

Appendix A. Interview Guides

1. Guide for individual interview with patient or family

This semi-structured interview guide is to be used in the audio-taped face-to-face interview with the patient/proxy after the patient's discharge from the hospital. Please note where the interview takes place (in the patient's home or elsewhere; other people around, etc.), and other circumstances regarding the encounter (positive/negative aspects, etc.) (Length of time of interview: about 1 hour)

Recent experiences of communication

Are you satisfied /dissatisfied with how important information about you, your situation and your treatment was communicated between the different doctors/nurses at the hospital and between the hospital and primary care?

Was the communication sufficient and in time?

What is your understanding of how communication took place between the inpatient doctors/nurses and your primary care doctors/nurses?

What was your own participation in this communication? What about your next-of-kin's?

What did you want the inpatient care providers to know?

(probes when needed – investigations, tests, planned treatment, drug prescriptions...)

What did you want the primary care physician/nurse to learn about your hospital stay?

Critical incident technique – appreciative and problematic situations

Please tell me about one occasion when the communication process in your view was very satisfying. What was behind this successful occasion? Consequences for you?

Please tell me about one occasion when the communication process in your view was very dissatisfying. What was behind this occasion? How did you notice that it did not work well? What is your opinion about the consequences for you and your well-being?

Communication in general; barriers and facilitators

How does communication generally work for you between primary care and emergency care and back again?

What would, in your opinion, be the best way for your primary care physician/nurse to inform the hospital staff about you and your needs?

What would be the best way for your primary care physician/nurse to learn about what has happened in the hospital?

In thinking about improvements to communication, what barriers do you think need to be addressed?

What would you describe/what strategies would you employ to ensure the communication between primary care and hospital emergency care in order to make care safe and effective for the patient?

2. Guide for individual interview with healthcare providers

The interview guide is to be used in the individual interviews with the patient's care providers shortly after the patient's discharge from the hospital. The interview guide needs to be adjusted to the care provider being interviewed (hospital/primary care/ doctor/nurse/other carer). Please note where and with what category of professional/carer the interview takes place, and individual facts or circumstances regarding the encounter (positive/negative aspects, etc.) (Length of time of interview: about 1 hour)

I. Experiences of communication in a specific case

Are you satisfied /dissatisfied with how the communication about the patient was handed over to you from primary care/to the emergency room/ to the emergency ward/ and back to primary care? Was the communication sufficient and in time?

What information, in your view, about a patient like NN, was necessary for (you as) hospital staff (primary care provider) to learn when you/they took responsibility for his/her care?

(probes – investigations performed, test results, planned treatments, drug prescriptions...)

What information, in your view, was necessary for (you as) the primary care physician/nurse to learn about this patient's hospital stay? What methods did you personally use for communication in this handover?

Critical incident technique – appreciative and problematic situations

Please tell me about one instance when you felt that communication between primary care and the hospital regarding a patient was exemplary. Try to be as detailed as possible about this communication process. What was behind this successful occasion? Impact on the patient?

Please tell me about one instance, where you felt that inadequate communication between primary care and the hospital had a significant impact on the patient's clinical course in the hospital? Details....

What was behind this occasion? Consequences for the patient?

II. Handover communication in general

What's your opinion about how communication between primary care (doctors and nurses) and emergency care (doctors and nurses) currently is performed? What are the details always delivered?

What is often omitted?

What method, what tools do you currently use to inform the PPC/nurse/the emergency dept?

Do you have (written) guide-lines? Describe... What details do you think are necessary to communicate?

(probes) Who do you designate as primarily responsible for this communication to take place?

What would, in your opinion, be the best way for you to learn about the primary care/emergency care physician's/nurse's assessments of patient status and best practice? What would be the best way for the primary care physician to learn about what has happened in the hospital?

When a patient is discharged, have you ever felt uncomfortable that issues will go unresolved or things will be lost to follow-up by the primary care? Is there anything that occurred during a patient's hospital stay that you wish that you would have informed the primary care physician/nurse about earlier?

Barriers and facilitators

In thinking about improvements to handover communication, what barriers to effective communication in the patient's care network do you think need to be addressed?

What strategies or methods would you employ to ensure the communication between primary care and emergency care to be safe and effective for the patient in hand-over situations?