#### **Consumer: General Welcome**

"Thank you for coming along today and participating in our study. My name is XXX.

Acknowledgement of Country

Bathrooms, fire exits.

The purpose of this workshop is to capture the needs of the Rouse Hill community and their perspectives on new ways of delivering acute care. What we talk about today will inform the development of the new hospital in Rouse Hill. We really appreciate your time and thank you very much for being here today.

**Consumer stream:** As consumers of healthcare, your experiences as patients are very valuable. However, please note that there is no obligation to disclose details of personal healthcare issues.

Throughout the workshop a researcher/facilitator will be with each table group to take notes, facilitate discussion and ask you questions. The workshop will go for 2 hours with a 10-minute break with refreshments after the first hour."

Audio-recording devices, flipcharts, and notes will be used to capture discussions. You will remain unidentifiable in the analysis and write-up of any findings relating to this research.

If you have any questions throughout the day, please ask one of the Macquarie University staff members (introduce all staff members).

Before we begin, we ask that your read and sign the PICF on your tables. If you have any questions before signing, now is the time to ask (**pause for questions**). Once you've signed, we will photocopy the documents and provide you with your own version."

# **Group Introduction**

"Good afternoon (morning/evening etc.) and welcome to the workshop. Thanks for taking the time to talk with us about what you would like to see in the new Rouse Hill Hospital. My name is (insert name here), and I am from the Australian Institute of Health Innovation at Macquarie University. We are working in partnership with Health Infrastructure and the Western Sydney Local Health District. My role as moderator will be to guide the discussion today.

Please note that there are no right or wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. You don't need to agree with others' opinions, but we ask that you listen respectfully as others share their views.

You've probably noticed the microphone. We are taping the session because we don't want to miss any of your comments. People often say very helpful things in these discussions, and we can't write fast enough to get them all down. However, to make the recording as clear as possible, we ask that only one person speak at a time. And to remind you, no-one is identifiable on the recording.

Let's get started! Before we begin, if you wouldn't mind writing your name on the (name card/sticker in front of you. We will be on a first name basis today, but we won't use any names in our reports."

#### **Icebreaker Activity**

"To get everyone thinking, we have planned a <u>brief icebreaker activity</u>. The purpose of this activity is to encourage thinking outside of the box.

 As a group, let's try to come up with 15 different ways that you can use a paperclip. The more inventive, the better. Who would like to start? We have 3 minutes!

(Separate sheet of paper)

As some of the models of care involve understanding technological devices

Please rate on the scale below the following:

#### 1. How comfortable are you using:

#### A smart phone?

 ${\bf Extremely\ Uncomfortable,\ Somewhat\ Uncomfortable,\ Neutral,\ Somewhat\ Comfortable,\ Extremely\ Comfortable}$ 

# A smart watch?

Extremely Uncomfortable, Somewhat Uncomfortable, Neutral, Somewhat Comfortable, Extremely Comfortable

## Computers?

Extremely Uncomfortable, Somewhat Uncomfortable, Neutral, Somewhat Comfortable, Extremely Comfortable

"Now that we have gotten to know each other a little better we would like you to reflect on a patient or patients who may or may not benefit from different "models of care". Today, we will talk about three different models of care in our workshop today. These are not the only models of care we are exploring, but we only have two hours, so will be talking about different models with

different groups. We are interested in your ideas and would like you to reflect broadly as well as on your experience as a person who may or may not benefit from these three different "models of care".

<u>Model 1: Ambulatory Care and diagnostic hospitals</u>: Non-admitted services, where patient care does not involve an overnight stay and usually involves diagnosis and treatment on the same day.

SHOW images: Home vs. Hospital (Images 1/2) Maria (Image 3)

Your name is Maria and you are a 45 year old patient who is able to walk unaided and travels to a centre for treatment 2-3 times per week (e.g., renal dialysis in a shopping centre, chemotherapy)

We would like to ask questions from Maria's as well as your own perspective. Let's start with Maria:

## From Maria's perspective:

- 1. What is good about this model for Maria?
- 2. What about this model might make it difficult for Maria?

### Additional prompts

Can you think of anything about it that might be impractical?

Can you think of anything about it that might be unachievable?

3. What needs to be in place for this to work for Maria?

For example, systems, processes, people, skills and equipment? Now from your perspective:

- 4. What about this model might be good for you and your family?
- 5. What about this model might make it difficult for you and your family?

# Additional prompts

Can you think of anything about it that might be impractical?

Can you think of anything about it that might be unachievable?

- 6. How easy is this to use for you?
- 7. What would stop you using it?

- 8. Can you think of other people who would have difficulty using this model?
- 9. We have already asked for Maria but what other things needs to be in place for this to work for you?

