

## Supplemental Materials: Appendix 1 & 2

### Patients' and family caregivers' experiences with a newly implemented hospital at home program in British Columbia, Canada: Preliminary results

Sean P. Spina, BSc(Pharm), ACPR, PharmD, FCSHP, *Island Health, UBC, University of Victoria*

*Sean.Spina@islandhealth.ca*

Rounak Haddadi, BSc, BHSc, PG Dip Sc, *Island Health*

Katy Mukai, BA, MPA, *Island Health*

Michelle Riddle, *Island Health*

Beth Bourke, BScN, RN, *Patient Partner*

Lisa Thompson, BSc, *Patient Partner*

Elizabeth Borycki, RN, PhD, FACMI, FCAHS, FIAHSI, *University of Victoria*

David Forbes, BSc(Pharm), MPA, ACPR, BCPS, CTE, *Island Health*

Taylor Hainstock, BHSc, MA, *Island Health*

Curtis K. Harder, BSc(Pharm), ACPR, PharmD, FCSHP, *Island Health*

Nancy Humber, BSc, MD, CCFP, CFPC, MHA, FFRMS, *Hospitalist*

Andre Kushniruk, PhD, FACMI, FCAHS, FIAHSI, *University of Victoria*

Tara McMillan, BSc, *Island Health*

Shauna Tierney, MD, CCFP, *Hospitalist*

Melinda Zeron Mullins, MD, PhD, CCFP, *Hospitalist*



### APPENDIX 1. ISLAND HEALTH'S HOSPITAL AT HOME POST DISCHARGE PATIENT EXPERIENCE SURVEY

#### ADMISSION INTO HOSPITAL AT HOME

The first few questions are about your experience(s) becoming a Hospital at Home (HaH) program patient.

**1. Before you agreed to receive care through the Hospital at Home program, did someone clearly explain to you how the program worked?**

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite clearly
- 4 ... Yes, completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**2. Before you agreed to participate in the Hospital at Home program, did someone clearly explain to you what would be expected of you as a patient in this program?**

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite clearly
- 4 ... Yes, completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**3. a) If you were in the same position again (and you met the criteria as assessed by your doctor), would you choose to be admitted into Hospital at Home instead of receiving care in a hospital building?**

- 1 ... Definitely not
- 2 ... Probably not
- 3 ... Probably
- 4 ... Definitely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**[Programmer Note: Only ask Q3b if Q3a. = Definitely Not | Probably Not]**

**b) Please describe why you would not choose to be admitted into Hospital at Home if you were in the same position again. Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer



**4. How were you transferred home from the hospital?**

- 1 ... Your caregiver (family member or friend)
- 2 ... A medi van
- 3 ... Taxi
- 4 ... I drove myself
- 88 ... Other, please specify: \_\_\_\_\_
- 98 ... [DO NOT READ] Don't know

**5. Did you have a friend or family member sign up through the Hospital at Home program as your caregiver while you were a Hospital at Home patient?**

- 1 ... Yes
- 0 ... No
- 98 ... [DO NOT READ] Don't know

**[Programmer Note: Only ask Q6 if Q5 = No]**

**6. Did you have a friend or family member living with you while you were a Hospital at Home patient who was able to help you with your care needs?**

- 1 ... Yes
- 0 ... No
- 98 ... [DO NOT READ] Don't know

**[Programmer Note: Only ask Q7 if Q5 = No & Q6 = No]**

**7. You indicated that you did not have a family or friend caregiver living with you while you were a Hospital at Home patient. Please rate your level of agreement with the following statement: "I felt comfortable and safe being a patient the Hospital at Home program without a family/friend caregiver."**

- 1 ... Strongly disagree
- 2 ... Disagree
- 3 ... Agree
- 4 ... Strongly agree
- 99 ... [DO NOT READ] Prefer not to answer

**8. After being admitted to Hospital at Home, was it clearly explained to you what the process would be to transfer you home?**

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite
- 4 ... Yes, completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**9. Were you transferred home within the timeframe that the care team members told you to expect?**

- 1 ... No, not at all
- 2 ... No, not really
- 3 ... Yes, somewhat
- 4 ... Yes, completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer



**10. When you arrived home, did you have a clear understanding of when the nurse would come by with the equipment and medications required?**

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite
- 4 ... Yes, completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**11. Was the nurse's first visit to the home within the timeframe that the care team members told you to expect?**

- 1 ... Yes
- 0 ... No
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**12. Before you were transferred home, was the information provided to you clear about who to contact if you had any questions or concerns about your health or care once home?**

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite
- 4 ... Yes, completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

### CARE QUALITY

The next set of questions are about your experiences receiving care as a Hospital at Home patient.

