

Appendix 1: Question Guides

Interview guide for parents who received the intervention

As I mentioned, we have a few questions about the nurse home visit. There are no right or wrong answers. Feel free to share any experiences or thoughts.

1) Thinking back about the nurse visit, would you say it was overall, a positive experience, a negative experience or a mixed experience? ... In what ways?

Be sure to probe whatever their response is.

2) Was there anything that you or your child found helpful during that visit? Anything that you or your child didn't like? **Be sure they answer for both themselves and the child.** Anything you would change to make the visit better FOR YOU?

Did you feel like you learned anything new from the visit?

ASK ONLY if needed: How comfortable did you feel taking care of your child before the visit? After the visit? Was this the first time your child has been hospitalized? Did the nurse make a difference in your comfort level?

2b) After the visit did you receive a text from the nurse with "red flags" like signs and symptoms?

If yes → was it helpful?

If no → no worries!

3) <ASK ONLY IF READMITTED/ED> **Be sure to use specific re-utilization of child.** In the days following the nurse home visit, your child had to be readmitted to the hospital (or return to the emergency room.)

Can you please talk me through what happened?

What prompted you to make this visit?

How did you decide to return to the <ED>?

Did you talk to a family member or friend or your doctor?

Thinking back to the nurse visit was there anything the nurse said that influenced your decision to go back to the ED?

We are just trying to understand your thought process so there is no right or wrong way to do things!

4) <IF NOT READMITTED> In the days after the nurse home visit, was there a time you thought about returning to the ED/PCP?

Talk me through what happened.

How did you decided not to go?

Did you talk to a family member or friend or your doctor?

Thinking back to the nurse visit was there anything the nurse said that influenced your decision not to go back to the ED?

We are just trying to understand your thought process so there is no right or wrong way to do things!

5) If your child was hospitalized again, do you think you would want another nurse home visit? Under what circumstance would you want another RN visit? Under what circumstances would you not want the visit?

Make sure family knows we are referring to the same child that received the initial RN visit.

*Ex: If your child went back for [diagnosis], would you want another RN visit?
Breathing difficulties
Vomiting and diarrhea*

If family starts evaluating the RN specifically...

We are not trying to have you rate the nurse necessarily, we are more so trying to figure out if we should continue to offer these visits to families.

6) When we looked at the results of our study, we found that some children who received the nurse home visit returned to the hospital **more** than children who did not receive the visit. We are trying to figure out why this is the case. Do you have any thoughts as to why this may be? Can you think of anything about the home nurse visit that might explain why more children came back to the hospital or emergency room? Do you think the home visit influenced your decision to return/not return to the hospital? Is there anything we could change in the visit to prevent people from having to come back? **(Only ask if information not previously volunteered.)**

Under what circumstances would you want the visit?

7) Knowing that more children returned to the hospital or ED, would you still want to receive a nurse visit after discharge in the future? Does knowing the results change your mind? Why/why not?

Interview guide for parents who did not receive the intervention

As I mentioned, we have a few questions about your experiences at home after being discharged. There are no right or wrong answers. Feel free to share any experiences or thoughts.

1) Thinking back about when you first got home from the hospital, how were the first few days taking care of your child? Was it stressful? If so, how? How was your child doing? In the days after discharge, was there ever a time you were worried or concerned about your child's health? Talk me through that. What happened? Did you call anyone with questions? Who? Why?

Did you take them anywhere? A doctor's office?

Be sure to probe whatever their response is.

2) Was this the first time your child had been hospitalized? Many families tell us they have problems or felt uncomfortable after discharge for one reason or another. Was there any time you can remember feeling uncomfortable or had a problem?

If yes→ Tell me more about that. What happened? How did you solve the problem?

If they felt comfortable taking care of child→ what kinds of things reassured you and helped you feel comfortable?

3) <ASK ONLY IF READMITTED/ED> **Be sure to use specific re-utilization of child.** In the days following being discharged from the hospital, your child had to be readmitted to the hospital (or return to the emergency room.)

