

Care Transitions Interventions Interview Guide—Patient and/or Caregiver

1. Can you describe for me your experience of the transition from x to x?
 - a. *Who was involved in coordinating the care?*
 - b. *How were they involved coordinating and maintaining continuity of care across the care spectrum?*
 - c. *How were you informed of the transition?*
 - d. *Did you experience any difficulties in care? If YES: Can you describe for me the challenges you experienced?*
 - e. *What information around your care and/or transfer over and admission to x did you receive?*
2. Tell me (describe for me) how you/or your family caregiver were involved in forming a care transition plan that reflected your transfer.
3. Did you want to be more or less involved in the planning? Describe.
4. Tell me (describe for me) how you were involved in implementing the care transition plan.
5. Tell me (describe for me) how your unique needs were addressed.
6. Tell me (describe for me) how you were made aware of any follow-up medical appointments, follow-up care, and a post-discharge plan.
7. Tell me (describe for me) how any physical, health related, and/or social barriers to attending follow-up appointments were addressed?
8. Tell me (describe for me) how follow-up care was arranged for you.
9. Tell me (describe for me) how the nurse and/or members of the interprofessional care team informed you and/or your caregivers around your care transition.
10. Tell me (describe for me) how communication strategies with a nurse and/or other members of the health care team prepared you for your care transition.
11. Tell me (describe for me) how communication strategies with a nurse and/or other members of the health care team were used during the transition from hospital to rehab setting.
12. Tell me (describe for me) what patient education have you and/or your family/informal caregiver received.
13. Tell me (describe for me) about relevant community resources, services and programs you were made aware of during the transition period.