[Interviewer Note: Do Not Read]

While receiving hospital care in your home, how often...	1- Never	2- Sometimes	3- Usually	4- Always	77- Not Applicable	98. Don't Know	99. Prefer not to Answer
<b>13. Were you able to reach a health care provider when you had a question or concern?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>14. Did Hospital at Home health care providers arrive within the time scheduled?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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15. Did the health care provider listen carefully to you?

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16. If you had anxieties or fears about your condition or treatment, how often did a health care provider discuss them with you?

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17. Did health care providers explain things in a way you could understand?

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18. Did the health care providers treat you with courtesy and respect?

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19. Did you feel the Hospital at Home health care providers treated you with compassion?

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20. Did the Hospital at Home staff genuinely respect your cultural values and practices?

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21. Did you feel like the Hospital at Home care providers were respectful of the home?

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22. When your health care provider changed, did the next health care provider seem up-to-date on your care?

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23. Was your pain well controlled?

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**[Programmer Note: Do not ask Q24b if Q24a = Not applicable]**



**24. a) On average approximately how long did it take for you to connect with a health care provider when you had a question or concern?**

- 1 ... Less than 5 minutes
- 2 ... 5 to 10 minutes
- 3 ... 10 to 15 minutes
- 4 ... 15 to 20 minutes
- 5 ... More than 20 minutes
- 97 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**[Programmer Note: Skip Q24 if Q24 = Not applicable | Don't know | Prefer not to answer]**

**b) How satisfied were you with the average length of time it took for you to contact a health care provider when you had a question or concern?**

- 1 ... Very dissatisfied
- 2 ... Dissatisfied
- 3 ... Satisfied
- 4 ... Very satisfied
- 97 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**25. How safe did you feel while receiving care through the Hospital at Home Program?**

- 1 ... Not at all
- 2 ... Partly
- 3 ... Quite a bit
- 4 ... Completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**[Programmer Note: Only ask Q25b if Q25a = "Not at all" | "Partly"]**

**b) Please explain why you did not feel safe as a Hospital at Home patient. Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer



### MEDICATION MANAGEMENT

26. How clear was your understanding of each of the following?

	1- Not at all	2- Partly	3- Quite	4- Comple tely	77- Not Applicable	98. Don't Know	99. Prefer not to Answer
a) <b>Which medications</b> you were expected to take while you were a Hospital at Home patient (this includes medications you were taking before you were a Hospital at Home patient as well as any additional medications you were prescribed by your care team).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) What each medication you were prescribed <u>was for</u> while you were a Hospital at Home patient.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The <u>dosage</u> of each medication you were expected to take while you were a Hospital at Home patient (this includes the amount of medication and when you were supposed to have your medication).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) How to document the medications you took.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



### TECHNOLOGY

27. When you arrived home after being admitted into the Hospital at Home program, did you receive the information/training you needed to use the following tools?

	1- Not at all	2- Partly	3- Quite a bit	4- Completely	77- Not Applicable	98. Don't Know	99. Prefer not to Answer
a) Tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Thermometer (temperature measurement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Blood pressure/ heart rate monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Scale (weight measurement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Oxygen Saturation Monitor (Device that fits on finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Attending virtual visits (connecting with the Care Team via video technology)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. You were asked to take your vital sign measurement (e.g., blood pressure, temperature, weight, oxygen saturation) and submit them twice daily Hospital at Home, once in the morning between the hours of 7-10am and once in the evening 7-10pm. How often were you able to complete this task on time?

- 1 ... Never
- 2 ... Rarely
- 3 ... Some of the time
- 4 ... All of the time
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

29. What challenges or difficulties, if any, did you experience with the Hospital at Home technology (e.g., , tablet, and temperature, blood pressure, and weight vital measurements)?

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer





### INTRAVENOUS TREATMENT

**30. Intravenous (IV) treatments are provided through tubing that remains inserted in a vein. Did you receive IV treatments while in the Hospital at Home Program?**

- 1 ... Yes
- 0 ... No
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**[Programmers Note: If Q30=No | Don't Know | Prefer not to answer skip to Q35 – IPC Questions]**

**31. Were you shown how to care for your IV equipment (Elastomeric-balloon/ball, tubing, catheter, etc.)?**

- 1 ... Yes
- 0 ... No
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**32. Were you given written instructions on how to care for your IV equipment?**

- 1 ... Yes
- 0 ... No
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**33. How comfortable were you with using the IV equipment in your home?**

- 1 ... Not At All
- 2 ... Partly
- 3 ... Quite a Bit
- 4 ... Completely
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**34. How comfortable were you cleaning/caring for the IV equipment?**

