

## Interview guide – patient satisfaction with KBC care management

Date: \_\_\_\_\_ Begin time: \_\_\_\_\_ End time: \_\_\_\_\_

Interviewers: PC PH ASH DN-R

|     |   |  |
|-----|---|--|
|     | <p><b>INTRODUCTION</b></p> <p>Thank you for allowing us to come to your home and talk with you today. Again, my name is _____ and my colleague is _____ ; we are researchers working on the Beacon Community Project that is designed to help people with conditions like you have. We would like to ask you a few questions about the last time you were <b>in the hospital</b>.</p> <p>Specifically we want to ask you about the care management you received because you have [a heart problem/a problem with you lungs/both a heart problem and problem with your lungs].</p> <p>Before we begin asking questions, we need to share an information sheet that explains this project, and then verify that you are still willing to talk with us. <i>[review information sheet]</i></p> <p>To make it easier for us to remember everything you say, we would like to record this interview. Do we have your permission to record our conversation? <i>[if yes, get out recorder, set up &amp; turn on]</i></p> |  |
| 1   | <p><b>BACKGROUND INFORMATION</b> First, I'd like to ask a few questions about the last time you were <b>in the hospital</b>.</p>  |  |
| 1.1 | What hospital were you in? ( <i>circle</i> )  | GMC    Evan  |
| 1.2 | Why were you in the hospital? ( <i>circle one or both</i> )   | CHF    COPD<br>Other _____                                     |
| 1.4 | About how many days were you in the hospital?   | _____ days   |
| 1.5 | When you left the hospital, did you come straight home?   | Yes    No  |
| 1.6 | Who lives with you now? ( <i>circle all that apply</i> )  | No one, spouse,<br>son/daughter,<br>grandchild,<br>other _____ |

### ➔ 2. STAY IN THE HOSPITAL/CARE & CARE MANAGEMENT

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| 2     | <p><b>STAY IN THE HOSPITAL</b></p> <p>Now I'd like to ask you some questions about the <u>last time you were in the hospital</u>. During that stay, many people (including doctors, nurses, and others) gave you care, taught you about your condition and helped you recover.</p> |  |
| 2.1   | <p><b>CARE AND CARE MANAGEMENT</b></p>   |  |
| 2.1.1 | <p>How would you rate the <i>care</i> that you received the last time you were <b>in the hospital</b>?</p>   | <p>YELLOW CARD</p> <p>Poor</p> <p>Fair</p> <p>Good</p> <p>Very good</p> <p>Excellent</p>       |
| 2.1.2 | <p>During your stay <b>in the hospital</b>, do you remember talking to a <u>care manager</u>? (<i>If necessary, show photo to help him/her remember.</i>)</p> <p>If yes:</p>   | <p>Yes No</p>  |
|       | <p>2.1.2.1 Do you remember the name of the care manager? What was his/her name?</p>  | <p>Yes No</p> <p>_____</p>   |
|       | <p>2.1.2.2 What did the care manager do to help you?</p>   |  |
|       | <p>2.1.2.3 How helpful were these things?</p>  | <p>PINK CARD</p> <p>Not very helpful</p> <p>Not helpful</p> <p>Helpful</p> <p>Very helpful</p> |

➔ 2.2 EDUCATION

|            |  |  |
|------------|--|--|
| <b>2.2</b> | <b>EDUCATION</b>   |  |
| 2.2.1      | Please tell us about the information you received about your [lung problem/heart problem] from doctors, nurses and others who took care of you at [Evangelical Hospital/Geisinger Medical Center].<br><i>(This information could have been written down, been on a handout, and/or told to you in a conversation.)</i> |  |
|            | 2.2.1.1 Overall, how would you rate this information?  | <b>YELLOW CARD</b><br>Poor<br>Fair<br>Good<br>Very good<br>Excellent           |
| 2.2.2      | Did someone give you information on how to prevent being readmitted to the hospital?<br>If yes:  | Yes No   |
|            | 2.2.2.1 How helpful was this information?  | <b>PINK CARD</b><br>Not very helpful<br>Not helpful<br>Helpful<br>Very helpful |