For example systems, processes, people, skills and equipment

### **General questions:**

- 10. Is there anything about the model that concerns you?
- 11. Can you see any safety issues for yourself?
  - o Why is that?
  - o Can you suggest a better way?

(Additional prompts)

Are there any potential risks that you can identify?

12. What other illness and injuries might this model work for?

# Model 2: Digital Hospitals/Consumer Focused Care

Hospitals that make extensive use of new technologies to provide streamlined care, improve patient safety and care quality, and improve overall care cost effectiveness.

SHOW images: Home vs. Hospital (Images 1/2) John (Image 4)

John is an 70-year-old man who has a heart condition that causes dizziness (e.g., irregular heartbeat). As this places him at a high risk of falls, he has been admitted to hospital for monitoring. Beside his bed is a digital matt that detects and alerts the staff if he has had a fall.

Repeat questions

# Model 3: Hospital in the Home

Patient care and consultation which is typically delivered in the hospital settings is delivered to patients in their own home (e.g., intravenous therapy (antibiotics), anticoagulation, wound care, and chemotherapy).

SHOW images: Home vs. Hospital (Images 1/2)

Jenny (Image 5)

Jenny is a 35-year-old, single mother of three who developed a breast infection with an abscess following the birth of her baby. She was treated with intravenous antibiotics (on a drip) and a tube was placed into her breast to drain the infected fluid. After 24 hours, she returned home to her children and is provided wound care and support in her home from a visiting nurse.

Repeat questions

# At end of focus group

Concluding remarks: Now that we have come to the end of the workshop, we'd like to ask you:

# How important is it for you to be able to choose a model of care?

Prompt: What if you have no option to choose? (only use if needed)

From your perspective, please rate your preference for each model: (Note: Models X, Y, and Z will be replaced with the relevant models discussed at each workshop).

Model X	No pref	Neither suitable	Model Y
Model Y	No pref	Neither suitable	Model Z
Model Z	No pref	Neither suitable	Model X

Is there anything else you would like to communicate to us about the new hospital?

#### **Concluding remarks:**

We will be looking at your data to find commonalties between consumers.

We are conducting exploratory research to gather information only, and all models may not be implemented. Thank you for your time.

Note: All images were publicly available and downloaded from Google.

**Provider: General Welcome** 

"Thank you for coming along today and participating in our study. My name is XXX.

Acknowledgement of Country

Bathrooms, fire exits.

The purpose of this workshop is to capture the needs of the Rouse Hill community and their perspectives on new ways of delivering acute care. What we talk about today will inform the development of the new hospital in Rouse Hill. We really appreciate your time and thank you very much for being here today.

As providers of healthcare, your experiences as patients are very valuable. However, please note that there is no obligation to disclose details of personal healthcare issues.

Throughout the workshop a researcher/facilitator will be with each table group to take notes, facilitate discussion and ask you questions. The workshop will go for 2 hours with a 10-minute break with refreshments after the first hour.

Audio-recording devices, flipcharts, and notes will be used to capture discussions. You will remain unidentifiable in the analysis and write-up of any findings relating to this research.

If you have any questions throughout the day, please ask one of the Macquarie University staff members (introduce all staff members).

Before we begin, we ask that your read and sign the PICF on your tables. If you have any questions before signing, now is the time to ask (**pause for questions**). Once you've signed, we will photocopy the documents and provide you with your own version."

## **Individual Group Introduction**

"Good afternoon (morning/evening etc.) and welcome to the workshop. Thanks for taking the time to talk with us about what you would like to see in the new Rouse Hill Hospital. My name is (insert name here), and I am from the Australian Institute of Health Innovation at Macquarie University. We are working in partnership with Health Infrastructure and the Western Sydney Local Health District. My role as moderator will be to guide the discussion today.

Please note that there are no right or wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. You don't need to agree with others' opinions, but we ask that you listen respectfully as others share their views.

You've probably noticed the microphone. We are taping the session because we don't want to miss any of your comments. People often say very helpful things in these discussions, and we can't write fast enough to get them all down. However, to make the recording as clear as possible, we ask that only one person speak at a time. And to remind you, no-one is identifiable on the recording.

Let's get started! Before we begin, if you wouldn't mind writing your name on the (name card/sticker in front of you. We will be on a first name basis today, but we won't use any names in our reports."