- 1 ... Not At All
- 2 ... Partly
- 3 ... Quite a Bit
- 4 ... Completely
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

## INFECTION PREVENTION CONTROL QUESTIONS

**35. By having care team members come into your home, how worried or concerned were you about getting sick (for example COVID-19)?**

- 1 ... Not at all
- 2 ... Not very
- 3 ... Quite a bit
- 4 ... Completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**36. During your time as a Hospital at Home patient, did you have confidence in the steps your health care providers were taking to keep you from contracting other illnesses (COVID-19) when in your home? Please answer on a scale from 0 to 10, with 0 being 'Not confident at all' and 10 being 'Extremely confident'.**

- 0 Not confident at all
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 ... Extremely confident
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

## DISCHARGE QUESTIONS – MEDICATIONS RECONCILIATION

The following questions are about the information you received about your medications before being discharged from Hospital at Home.

**37. During your time as a Hospital at Home patient, were you aware that a pharmacist was on the Hospital at Home care team?**

- 1...Yes
- 0...No
- 98...[DO NOT READ] Don't know
- 99... [DO NOT READ] Prefer not to answer

**38. During your time as a Hospital at Home patient, did you have a conversation with a pharmacist about your medications?**

- 1 ... Yes
- 0 ... No
- 77 ... I did not need any medications.
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer



[Programmers Note: If Q38=Yes Ask Q39, Otherwise skip to Q41] – IPC Questions]

39. The next 6 questions are about your experience with the Hospital at Home (HaH) pharmacist during your time as a Hospital at Home patient.

Please rate your level of agreement with each of the following statements.

[Interviewer Note: Do Not Read]

	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree	77- Not Applicable	98. Don't Know	99. Prefer not to Answer
a) You received <u>quality care</u> from the pharmacist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The pharmacist took a <u>personal interest</u> in you during your HaH admission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The pharmacist was <u>available</u> when you needed them by phone during your HaH admission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) You had <u>trust and confidence</u> in the pharmacist who looked after you during your HaH admission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) You were confident that the pharmacists knew enough <u>about your health problems</u> to give you the best possible care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Pharmacists are critical members of the HaH healthcare team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



[Programmers Note: If Q39f= 1 “Not at all” ask Q39g, otherwise skip to Q40]

g) Please explain why you do not agree with the statement: *Pharmacists are critical members of the Hospital at Home healthcare team (Please do not identify individuals, or use phrases that could identify you.)*

1... [ENTER COMMENT]

40. Please provide any additional comments you may have related to your experience with the Hospital at Home pharmacist during your time as a Hospital at Home patient:

1... [ENTER COMMENT]

41. Before you were discharged from Hospital at Home, did someone talk with you about how to treat pain after discharge?

1 ... Yes

0 ... No

77 ... I did not need to treat pain after discharge.

98 ... [DO NOT READ] Don't know

99 ... [DO NOT READ] Prefer not to answer

42. Before you were discharged from Hospital at Home, did a health care provider review your medications with you, including information about what medications you should continue or stop, or information about any new medications that you had not taken before?

1 ... Yes

0 ... No

98 ... [DO NOT READ] Don't know

99 ... [DO NOT READ] Prefer not to answer

43. Before you were discharged from Hospital at Home, did a health care provider review what your medicines were for?

1 ... Yes, definitely

2 ... Yes, somewhat

3 ... No

77 ... [DO NOT READ] Not applicable

98... [DO NOT READ] Don't know

99 ... [DO NOT READ] Prefer not to answer

44. Before you were discharged from Hospital at Home, did a health care provider describe possible side effects of your medications in a way you could understand?

1 ... Not at all

2 ... Partly

3 ... Quite a bit

4 ... Completely

77 ... [DO NOT READ] Not applicable

98 ... [DO NOT READ] Don't know

99 ... [DO NOT READ] Prefer not to answer

**45. Before you were discharged from Hospital at Home did you have a clear understanding about all of your prescribed medications, including those you were taking before you were admitted?**

- 1 ... Not at all
- 2 ... Partly
- 3 ... Quite a bit
- 4 ... Completely
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**46. Before you were discharged from Hospital at Home, did you receive written information about your medications?**

- 1 ... Yes
- 0 ... No
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**[Programmers Note: Only ask Q47 if 46 = Yes, otherwise skip to Q48]**

**47. Was the written information you received about your medications easy to understand?**

- 1 ... Not at all
- 2 ... Partly
- 3 ... Quite a bit
- 4 ... Completely
- 5 ... I did not need any medicine
- 6... I did not receive any written information
- 77... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

