

Appendix 1 – Interview and focus group discussion topic guides

Doctors

Q-1: Please tell us about the people usually admitted with burns injury in your hospital.

Probe: Demographic characteristics (age, sex, distance of travel); Chief complaint

Q-2: According to you, what is the usual protocol of care (pre & post op) for patients admitted to the hospital with burns?

Probe: Initial reporting and referral; Care at Emergency and burns units; physio, pain management; pre-anaesthetic check-up

Q-3: How do you prioritize burns patients for surgery?

Probe: Factors influencing emergency Vs elective, criteria

Q-4: Please tell us more about the role of your speciality in the management of burns.

Probe: to understand the role each department perceive in the care pathway

Q-5: In your opinion, how can different medical specialities promote more integrative, multi-disciplinary care for burns patients? (How can they work together better to manage burns patients care?)

Probe: Specify the departments that need to get involved; barriers for psychologist care

Q-6: Can you give us a rough estimate of the costs involved in burns surgery and post-operative care within your hospital?

Probe: Hospital cost; out-of-pocket expenses; additional support available for patients in need; Elsewhere this information can be gathered

Q-7: Do you think there is a scope for improving the management of burns within your hospital?

Probe: suggestion of improvement; barriers

Q-8: What are the usual post discharge plans for burns patients?

Probe: rehabilitation services including physiotherapy, psychology, social work; home visits; community activities for burns survivors arranged by the facility; continuing education for health care professionals to improve burns management.

Patients and carers

Q-1: Please tell us about your experience at the time of admission to the hospital.

Probe: 1) Condition at the time of first visit to the hospital; breathing difficulty, conscious/unconscious, pain, mobility, discomfort, etc. 2) Admission Process

Q-2: Are you aware of any of the hospital staff who explained the condition and treatment options available for you? How useful that was in your opinion?

Probe: 1) Easy to understand; language 2) Elaborate or concise; T/t modalities, risks & outcomes 3) Opportunity to ask questions 4) Developed Confidence in decision making 5) Became more anxious & who helped you to overcome

Q-3: Tell us about your experience (or experience of the patient, in case carer is a respondent) during the stay at the hospital.

Probe: 1) Post-operative care at ICU or high dependency units 2) Nursing care 3) Rehabilitation (physical and psychological)

Q-4: Can you tell us about some of the advice given as part of the post-operative care?

Probe: 1) Preventing pressure sores 2) Advantage of early mobilisation 3) Rehabilitation (physical and psychological)

Q-5: Please tell us about the total expenditure you have incurred during the stay at the hospital and what impact does it have on you and your family

Q-6: If there was something that you would like to have been different, that would have made your and patients experience better- what would it be?

Q-7: Tell us about your experience after immediate discharge from the hospital.

Probe: 1) Follow-up at the hospital 2) Wound dressing 3) Rehabilitation services 4) Complications post-discharge 5) Advice on access to community services

Q-8: Tell us about your experience after returning home.

Probe: 1) Acceptance into society 2) Return-to-work 3) Financial implications/loss of work 4) Social isolation 5) Caregiver stress 6) Poor relationships 7) Decreased QoL- mobility, usual care, social life, mental health 8) Social support 9) Avoidance coping 10) Recreational activities 11) Use of community services for rehabilitation

Q-9: What is the biggest challenge you faced during your hospitalisation?

Probe: 1) Service 2) Environment 3) Support-communication

Q-10: What is the biggest challenge you faced during rehabilitation?

Probe: 1) Finances 2) Time

Q-11: What is the biggest challenge you faced post discharge?

Probe: 1) Emotional 2) Social 3) Financial

Q-12: What additional resources are required, according to you?

Probe: 1) Finances 2) Insurance 3) Return-to-work policies 4) Rehabilitation services

Q-13: What is the one thing that concerns you most with burns injury?

Probe: 1) Social relationships 2) Deformity 3) Self-reliance 4) Finances 5) Scarring

Neighbours and community

Q-1: Please tell us about your experience with burns survivors in your community/neighbourhood.

Probe: Look for prejudicial societal reactions like 1) Negative- discrimination, avoidance, fear 2)

Positive- social inclusion, support, help

Q-2: Are you aware of any of burns prevention strategies or first aid for burns management? Y/N

Q-3: Have you watched burns prevention and/or burns management advertisements on any mass media (TV/newspapers/radio)? Y/N

Q-4: Is anyone in your family a burns survivor? Y/N

Q-5: Please tell us about the likely problems faced by burns survivors in your neighbourhood.