Can you please talk me through what happened?

What prompted you to make this visit?

How did you decide to return to the <ED>?

Did you talk to a family member or friend or your doctor?

We are just trying to understand your thought process we are glad you got your child the care they needed.

4) <IF NOT READMITTED> In the days after being discharged from the hospital, was there a time you thought about returning to the ED/PCP?

Talk me through what happened.

How did you decided not to go?

Did you talk to a family member or friend or your doctor?

We are just trying to understand your thought process so there is no right or wrong way to do things!

5) If you had the option of a one-time nurse visit to your home shortly after discharge, do you think this is something you would want? This one-time visit would be by a nurse from the hospital who would assess your child and answer any questions you may have. Under what circumstances would you want a nurse home visit? Under what circumstances would you not want the visit?

6) When we looked at the results of our study, we found that some children who received the nurse home visit returned to the hospital **more** than children who did not receive the visit. We are trying to figure out why this is the case. Do you have any thoughts as to why this may be? Can you think of anything about the home nurse visit that might explain why more children came back to the hospital or emergency room?

7) Knowing that more children returned to the hospital or ED, would you want to receive a nurse visit after discharge in the future? Does knowing the results change your mind? Why/why not?

Hospital medicine physician focus group guide

As you know, physicians sometimes order skilled nursing visits for patients after discharge such as for tube feeding, intravenous infusions. We often call these types of visits “traditional visits”. We recently completed a study of a “non-traditional” home nurse visit after discharge. These visits were specifically designed for discharges after common pediatric illnesses (e.g. bronchiolitis, dehydration) within 4 days of discharge for kids who didn’t qualify for traditional skilled nursing care. We’d like to get your thoughts about the potential impact of this type of visit.

What benefits do you think a family might experience from a non-traditional home health visit?

How might the benefits be related to specific diagnoses or conditions?

Can you describe possible drawbacks or negative effects of a visit for the family and child?

If a nurse is in the home and identifies a problem, how do you think the nurse should handle the situation?

Probes: What if the child may need further evaluation? Med discrepancies? Concerning social situations?

When would you want the nurse to reach out to the discharging attending or to the PCP? Is it issue dependent?

Do you remember receiving phone calls related to the H2O “non-traditional” visit?

If yes → talk me through your interaction with the Home Health Care nurse

Would having a nurse home visit shortly after discharge change your recommendations for discharge? In what ways? What would be your recommendations?

Would having a nurse home visit shortly after discharge change the recommendation of timing or need for primary care follow-up? How so?

In our study, we found that children randomized to the intervention were readmitted or returned to the ED 17.6% of the time. Children who had a standard discharge (without a home visit) were readmitted or returned to the ED 14% of the time. In other words, children randomized to the home health arm came back **more frequently**. Why do you think these children returned more often?

<really explore this and try to get as many suggestions from them as possible before proceeding>

We'd like to make the visit more focused on preventing unneeded re-utilization. What are the most important changes we should make to the visit to accomplish this goal?

[Probes after receiving volunteered responses]: stronger patient/family engagement, connection with primary care, more focus on symptom management, medication reconciliation, focus on specific high-risk pops?

One hypothesis we have is that in scheduling and administering the nurse visit we reinforced the relationship with the hospital. In other words, the intervention may have made it “easy” for people to return. For example, one mother reflected on the warning signs that the nurse gave her for bronchiolitis. When her child developed some of those warning signs she brought her child to the ED. If we re-designed the nurse visit, is there anything we could do better to connect these patients to primary care?

Nurse perspective→ home health care nurses reflected that it can be very difficult to contact community providers. If we re-designed the nurse visit, what are some ways we could incorporate a shared-decision making model?

