

Supplementary file 3. Example of a coding tree

| Quotation | Code | Sub theme | Main theme |
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| 'The patient feels the treatment was unsuccessful and that they have been treated wrong; the patient wants a written response. Then we go to a kind of statutory interpretation, and it is an official patient complaint to which we must respond and so on and so forth; the response must fill the criteria of the official complaint and so on and so forth. We have clearly fumbled and experienced difficulties' | Legislation can be a barrier | System level models handle and observe patient safety | Patient safety is considered as organisational responsibility |
| 'The big challenge is that our patient does not know how and why certain things are done at prehospital care' | Patients' understanding of guidelines | Patient safety is considered part of the quality in EMS | |
| 'Of course, the volume started increasing. Creating that sort of model [low threshold feedback channel to the patients] requires time; if several messages are coming in daily, there should be resources to handle this correspondence' | Afraid that propagation of patient participation burdening the management | Management's ability to find a balance when utilising patient feedback to develop patient safety | |
| 'If a [patient] provides feedback, then not all EMS personnel bring it forward, so they take it as "thank you for the feedback," especially if it [feedback] is critical. Then do they [EMS personnel] want to bring it [feedback] forward?' | EMS personnel knowledge and willingness to handle patient feedback | Social and feedback skills of EMS personnel and management | EMS patients opportunities and obstacles to speaking up |
| 'Of course, patients may be afraid of stigmatisation or worse: that s/he does not get proper treatment or care if [s/he] provides feedback' | Assumptions of patients' fears of consequences | Management's assumptions of why patients don't speak up | |
| 'Quite a large proportion of our patients are elderly with multiple morbidities and do not have the physical abilities and opportunities/possibilities to search for contact details to provide feedback' | Difficult to reach right patients to develop patient safety in EMS | EMS organisations different but unsystematic ways of collecting feedback | |
| 'If the patient does not have the courage or s/he does not want, for one reason or another [to give feedback], then we keep repeating the same pattern. Eventually, there will be a bigger adverse event if we don't fix these bad models and practices' | Patient safety consequences if no patient feedback is received | Management's openness to developing patient participation | |