



Primary Palliative Care at California Public Hospitals: A Needs Assessment ROUND 1 STAKEHOLDER INTERVIEW GUIDE & RECORD

Goal of Round 1 Interviews:

1. Identify palliative care quality gaps in the partner service line or organization
2. Identify potential targets for intervention audience (people) and behavior

Recommended Number of Interviews: At least 3 to 5 (or more if feasible)

Recommended Interview Length: 30 minutes per interview

Interview Format: Semi-Structured, meaning that you will present a few prompts, but main goal is to just listen to the perspective of the stakeholder and ask clarifying questions to ensure you understand. Focus on their experience and values as opposed to hypotheticals.

Selecting Stakeholder for Interviews

- Select at least 3 to 5 stakeholders from your partner service line or organization during Dec 2018 and Jan 2019.
- Stakeholders could include patients, families, clinicians from any discipline working in the partner service line or organization as well as leadership – anyone who is involved in or impacted by the care of seriously ill patients and their families.
- Aim for a variety in discipline, level in hierarchy.
- When you invite stakeholders for interviews, ask them who else you should talk with about this (and keep these names, even if you don't interview them for Round 1).
- Interviews should be done in person in a comfortable location.
- One or both adviser may attend each interview – up to your discretion.

Suggested Introduction: Thank you for agreeing to talk with me (us). We are working on a project about how to best care for patients who have serious illness within [service line / organization]. I am grateful to have a few minutes of your time to get your perspective on what things feel like they fall through the cracks for patients with serious illness, and which things are addressed well.

[for health professional interviewees]: By serious illness, I mean an illness that is life limiting, and/or has a high symptom burden or otherwise impacts the quality of life of patients and their caregivers.

[for client / patient / family interviewees]: By serious illness, I mean an illness that causes pain, stress and other symptoms for patients and their families. Serious illnesses may include cancer, heart disease, lung disease, kidney disease, neurological diseases, injuries and many more.

Interviewee: _____

Interview Date: _____

Interview Prompts (Health Professional Interviewee)

1. Take a moment to think about a patient who had a serious illness where things really didn't go well. Tell me that story.
 - How did that experience affect you?
 - Who all do you recall being involved in the care of that patient and family?
2. Now, take a moment to think of a patient who had a high severity of illness where things did go well?
 - What did the clinicians involved in that patient's care do so that things went well?
3. What do you see as the most important current strategic goals of [service line or organization]?
4. When you think about the sickest patients [service line or organization] cares for, what worries you most / keeps you up at night?
5. What else should I know about care of seriously ill patients in [service line or organization]?

Main Themes / Take Home Points:

- 1.
- 2.
- 3.

Key Questions Going Forward:

- 1.
- 2.

Interview Prompts (Client / Patient / Family Interview)

1. Tell me what it has been like to live with your illness.
 - How has it affected you?
 - What has been the most difficult thing to cope with?
2. What has it been like to receive care at [partner service line / organization]?
 - Who all been involved in your care here?
 - Could you tell me a story about someone who made a big difference for you?
 - Tell me about an interaction that did not go well.
3. What advice do you have for health professionals at [service line or organization] who are caring for patients with serious illnesses?
4. Is there anything we haven't discussed that you'd like to share with me?

Main Themes / Take Home Points:

- 1.
- 2.
- 3.

Key Questions Going Forward:

- 1.
- 2.

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