PCP focus group guide

As you know, physicians sometimes order skilled nursing visits for patients after discharge such as for tube feeding, intravenous infusions. We recently completed a study of a “non-traditional”

home nurse visit after discharge. These visits were specifically designed for discharges after common pediatric illnesses (e.g. bronchiolitis, dehydration) within 4 days of discharge for kids who didn't qualify for traditional skilled nursing care. We'd like to get your thoughts about the potential impact of this type of visit.

What benefits do you think a family might experience from a non-traditional home health visit?

How might the benefits be related to specific diagnoses or conditions?

Can you describe possible drawbacks or negative effects of a visit for the family and child?

If a nurse is in the home and identifies a problem, how do you think the nurse should handle the situation? Probes: What if the child may need further evaluation? Med discrepancies?
Concerning social situations?

How does having a nurse in the home change your management as the outpatient physician? In what ways?

How does having a nurse in the home change the time frame of when you want to see the patient after discharge? How so?

In our study, we found that children randomized to the intervention were readmitted or returned to the ED 17.6% of the time. Children who had a standard discharge (without a home visit) were readmitted or returned to the ED 14% of the time. In other words, children randomized to the home health arm came back **more frequently**. Why do you think these children returned more often?

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to the ED. If we re-designed the nurse visit, is there anything we could do better connect these patients to primary care?

Home care RN focus group guide

Introduction: Thank you for agreeing to participate in an interview. As a nurse who provided non-traditional home visits in the H2O study, you have been invited today to discuss the visit and help us understand the trial results.

We're hopeful that this will be an open and candid discussion about your first-hand experiences and perspective. Please be assured that your comments are confidential and that your name will not be attached to your comments. The audio recording of this session will be destroyed and all identifiers will be removed once the dialogue has been analyzed for research purposes. Do you have questions before we begin?

1. Thinking back over the home visits that you conducted, what did you understand to be the main goal or objective of the visit?
Note: would like to know if they thought a goal was to prevent readmission
2. Can you think of an example when you identified a clinical or social concern during the visit? Talk me through the actions you would/could take and how you made decisions about what to do.
3. What types of concerns were noteworthy enough to merit a phone call to another provider?
4. How often did these types of concerns emerge during a visit?
5. How did you decide who to call? When did you call the primary care provider? When did you call the hospitalist service?
6. When you called, did you make a recommendation to the provider about what you thought the next step should be (e.g., go to primary care office, go to ED)?
7. Would it have helped you gauge the severity of a child's condition if you could have assessed them prior to hospital discharge? Would a baseline data point have been helpful to understand if they were improving even if symptoms were still present?

8. Here are some examples of clinical warning signs call ‘red flags’ that home visit nurses provided to families as part of the visit. Can you talk us through how you presented this information to families?
9. What did you tell families to do if they observed red flags?
 - a. Probes: Did you offer different options for actions? when were they supposed to call their doctor? when were they supposed to go to the ED?
10. Did you leave written information about red flags?
11. How did you make the decision to designate a patient as a ‘watcher’?
12. How were watcher patients followed? Were additional calls to providers or other types of care escalation needed for these patients?
13. Overall, how confident did you feel after leaving a home visit that the family understood the steps to take if their child’s condition did not improve/ or if certain symptoms presented?
14. Can you think of any example where you didn’t feel very confident.....What was the basis for your concern?
15. Were there specific situations encountered during a visit that made you think that a particular patient might end up in the emergency room or in the hospital within the next 30 days? Can you give me some examples?
16. Were there specific situations encountered during a visit that resulted in sending the patient directly to the ED? What happened?
17. How did you make the decision to refer the patient to the ED?
18. We found that patients randomized to receive a visit were more likely to come back to the ER or hospital within 30 days than those who were randomized to the control group. In what ways do you think receiving a home visit might contribute to returning to the hospital? In what ways do you think a home visit might prevent a return?
19. We’d like to make the visit more focused on preventing unneeded re-utilization. What are the most important changes we should make to the visit to accomplish this goal? [Probes after receiving volunteered responses]: stronger patient/family engagement, connection with primary care, more focus on symptom management, medication reconciliation, focus on specific high-risk pops?