(Separate sheet of paper)

As some of the models of care involve understanding technological devices

Please rate on the scale below the following:

### 2. How comfortable are you using:

#### A smart phone?

 ${\bf Extremely\ Uncomfortable,\ Somewhat\ Uncomfortable,\ Neutral,\ Somewhat\ Comfortable,\ Extremely\ Comfortable,\ Particles and Particles a$ 

## A smart watch?

Extremely Uncomfortable, Somewhat Uncomfortable, Neutral, Somewhat Comfortable, Extremely Comfortable

## Computers?

Extremely Uncomfortable, Somewhat Uncomfortable, Neutral, Somewhat Comfortable, Extremely Comfortable

## 3. What proportion of your patients would be comfortable using:

### A smart phone?

Extremely Uncomfortable, Somewhat Uncomfortable, Neutral, Somewhat Comfortable, Extremely Comfortable

### A smart watch?

Extremely Uncomfortable, Somewhat Uncomfortable, Neutral, Somewhat Comfortable, Extremely Comfortable

# **Computers?**

Extremely Uncomfortable, Somewhat Uncomfortable, Neutral, Somewhat Comfortable, Extremely Comfortable

- 4. So that we can understand you a bit better, what is your discipline?
- 5. Are you mostly:

Office based, facility based, a combination of both?

- 6. What main problems do you currently encounter around delivering high quality care?
- 7. Can you suggest ways to overcome? (5 minutes)
- 8. What are you looking for in a new hospital?

For example: IT/Scheduling/Accessibility

"Now that we have gotten to know each other a little better we would like you to reflect on a patient or patients who may or may not benefit from different "models of care". Today, we will talk about three different models of care in our workshop today. These are not the only models of care we are exploring, but we only have two hours, so will be talking about different models with different groups. We are interested in your thoughts about each of these models of care from your perspective and your patients' perspective. Some of these scenarios describe models you may have already encountered or engaged with. We would like you to think broadly."

# Model 1: Ambulatory Care and diagnostic hospitals/Consumer Focused Care

Non-admitted services, where patient care does not involve an overnight stay and usually involves diagnosis and treatment on the same day.

Maria is a 65 year old patient who is ambulant and travels to a facility for routine care 2-3 times per week (e.g., renal dialysis, chemotherapy)

Please answer the following questions:

In an ideal world, how would her care be delivered?

Additional prompt: how could you best model this?

# From your perspective:

- How would this model help to solve the big problems for you?(What are the pros/strengths for you?)
- 3. What barriers limit this model for you?
- 4. What enablers would need to be in place for this to work?

## From your patients' perspective:

- 5. How would this model help to solve the big problems for your patients?
- 6. What might be the pros/strengths?
- 7. What barriers might limit this model for your patients?
- 8. What enablers would need to be in place for this to work?

### **General questions:**

9. What proportion of your patients would this model work for?

- 10. Can you think of anything about it that might be impractical?
- 11. Can you think of anything about it that might be unachievable?
- 12. To what extent could this model be applicable to other health conditions? What conditions?
- 13. Can you think of any clinicians or patients who might find this model of care difficult to access?
- 14. Is there anything about the model that concerns you?
- 15. What might be the safety issues for your patients?
- 16. Do you see any risks to you as the healthcare provider?

## (Additional prompts)

Are there any potential risks that you can identify?

- o "Why is that?"
- o Can you suggest a better way?

# Model 2: Digital Hospitals/Consumer Focused Care

Hospitals that make extensive use of new technologies to provide streamlined care, improve patient safety and care quality, and improve overall care cost effectiveness.

You are in a place you usually work at, and the facility has digital technology in place such as intravenous fluid charts, bed sensors to alert staff that a patient needs moving in bed, floor mats that alert staff when patients are out of bed, and interactive monitors for patients and staff about daily schedules.

Repeat questions

# **Model 3: Hospital in the Home**

Patient care and consultation which is typically delivered in the hospital settings is delivered to patients in their own home (e.g., intravenous therapy (antibiotics), anticoagulation, wound care, and chemotherapy).

Your patient has undergone a procedure or surgery and after treatment in the hospital is discharged home for follow-up care. For example: Jenny is a 35-year-old, single mother of three who developed complicated mastitis with an abscess following the birth of her baby. She was treated with intravenous antibiotics and a drain was placed into the abscess. After 24 hours, she returned home to her children and is provided wound care and support from a nurse.

Repeat questions

# At end of focus group

Thinking broadly, from your perspective, please rate your preference for each model: (Note:

Models X, Y, and Z will be replaced with the relevant models discussed at each workshop).

Model X	No pref	Neither suitable	Model Y
Model Y	No pref	Neither suitable	Model Z
Model Z	No pref	Neither suitable	Model X

# Thinking broadly, from your patients' perspective, please rate your preference for each model:

(Note: Models X, Y, and Z will be replaced with the relevant models discussed at each workshop).

Model X	No pref	Neither suitable	Model Y
Model Y	No pref	Neither suitable	Model Z
Model Z	No pref	Neither suitable	Model X

# **Concluding remarks:**

We will be looking at your data to find commonalties between providers.

We are conducting exploratory research to gather information only, and all models may not be implemented. Thank you for your time.