Interview guide for **VA participants**

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 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 the Denver VAMC.
   1. How long have you been in this role?
2. From your perspective, please walk me through the steps involved in the current process of transitioning a Veteran to their PCP after hospitalization at a non-VHA hospital? (Please identify the role of the person, what they do and how much time each step takes)

For each step find out Who, why, when, and how long?

* 1. In your clinic is there a standard process of patients transitioning back to their PCP from non-VHA hospitalizations or does each provider obtain the information differently?
  2. How are PCPs informed of their patients being/or were admitted to a non-VHA hospital?
     1. Who specifically is responsible for obtaining the information? (PCP, RN, SW, ward clerk) How long does this take? Probe on each step/details
  3. How do PCPs obtain the medical records needed from the non-VHA hospital?
     1. How long does it take to get the data from the non-VHA hospital?
     2. Who specifically is responsible for obtaining the information? (PCP, RN, SW, ward clerk) How long does this take?
  4. Where and how are the data located in the patient’s medical record in CPRS?
     1. How long does it take you to review information you received from the outside hospital?
  5. How are patients made aware that they need/should see their PCP post discharge?
  6. If not aware of each step, how long overall does it take to have a patient make their PCP appointment?

1. In your opinion, what if any, discharge processes of the non-VHA hospital would be important to know for the VA patient to return to the PCP setting?
   1. 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)*
   2. Do you feel these roles are in place in the current transition process? (*PRISM: Program/intervention-organizational perspective)*
2. In your opinion, what works well with the current process?
3. In your opinion, what does not work well with the current process?
4. 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)*
5. In your opinion, what is the ideal transition of care for VHA patients after hospitalization from a non-VHA hospital to be seen by their PCP?
   1. What is needed for that ideal transition to occur?
   2. What is the ideal follow up transition process for these patients?
      1. How long should that occur after discharge?
      2. Does it need to be in person or over the phone?
      3. Does it vary based on discharge diagnosis?
   3. What resources (personnel, system-wide, or others) need to be in place for the transition? (*PRISM: Implementation and Sustainability Infrastructure*)
   4. 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?
6. If you had a magic wand, what would you do to improve the current process/to get to the ideal process?
7. What priority does transitioning patients after a non-VA hospitalization fit in your daily process?
   1. Is this an important process for the Denver VAMC? Explain.
   2. In your opinion, does transitioning patients after a non-VHA hospitalization fit in with national VHA priorities? *(PRISM: External Environment)*
8. Is there anything else you would like to add that I didn’t ask?
9. Who do you think we should talk to next? (Get names and contact information)