Interview guide for **Patients**

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 who have been hospitalized in a non-VA hospital. We are interested in any and all factors that you feel could be important for our quality improvement project.

This interview should take 30 to 60 minutes, and my questions relate only to your experience as a patient. 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. Information you provide for us will not affect your care at the VA or any other hospitals. 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 non-VA 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 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 (720-857-5099 and [Catherine.battaglia@va.gov](mailto:Catherine.battaglia@va.gov)) or our ethics review board COMIRB ((303) 724-1055 and [COMIRB@ucdenver.edu](mailto:COMIRB@ucdenver.edu)).

1. Tell me about all the places you get your medical care from?

2. What non-VA hospital were you admitted to?

1. Do you know why you were there?
2. How long were you there?

3. Did the non-VA hospital know you were a Veteran? If yes, how did they know? If no, was their an opportunity to tell them? If there was an opportunity, when was that opportunity?

4. When you were still in the non-VA hospital, did they tell you anything about following up with your PCP after you were released? **(PRISM: Patient perspective)**

5. After you were discharged and you were home, did you have any questions? Any problems? (please tell us detailed, step by step process)

6. Did you go see your PCP after you were discharged? Did you call him or her or did his or her nurse call you? Why or why not?

7. Do you think it was important to see your PCP at the VA after you were discharged from the non-VA hospital?

8. Why were you admitted to a non-VA hospital? (Distance from residence, ability to gain access, timely care, etc.)

9. Were there medical things you think could have gone better when you left the hospital and needed to follow up with your PCP? Tell me about those things.

10. Were there things that went really well? Tell me about those things.

11. Did you face any challenges getting in to see your PCP after your discharge from anon-VA hospital?

12. Is there anything else you would like to add that I didn’t ask?

Should we include any of these questions?

Are there any specific personnel (roles) in the non-VHA hospitals that are needed to support the transition process of our Veterans back to the VHA PCP setting? *(PRISM: Program/intervention-organizational perspective)*

Do you feel these roles are in place in the current transition process? (*PRISM: Program/intervention-organizational perspective)*

1. In your opinion, what works well with the current process?

How patient-centered do you feel the current transition process is?  *(PRISM: Program /Intervention- Patient perspective)*

What resources (personnel, system-wide, or others) need to be in place for the transition? (*PRISM: Implementation and Sustainability Infrastructure*)

If you had a magic wand, what would you do to improve the current process/to get to the ideal process?

Is there anything else you would like to add that I didn’t ask?