**➔ 2.3 MEDICATION RECONCILIATION**

|            |   |   |
|------------|---|---|
| <b>2.3</b> | <b>MEDICATION RECONCILIATION (at admission and discharge)</b>   |   |
| 2.3.1      | When you first entered the hospital, did someone go over the list of medicines you were taking at that time? Please tell us more about that...  | Yes No  |
| 2.3.2      | As you were preparing to be discharged from the hospital, did someone explain to you what medicines to take once you returned home?   | Yes No  |
| 2.3.3      | During your stay at the hospital you may have received <u>new</u> medicines. Did someone explain to you how to take these new medicines with all the other medicines you would be taking ( <i>once you returned home</i> )? Please tell us more about it... | Yes No  |
| 2.3.5      | Overall, how helpful was all this information that you received about your medicines?   | PINK CARD<br>Not very helpful<br>Not helpful<br>Helpful<br>Very helpful |

|       |  |   |
|-------|--|---|
| 2.3.6 | Before you left the hospital, you were given lots of information about how <b>you should take care of yourself</b> . How confident were you that you could take care of yourself and prevent or minimize problems related to your [lung problem/heart problem] once you returned home? | BLUE CARD<br>Not at all confident<br>Not very confident<br>Somewhat confident<br>Very confident |
|-------|--|---|

➔ **2.4 PCP APPOINTMENT AND REFERRALS**

|       |   |   |
|-------|---|---|
| 2.4   | <b>PCP APPOINTMENT AND REFERRALS</b>  |   |
| 2.4.1 | At the end of your stay at the hospital, did someone offer to make an appointment for you with your family doctor/the doctor you regularly see?<br>If yes:  | Yes No  |
|       | 2.4.1.2 How helpful was it to have the appointment made for you?  | PINK CARD<br>Not very helpful<br>Not helpful<br>Helpful<br>Very helpful                         |
| 2.4.2 | As you prepared to go home, did your doctor decide that you needed someone to visit you in your home (such as a home health agency nurse) or that you needed special equipment (such as equipment to help you breathe or a scale to weigh yourself)?<br>If yes: | Yes No  |
|       | 2.4.3.1 Did someone arrange these services for you?   | Yes No  |
|       | 2.4.3.2 What were the services?   | Home health RN,<br>Meals On Wheels,<br>Area Agency on Aging,<br>Durable Medical Equip,<br>_____ |
|       | 2.4.3.3 How helpful was it to have someone make these arrangements for you?   | PINK CARD<br>Not very helpful<br>Not helpful<br>Helpful<br>Very helpful                         |

**➔ 3. AFTER HOSPITAL DISCHARGE**

|             |  |   |
|-------------|--|---|
| <b>3</b>    | <b>AFTER HOSPITAL DISCHARGE</b>  |   |
| <b>3.1.</b> | <b>EDUCATION</b>   |   |
| 3.1.1       | <p>When you came home after leaving the hospital, how well did you remember the information and instructions that were given to you? (e.g., how to take care of yourself, who you should call with questions)</p> <p><i>[if NOT “I remembered all of it,” follow-up questions: What was hard for you to remember? Do you have any suggestion of what could have been done to help you remember better? ]</i></p> | <p><b>GREEN CARD</b></p> <p>I remembered all of it</p> <p>I remembered parts of it</p> <p>I had a hard time remembering</p> |
| 3.2         | <b>MEDICATION</b>  |   |
| 3.2.1       | Did you remember the instructions you were given about your medicines?   | Yes No  |
| 3.3         | <b>REFERRALS</b>   |   |
| 3.3.1       | Did you go to your appointment with the doctor you regularly see?  | Yes No  |
| 3.3.2       | <p>Did you have other appointments scheduled for you? (specialist physicians, dietician, physical therapist, etc.)</p> <p>If yes:</p>  | Yes No  |
|             | 3.3.2.1 Did you go to those appointments?  | Yes No  |



