

Appendix 1a – Physician Interview Guide

Thank you for agreeing to speak with me. I will be moderating the interview today and [XXX] will be observing and we are working on this project to understand how hospitalists experience the transfer of patients from other facilities. We are seeking your input because hospitalists are often involved in the acceptance, triaging, and admissions of transferred patients, and we feel your insights will be invaluable.

To make sure we are on the same page, I will be referring to patients who are transferred from other facilities as “outside hospital transfers (OSH)” though I know they can also be called “interhospital transfer” patients. The questions I have here are mostly about how these transfers go, your experiences so far doing them, as well as your perspectives on how it influences patient care. We also have included questions specifically about COVID-19 as it relates to hospital transfers and your experiences as a hospitalist during this unprecedented time.

I anticipate this interview lasting around 60 minutes. I want to be sure I do not miss anything that you say, so I am asking your permission to record our conversation and take field notes. If at any time you would like me to pause the recording while you say something, please let me know. If you find at the end of our session that you’ve said something you would rather not have transcribed, let me know today or feel free to email/call me later on and I will remove it from the transcript. All data from these interviews will be confidential and de-identified so that no one can trace your words back to you.

Do you have any questions? Do I have your permission to begin recording? Thank you.

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1. To start us off, could you describe a recent experience you had with an OSH transfer?

Next, I’d like to focus on the process of taking calls for OSH transfer requests.

2. Walk me through how taking transfer request calls work.
 - a. **For transfer request calls, what processes work well/what can be improved?**
 - i. **How does taking these calls incorporate into your clinical workflow?**
 - ii. **How could this be improved?**
 - b. **How do you determine if an OSH patient is appropriate for transfer?**
 - i. **What nuances exist for subspecialty transfers? (e.g. GI, Heme)**
 - c. **When you get report from the OSH provider, what information is most valuable? What information is often missing/do you need to prompt for?**
3. How are you notified of clinical status updates after you accept the patient?
 - a. Under what circumstances would you want an update?

These next questions shift focus to the process of admitting OSH transfer patients.

4. How are you made aware that you are admitting an OSH transfer patient?
 - a. Describe any situations where this process has not worked well.
5. How do you obtain clinical information about the OSH transfer patient and their OSH course when you are not the accepting provider?

- a. What information is most/least valuable to you when admitting an OSH patient?**
 - b. What information is most often missing?**
 - c. If you had a question about the patient's care at the OSH or needed missing information, how would you go about getting that information? (*E.g. last antibiotic administration time, code status, imaging results, etc*).
 - d. Tell me about a time when a patient arrived not as described in the acceptance note. What happened? What did you do? What would you have changed?**
6. In this next part, describe your workflow in admitting an OSH transfer patient.
 - a. How do you decide when in your workflow to see a new OSH transfer patient?**
 - b. What orders do you typically place when admitting an OSH transfer patient?**
 - i. **Probe for timing of orders in relation to seeing the patient/info gathering**
 - c. Tell me about interactions with other healthcare team members when admitting OSH transfer patients. (e.g. Nurses, consultants, case management, pharmacy, etc)**
 - i. **What challenges have you faced when working with other team members while admitting OSH transfer patients?**
 - ii. **How do these interactions with team members affect your ability to care for an OSH transfer patient?**
7. Overall, when an outside hospital transfer goes really well, describe what makes it go well. (Probe for individuals involved, structures in place, personal role and accountability, etc.)
8. In contrast, tell me about issues that come up when OSH transfers do not go well.
 - a. What patterns have you noticed about this process?

My final question focuses specifically on your experience with OSH transfers in the context of the COVID-19 pandemic.

9. How has COVID-19 affected OSH transfer care?
 - a. Has COVID-19 impacted anything specific when taking transfer request calls/during admission?
 - b. What COVID-19 related issues have come up with transferred patients?
 - c. What has been surprising about taking care of transferred patients who have COVID-19 or are suspected to have COVID-19?
10. Is there anything else we did not get a chance to talk about today that you would like to share about your experience as a hospitalist working on outside hospital transfers?

