, EMS
3	p6, line 24 - "It is studied that..."	Corrected: EMS personnel who reported an error or adverse event (AE) evaluate safety culture lower than those who did not report an error or AE.
3	Setting: There is unnecessary detail on the organisation and staffing of EMS. Much of the first paragraph could be omitted and summarised to allow contextual rather than detailed understanding of Finnish EMS. For example, although	Thank you for your comment. We edited the text and remove descriptions of differences between advanced level and basic level ambulances. We wrote int the results, that “Patients stated that EMS personnel professional competence made them feel safe

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	explanation of education, acuity levels and skills of various EMS responders would be important if these differences were linked to patient perceptions of safety or care, this was not explored or presented in the results, so is of limited value to the reader.	during care." Therefore, we think that it is important to describe the readers the Finnish EMS personnel education level.
3	Data Collection and Participants: Purposeful sampling is stated, but there is no detail or evidence of this. Rather, it appears that a convenience sample was used. The mean age of participants was over 70, and were a mix of repeat and first users of EMS. Are these and other participant demographics representative of the ED or EMS populations?	Thank you for your comment. We have added some text in the sentence: "Purposeful sampling [23] was used, aiming to achieve variation (gender, age, urban/rural area, primary condition) among participants without risking patient safety." We have written: "patients' characteristics cover common EMS patient groups according to the ERC official statistics and therefore it is reasonable to think that the results can be transferred to similar context." Unfortunately, in Finland we have very limited amount of publicly available statistics concerning other EMS or ED populations demographics. However, our clinical experience supports that this population is most common in EMS and ED.
3	Results: p12, EMS personnel social skills. The first sentence is difficult to follow and needs rephrasing.	We have rewritten this sentence/ paragraph.
Marije van Melle OPC, UK		
4	I do see a lot of improvements, especially on the clarity of the methods. Many of my comments have been attended to well. The authors included relevant textual and supplementary additions making their research methods much clearer. The terminology has improved; eg the conversion to 'EMS personnel' really improved the clarity for the international audience. The authors state in their rebuttal that a language editing service was used. However, there are some major language issues in the added text of which I added	Thank you for all of your valuable comments. We have used language editing services.

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	some examples in my comments. The readability would improve much with new English editing. Additionally, I still think the domains chosen by the authors do not 100% make sense (minor changes would solve this).	
4	Experience of the sense of …. -> I would change that into perception throughout the document.	Thank you. Changed as you suggested
4	Abstract line 17: experience sense of safety-> perceive safety	Changed as you suggested
4	Strengths and limitations: with this study, it was possible to gain knowledge -> this study provides knowledge	Corrected as you suggested
4	Background Text suggestion: Safety and patient safety in EMS paragraph, Line 24- 'It is studied ……error or AE' can be simplified. Suggestion: EMS personnel who reported an error or AE evaluate culture lower than those that did not report an error or AE.	Corrected: EMS personnel who reported an error or adverse event (AE) evaluate safety culture lower than those who did not report an error or AE.
4	Methods Text suggestions:	
4	Setting section: I think the sentence 'During the study period- companies.' Is too much info so could probably be deleted.	This sentence is deleted.
4	Data collection and participants section: line 53 was-> were. Additionally, exclusion criteria were – either being minor or age <18.	Changed: being younger than 18 years of age
4	Data collection and participants next page line 8 during weekdays during daytime -> All interviews were performed on weekdays between 8am and 4pm.	Changed: All interviews were performed on weekdays between 8 am to 4 pm
4	Data analysis section: line 31 coding sheets-> codes The authors were held-> The	Changed -> the codes were collected into a sheet with other related codes Removed: were

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	authors held multiple discussions or the authors extensively discussed.	
4	Results Circumstantial is not the right word for the non-social skill dimension/category (it means indirect, which does not relate to eg the EMS professional competence). Wouldn't it be better to add an extra category 'other EMS personnel skills' (professional competence and driving skills) and keep 'environmental factors' separated as its own domain? I do not understand why the authors would want to push the other EMS personnel criteria into a domain with environmental factors.	Thank you for the comment. We have done minor changes to the domains.
4	Table 1 Female N=12, MALE N=9. However, if I count the numbers of primary conditions, the females add up to 10 and male to 11. Are the 2 patients with missing data in the wrong column (n=2)?	Yes, missing data was slipped at the wrong column. We have corrected this.
4	Text suggestions: Line 21: Some of the patients had used EMS more than once and for some it was the first contact. Could you make this more specific and include the number?	Exact data is unavailable and therefore noted.
4	EMS personnel social skills section: line 41-46: from patient's perspectives in the care the possibility to get information …. EMS-> can you clarify? Do you mean: EMS personnel's social skills that affected the patients' perception of safety included being treated equally, receiving information and being involved in their care.	Thank you for your suggestion. We have rewritten this sentence/ paragraph.
4	'Equal treatment was not always the case among EMS personnel' suggests this is only between personnel and doesn't include the	We have rewritten this paragraph and removed this sentence.

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	patient. And it is probably already in the previous sentence	
4	Equal treatment section: line 11 ‘condescending’ as it is here implies that the patient is treating the EMS staff condescendingly. Being treated condescendingly?	Changed: Feeling insecure because of condescending treatment caused a sense of being unsafe among the patients.
4	Information section line 50 : information was handed over?	Changed: EMS personnel handed over enough information
4	Line 57 sums up a list ‘Usually, the lack of information ……. during care’. The ‘and’ needs to be replaces with a comma.	Replaced with a comma
4	Circumstantioan factors affecting care section: line 5 and Environmental factors section line 23-24: double sentence (‘ the patients feel that EMS provides an essential public safety function’)	Double sentence removed from the Environmental factors.
4	Discussion I think the first paragraph of the discussion with main findings is a biog improvement and good summary.	Thank you.
4	Limitations: could you elaborate on how the short interviews could affect your research? Eg it would limit the depth of understanding maybe?	Added sentence: It is possible that the short duration would limit the depth of understanding.
4	Line 58-60: By the seeing the patient as a team member suggestion: and involving them in their care	Changed as you suggested: By the seeing the patient as a team member and involving them in their care
4	Next page line 5: the sentence “In previous research ….. safety’: delete ‘among other factors’ and in line 10: when involving patients	Deleted: among other factors
4	In the ‘In our study’ paragraph line 39 what does the However refer to? Could you clarify this first section? I think this whole paragraph needs to be more concise and to the point. A lot of linking words are used that are not all logical.	This paragraph is partly reorganized and rewritten.

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VERSION 3 – REVIEW

REVIEWER	Shammi Ramlakhan Sheffield Children's Hospital Foundation Trust, United Kingdom
REVIEW RETURNED	20-Aug-2020

GENERAL COMMENTS	The authors have addressed most of the points highlighted in the earlier reviews. I only have a couple of minor suggestions. In the abstract, line 36 - should this sentence read "their" rather than "the" care? The strengths listed on p4 are very similar (particularly the latter two), and allude to generic strengths of qualitative (interview) studies. Perhaps consider revising these.

REVIEWER	Marije van Melle Optimum patient care
REVIEW RETURNED	14-Aug-2020

GENERAL COMMENTS	The manuscript has very much improved. The authors have addressed my comments well (including the domains, which are much more logical now). The language editing have made the article a lot clearer. I do not have any more outstanding issues. Congratulations!

VERSION 3 – AUTHOR RESPONSE

Thank you for the valuable comments and feedback.
We have done minor changes as reviewer 3 was suggested: "the" is replaced with "their" in the abstract and we have revised the strengths.

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