

INTERVIEW DISCUSSION GUIDE – HEALTH SERVICE PROVIDERS

Introduction

We are using this semi-structured interview to understand your experience as a health service provider and the relationship between structure, process, and outcomes of the integrated teams when compared to usual care.

A. Background

1. Can you tell us your name and your specialization?
2. How long have you been focused on palliative care? What led to this focus?
3. What is a typical day for you like? If there isn't really a "typical day", walk us through what you did yesterday to give us an idea.
4. Are you assigned to specific times of day or types of patients?

B. Activity: Team Highs and Lows

Goal of Activity: Help us understand key milestones, inflection points if any, and the evolution of the team.

1. When you first joined can you tell us what it was like then? How are things different now?
2. What were the highs and lows? Can you tell us what made these points in time good/bad or challenging/successful?
 - How did it evolve into what we see now?
 - What are some of the major lessons you or your team has learned that helped you operate and deliver better care?

C. Team Structure

Activity: Interdisciplinary Care Team Bull's Eye Diagram

Goal of Activity: Understand levels of interaction among interdisciplinary team network.

1. Help us understand who you work most closely with (use bull's eye diagram to denote close-moderate-limited interaction) and the different relationships amongst people in your care team network.
2. What type of interaction do you have with them (i.e. when, why, how)?
3. Now show us on the other bull's eye what a usual care team would look like from your perspective.
 - Who would you want more interaction/communication with/why?
 - What is your relationship with the CCAC Case Managers/Care Coordinators? How/when do you interact? What do you see their role as? What aspects of their role/interactions are effective/not effective or needs to change?
 - What do you think are the pros/cons of how your care team is set up? What would make it more ideal? Any stories to share about experiences with trial and error?
 - What is different about care before and after the development of the team?
 - How do you/are you able to adapt/adjust capacity to serve over time?
 - Is there ever any confusion among roles and responsibilities? How is it dealt with if at all?
 - Based on the way you've described how providers interact do you feel you can deliver the best quality of care possible? Why/why not?
 - What would make you feel better supported to do your job well?

D. Physician Model

Activity: Physician Model Diagram

Goal of Activity: Understand physician involvement with the Team.

Based on our understanding of physician interaction, we know about 3 distinct models of care teams (refer to *Pereira Framework*).

1. Which of these (or which combination/derivation) best describes your situation here? Why?
 2. Describe your role, if any, in building capacity of primary care teams. Provide examples that work and successes, challenges, failures, etc.
 3. How do you build capacity of primary care teams?
 4. Using the props, show us how your physician model works.
- Do you think these 3 accurately represent what exists in the world of palliative care teams? Why/why not? Are there other aspects you think these models may not account for?

E. Usual vs Consult Care Experience

Activity: Palliative Care Journey – show us applicable tools

Goal of Activity: Understand how the Team impacts care throughout the trajectory of care.

We now want you to think about the end-of-life trajectory. The major aim is to understand the difference that an integrated team can make throughout the trajectory so we want to ask you about your role throughout end-of-life care.

Questions	Prompts	Potential Pain Points
<p>1. Where are you involved in the trajectory of care? What is your role?</p> <p>2. What processes, protocols, procedures and tools does your team have in place to provide better care?</p>	<ul style="list-style-type: none">• Where can consult team care make a difference to avoid/solve client pain-points?• How do you prioritize urgent cases?• How does the team react to changes in patient needs?• What are team dynamics like?• How does the team communicate?	<ul style="list-style-type: none">• Understanding options/access to EOL care• Getting homecare services arranged in time for discharge• Getting the right equipment on time and set up• Confusion or not knowing who/how to contact providers• Not being able to find a family doctor• Lack of role clarity with family physician (may have limitations on what they are willing to take on)• Having to brief new providers/physicians on condition• Hitting CCAC service cap (max hours or not eligible)• No bed available in hospice• Delay or complications in delivery of medicine/equipment• Not having access to care after 5pm or not knowing who to contact 24/7• Lack of continuity of care, information, communication between providers and agencies (physicians, EMS, CCAC, Cancer Centre)

Questions	Prompts	Potential Pain Points
<p>3. What are the biggest challenges you face in your role?</p> <p>4. What are the biggest challenges that patients and caregivers face with the team? Without the team?</p>	<ul style="list-style-type: none"> • What are the greatest pain points for you as a provider? • What do you feel are the causes? Potential solutions? • Has your team had to change or adapt how you manage any of these points along the journey? Do you have any stories about successful or unsuccessful experiments/changes? 	<ul style="list-style-type: none"> • Not knowing how to manage accidents (i.e. fall) or sudden worsening of condition/pain • How to handle symptom issues • Repeat of story/assessments • Managing EOL and Advanced Care Planning and directives (tough conversations) • Physicians with lack of EOL expertise • Losing cognitive ability to make decisions • Disagreement/conflict with family over EOL/ACP • Family needing to make decisions/arrangements while grieving, emotionally overwhelmed • Not being able to die at home • Family not knowing how to coordinate pronouncement of death • Family not knowing how to coordinate removal of body, delay in process

F. Quality of End of Life Care

1. Can you tell us a patient story that gives us an idea of what being able to provide better quality of care means/looks like?
2. On the contrary, can you tell us a story about when it was really difficult to provide the type of end of life care or experience that is ideal? What were the factors that made it challenging?