Q-6: Please provide us some suggestions on how the care can be improved.

Q-7: To your mind what are the challenges of having burns survivor in your home, community or neighbourhood?

Q-8: What is the one thing that concerns you most to live or work with burns survivor?

Q-9: According to you, how does the society treat burns survivors?

Probe: Positive versus negative

Healthcare providers

Q-1: Please share your experiences about people with burns in your daily practice?

Probe: Profile of patients, your role as practitioner, available resources, expectations from hospitals and your observation on patient perspective.

Q-2: In your opinion how important is multi-disciplinary care in burns cases? Please list down the various disciplines involved in such surgeries.

Q-3: Please brief us about the usual protocol for care of burns cases?

Probe: availability of diagnostic (blood reports, etc.), pain management, timing of surgery including pre-operative assessment and care, type of anaesthesia, planning of theatre team, surgical procedures, mobilisation and multidisciplinary management.

Q-4: Is there a triage process or the factors that are considered in treatment path of the patient? Please comment.

Q-5: According to you, how many patients of burns come to the hospital and how many have surgery?

Q-6: In your opinion, what kind of information is helpful to patients and their carer/family members?

Generally, how is this information provided at the key stages of patient journey?

Probe: Admission, early mobilization, pain control, rehabilitation, discharge and follow up prevention

Q-7: In your opinion who is the most important gate keeper in delivery of rehabilitation to burns patient in the household/community?

Q-8: In your opinion, are there any areas for improvement in management of burns or care protocols?

Probe: barriers and facilitators

Q-9: Does your facility/professional group have an overarching rehabilitation plan/strategy? If yes, please briefly describe.

Probe: Dietician, physiotherapy, occupational therapy, psychological therapy, prosthetics and orthotics services, and social work, frequency of treatment (how many times a day, how long), group versus individual therapy

Q-10: How is it determined in which practice setting (inpatient, outpatient, at home) a patient will receive rehabilitation care?

Probe: admission criteria, financial condition of the patient, social work services

Q-11: What objective assessment of rehabilitation potential occurs before a patient is accepted in to the service?

Probe: Physician assessment, use tools like FIM, therapist assessment

Q-12: What are the enablers or barriers associated with patient flow across the continuum of care? Or enablers or barriers specifically with rehabilitation care at admission, whilst in hospital, or post discharge?

Probe: Workforce shortages, defined clinical pathways, patient resource limitations

Q-13: Are there objective measures regarding how much rehabilitation a patient should receive / when to stop providing care?

Probe: discharge criteria, wound healing.

Q-14: Approximately what proportion of your health system's rehabilitation care occurs in inpatient vs. outpatient vs. at home?

Probe: proportion/importance of home and community rehabilitation in burns

Q-15: How does a patient move from one practice setting to another, for example from inpatient to outpatient?

Probe: Functional measures, based on funding, based on access

Q-16: What are the key rehabilitation issues you identify in burns survivors?

Probe: Prevention, first aid to rehabilitation

Q-17: Any other suggestions?

Key informants

Q-1: Please tell us about your experience with burns cases in India.

Probe: Most common cause of burns in victims like dowry, suicide, homicide. Male versus female cases, socio-economic status, and particular community with most cases reported, number of legal cases of burns victims, who reports, who helps – encouraging and discouraging factors in reporting.

Q-2: What are the legislative laws in place for protecting burns victims? How useful are they in your opinion?

Probe: 1) Elaborate or concise 2) People not aware about the laws 3) Laws not helpful enough 4) Any bias

Q-3: Tell us about your experience of any one case of burns victim and elaborate the challenges faced.

Q-4: Can you tell us about some of the challenges that you face with burns cases?

Q-5: Please provide us some suggestions on how the existing legal system for burns victims can be improved.

Q-6: What is the biggest challenge you faced during your career so far with burns victims?

Probe: 1) Financial 2) Time 3) Support-communication 4) Social 5) Psychological

Q-7: What additional resources/changes are required, according to you, for burns victims?

Probe: 1) Financial 2) State-wide insurance 3) Return-to-work policies 4) Laws 5) Remuneration for rehabilitation