### 3.4 CARE MANAGEMENT

|         |  |                      |
|---------|--|----------------------|
| 3.4     | <b>CARE MANAGEMENT</b>   |                      |
| 3.4.1   | <p>Did a care manager call you at home?<br/> <i>[This could have been a nurse from your doctor's office or a "call center".]</i></p> <p>If yes:</p>  | Yes No               |
| 3.4.1.1 | Do you remember, how soon after you got home that she or he called you?  | Yes No<br>_____ days |
| 3.4.1.2 | <p>Did the care manager who called you help you remember how to take care of yourself?</p> <p>Was there anything in particular she or he said/did that especially helped you?</p>  | Yes No               |
| 3.4.1.3 | Did the care manager who called you discuss your medicines with you?   | Yes No               |
| 3.4.1.4 | Did the care manager who called you remind you to go to your appointment with your doctor?   | Yes No               |
| 3.4.1.5 | Did the care manager who called you offer to help you with other appointments or put you in contact with other people who can help you? (e.g., dietician, physical therapist, meals on wheels, home health, scheduling rides or other services?) | Yes No               |
| 3.4.1.6 | Did the care manager offer you other help? (If yes) What?  | Yes No               |
| 3.4.1.7 | Do you contact your care manager when you have any questions about your health condition?  | Yes No               |

|  |   |  |
|--|---|--|
|  | 3.4.1.8 In general, how often do you talk to your care manager, by phone or in person?  | PURPLE CARD<br>At least once a week,<br>1-3 times a month<br>Less than once a month                    |
|  | 3.4.1.9 How many times do you call your care manager (instead of her/him calling you)?  | PURPLE CARD<br>At least once a week,<br>1-3 times a month<br>Less than once a month                    |
|  | 3.4.1.10 Overall, how satisfied are you with the support that you receive from your care manager who calls you at home (or sees you in your doctor's office)? | <u>WHITE CARD</u><br>Not at all satisfied<br>Not too satisfied<br>Somewhat satisfied<br>Very satisfied |

|          |  |        |
|----------|--|--------|
| <b>4</b> | <b>FIRST PRIMARY CARE VISIT AFTER HOSPITAL DISCHARGE</b>   |        |
| 4.1      | When you went to your appointment with your doctor, did s/he know you had been in the hospital?<br>If yes: | Yes No |
|          | 4.1.1 And why you had been in the hospital?  | Yes No |

**➔ 5. CURRENT HEALTH SITUATION**



|          |  |  |
|----------|--|--|
| <b>5</b> | <b>CURRENT HEALTH SITUATION</b>  |  |
| 5.1      | In general, how would you rate your overall health?  | YELLOW CARD<br>Poor<br>Fair<br>Good<br>Very good<br>Excellent                                  |
| 5.2      | Do you think you have a good understanding about how to take care of your [lung problem/heart problem]?<br><b>(If NO)</b> Is there something that you think could be done to help you? | Yes No   |
| 5.3      | Do you know what medicines you take and why you take each one of them?   | Yes No   |
| 5.4      | How confident are you that you can take care of your [lung problem/heart problem]?   | BLUE CARD<br>Not at all confident<br>Not too confident<br>Somewhat confident<br>Very confident |
| 5.5      | How confident are you that you can take actions that will help you prevent or minimize some symptoms or problems related to your [lung problem/heart problem]?                         | BLUE CARD<br>Not at all confident<br>Not too confident<br>Somewhat confident<br>Very confident |

|          |   |
|----------|---|
| <b>6</b> | <b>WRAP UP</b>  |
| 6.1      | Those were all the questions we wanted to ask you. Are there any questions that you would like to ask us? |

**Thank you for your cooperation.**

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1. Hoonakker, P.L., Carayon, P., Hundt, A.S., Cartmill, R.S., & Nathan-Roberts, D. (2014). Challenges of doing research that involves patients. Proceedings of the 11th International Symposium on Human Factors in Organizational Design and Management (ODAM) Conference, Copenhagen, Denmark. pp. 19-24.
2. Holden, R.J., McDougald Scott, A., Hoonakker, P.L.T., Hundt, A.S. and Carayon, P. (2015). Data collection challenges in community settings: Insights from two field studies of patients with chronic disease. *Quality of Life Research*. 24: 1043-1055. PMID: PMC4342308