Thank you so much for your time today.

Appendix 1b – APP Interview Guide

Thank you for agreeing to speak with me. My name is [XXX], and I am a [doctor, research assistant, researcher, etc.] who is working on this project to understand how hospitalists experience the transfer of patients from other facilities. We are seeking your input because hospitalists are often involved in the acceptance, triaging, and admissions of transferred patients, and we feel your insights will be invaluable.

To make sure we are on the same page, I will be referring to patients who are transferred from other facilities as “outside hospital transfers (OSH)” though I know they can also be called “interhospital transfer” patients. The questions I have here are mostly about how these transfers go, your experiences so far doing them, as well as your perspectives on how it influences patient care. We also have included questions specifically about COVID-19 as it relates to hospital transfers and your experiences as a hospitalist during this unprecedented time.

I anticipate this interview lasting around 60 minutes. I want to be sure I do not miss anything that you say, so I am asking your permission to record our conversation and take field notes. If at any time you would like me to pause the recording while you say something, please let me know. If you find at the end of our session that you’ve said something you would rather not have transcribed, let me know today or feel free to email/call me later on and I will remove it from the transcript. All data from these interviews will be confidential and de-identified so that no one can trace your words back to you.

Do you have any questions? Do I have your permission to begin recording? Thank you.

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1. To start us off, could you describe a recent experience you had with an OSH transfer?

Next, I’d like to talk about triaging OSH transfer medicine admissions (when you are the Triagist).

2. Describe the triage process with OSH transfer patients.
 - a. How are you informed that there is an OSH transfer patient ready for admission?
 - b. What information do you get that is valuable? What information is missing?
 - c. **When triaging OSH transfer patients goes well/does not go well, what contributes?**

These next questions shift focus to the process of admitting OSH transfer patients.

3. How are you made aware that you are admitting an OSH transfer patient?
 - d. Describe any situations where this process has not worked well.
4. How do you obtain clinical information about the OSH transfer patient and their OSH course?
 - e. **What information is most/least valuable to you when admitting an OSH patient?**
 - f. **What information is most often missing?**
 - g. If you had a question about the patient’s care at the OSH or needed missing information, how would you go about getting that information? (*E.g. last antibiotic administration time, code status, imaging results, etc*).

- h. **Tell me about a time when a patient arrived not as described. What happened? What did you do? What would you have changed?**
5. In this next part, describe your workflow in admitting an OSH transfer patient.
- i. **How do you decide when in your workflow to see an OSH transfer patient?**
 - j. **What orders do you typically place when admitting an OSH transfer patient?**
 - i. **Probe for timing of orders in relation to seeing the patient/info gathering**
 - k. **Tell me about interactions with other healthcare team members when admitting OSH transfer patients. (e.g. Nurses, consultants, case management, pharmacy, etc)**
 - i. **What challenges have you faced when working with other team members while admitting OSH transfer patients?**
 - ii. **How do these interactions with team members affect your ability to care for an OSH transfer patient?**
 - l. What differences, if any, do you feel exist between admitting an OSH transfer patient and a patient admitted through the main emergency department?
 - i. How do patient expectations differ?
6. Overall, when an outside hospital transfer goes really well, describe what makes it go well. (Probe for individuals involved, structures in place, personal role and accountability, etc.)
7. In contrast, tell me about issues that come up when OSH transfers do not go well.
- m. What patterns have you noticed about this process?

My final question focuses specifically on your experience with OSH transfers in the context of the COVID-19 pandemic.

8. How has COVID-19 affected OSH transfer care?
- n. Has COVID-19 impacted anything specific when taking transfer request calls/during admission?
 - o. What COVID-19 related issues have come up with transferred patients?
 - p. What has been surprising about taking care of transferred patients who have COVID-19 or are suspected to have COVID-19?
9. Is there anything else we did not get a chance to talk about today that you would like to share about your experience as a hospitalist working on outside hospital transfers?

Thank you so much for your time today.