Interview guide for **non-VA providers**

Interviewer Name:

Interviewee Name:

Site:

Date:

Time Start:

Time End:

Hello (Dr./Mr./Ms. interview participant name),

My name is [insert name] and [insert your role]. We are conducting a series of interviews for a VHA quality improvement (QI) project called **Improving Veterans Transition Back To VHA Primary Care Following Non-VHA Hospitalizations**. The purpose of the interview is to help us understand existing transition of care processes, facilitators and barriers of the transition, and obtain suggestions for improvement of the process. We will be interviewing individuals from both VHA and non-VHA hospitals. We are interested in any and all factors that you feel could be important.

This interview should take 30 to 60 minutes, and my questions relate only to your professional experience as a [insert profession] and we won’t ask any information related to you that aren’t relevant to your work duties and responsibilities. Your decision to speak with us is voluntary. You can also refuse to participate or answer any questions, and you may stop this interview at any time. If, at a later time, you’d like to retract certain statements, you may do so. Your information will be stored on a password-protected computer.

And, lastly, this QI project will help to inform efforts to improve Veterans transitions back to the VHA following hospital discharge. And, if you agree to participate, we’d like to record our interview, so that we can capture all of the important information that you share with us. We will not identify you as a participant, nor will we identify your site in any of our reports. We will aggregate the findings into a single report. Is this ok with you? Y/N If yes, we will ask you these questions again when the audio recording begins.

We will now begin the audio recording: I have three questions for you. The first is, are you willing to participate in this interview? Do you give us permission to record this interview? And, do you give us permission to contact you at a later time if we have additional questions?

If you have questions about this QI project, you may contact our principal investigator of the project Cathy Battaglia at [Catherine.battaglia@va.gov](mailto:Catherine.battaglia@va.gov) or our ethics review board COMIRB at [COMIRB@ucdenver.edu](mailto:COMIRB@ucdenver.edu).

1. Please describe your role at [non-VA hospital name].
   1. How long have you been in this role?
2. How many VHA patients do you usually have on your service that you know of (in a day, week, or month timeframe)?
   1. How do you know when a VHA patient is admitted to your service?
   2. How do you usually find out that they are VHA patients?
   3. When do you usually find this information out?
3. Please walk me through the steps involved in transitioning VHA patients and their medical documentation back to their VHA PCP? (Please tell us detailed, step by step process)
   1. How do you know when a VHA patient is discharged from your service?
   2. How are patients made aware that they need/should see their PCP post discharge? How is medical information about the visit shared with the VHA PCP?
      1. Is medical information always shared with the VHA PCP? Why or why not?
      2. Who specifically is responsible for sending the information to the VHA PCP?
      3. How do you know who to communicate with at the VHA?
      4. How long does it usually take to transfer that information? What steps are involved?
      5. At what point during the hospitalization or post hospitalization does this usually happen?
      6. What is included in this information?
4. In your opinion, what if any, processes of VHA clinic would be important to know for you and/or your organization?
5. Are there any specific personnel (roles) in the VHA hospital that are needed to support the transition process of our Veterans back to the VHA PCP setting? *(PRISM: Program/intervention-organizational perspective)*
   1. Do you feel these roles are in place in the current transition process? (*PRISM: Program/intervention-organizational perspective)*
6. Are there any barriers or challenges when discharging VA patients and getting them back to their VA PCP?
7. What works well about the current process of transitioning patients back to their PCP at the VHA?
   1. Can you provide an example?
8. In your opinion, how does the current transition of care impact patient care? Explain
   1. How patient-centered do you feel the current transition process is?  *(PRISM: Program /Intervention- Patient perspective)*
   2. *Is there a set goal in transitioning patients to their PCPs?*
9. In your opinion, what is the ideal transition of care for VA patients hospitalized at UCH?
   1. What resources (personnel, system-wide, or others) need to be in place for the transition? (*PRISM: Implementation and Sustainability Infrastructure*)
10. If you had a magic wand, how would you improve the process of discharging and transitioning VA patients back to their VA PCP?
11. What priority does transitioning patients back to their VA PCP after hospitalization at UCH fit in your daily process?
12. How much support does the current transition process have from key managers, operational leaders, and clinical partners? *(PRISM: Characteristics of Organizational recipients)* 
    * 1. How involved are they in the management of the current process?
13. Is there anything else you would like to add that I didn’t ask?
14. Who do you think we should talk to next? (Get names and contact information)