## DISCHARGE QUESTIONS

**For the following questions, we want you to think about the plans made to prepare you for discharge from Hospital at Home.**

**48. Before you were discharged from Hospital at Home, did you get a link to online information or information in writing about what symptoms or health problems to look out for after discharge?**

- 1 ... Yes
- 0 ... No
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**49. Before you were discharged from Hospital at Home, were you told when you could resume your usual activities, such as when to go back to work or drive a car?**

- 1 ... Not at all
- 2 ... Partly
- 3 ... Quite a bit



- 4 ... Completely
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**50. Before you were discharged from Hospital at Home, if you had any anxieties or fears about your condition or treatment, did a care provider (nurse or doctor) discuss them with you?**

- 1 ... Never
- 2 ... Sometimes
- 3 ... Usually
- 4 ... Always
- 77 ... Did not have any anxieties or fears
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**51. Before you were discharged from Hospital at Home, were you told who to contact, if you had a question or were worried about your condition or treatment?**

- 1 ... Yes
- 0 ... No
- 77 ... Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**52. Before you were discharged from Hospital at Home, were you involved as much as you wanted in decisions about your discharge?**

- 1 ... Never
- 2 ... Sometimes
- 3 ... Usually
- 4 ... Always
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**53. Before you were discharged from Hospital at Home, did you have a good understanding of the things that you were responsible for in managing your health?**

- 1 ... Not at all
- 2 ... Partly
- 3... Quite a bit
- 4 ... Completely
- 77... Did not need to manage my health at home
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**54. Before you were discharged from Hospital at Home, did doctors, nurses, or other staff give your family or someone close to you enough information to help care for you?**

- 1 ... Not at all
- 2 ... Partly
- 3 ... Quite a bit
- 4 ... Completely



- 5 ... I did not want information provided to anyone
- 6 ... I did not need information provided to anyone
- 7 ... I had no family or friends involved
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**55. Before you were discharged from Hospital at Home, did someone discuss with you whether you needed follow-up care?**

- 1 ... Yes
- 2 ... No
- 77... Not applicable (I did not need appointments or tests after discharge)
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**[Programmers Note: Only ask Q56 if Q55 = Yes, otherwise skip to Q57]**

**56. Before you were discharged from Hospital at Home, did you get enough information from the doctors, nurses, and other staff about appointments and tests you needed after your discharge?**

- 1 ... Not at all
- 2 ... Partly
- 3 ... Quite a bit
- 4 ... Completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**57. Before you were discharged from Hospital at Home, did you feel adequately prepared for your discharge?**

- 1 ... Not at all
- 2 ... Partly
- 3 ... Quite a bit
- 4 ... Completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**[Programmers Note: Only ask Q58 if Q57 = Not at all | Partly, otherwise skip to Q59]**

**58. Please tell us more about the reasons you did not feel adequately prepared for your discharge from Hospital at Home. Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

### OVERALL EXPERIENCE/GLOBAL RATINGS

**59. Did you experience any unexpected costs associated with being a Hospital at Home patient? Note that unexpected costs do not include such things as the cost of food or laundry.**

- 1 ... Yes, please list the unexpected costs incurred: \_\_\_\_\_
- 0... No
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know



99 ... [DO NOT READ] Prefer not to answer

**60. Would you recommend Hospital at Home to your friends and family?**

- 1 ... Definitely not
- 2 ... Probably not
- 3 ... Probably yes
- 4 ... Definitely yes
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**61. Why would you/would you not recommend Hospital at Home? Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**62. On a scale of 0 to 10, what was your overall experience as a Hospital at Home Patient? Please answer on a scale where 0 is "I had a very poor experience" and 10 is "I had a very good experience". [DO NOT READ SCALE]**

- 0 ... I had a very poor experience
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 ... I had a very good experience
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**63. Please describe what you liked the most about the Hospital at Home program? Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**64. Please describe how the Hospital at Home program could be improved, for example, were there any supports that could have been provided to you during your time as a Hospital at Home patient that would have been helpful to you, and/or your family caregiver? Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer



## DEMOGRAPHICS

These last few questions will be used to help us analyze the responses provided.

**65. Prior to being a Hospital at Home patient did you receive nursing at home through Community Home Support?**

- 1 ... Yes
- 0 ... No
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**66. Prior to being a Hospital at Home patient did you receive home support through Community Home Support?**

- 1 ... Yes
- 0 ... No
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**67. Which of the following categories best represents your age?**

- 1 ... 19 to 29
- 2 ... 30 to 39
- 3 ... 40 to 49
- 4 ... 50 to 59
- 6 ... 60 to 69
- 7 ... 70+
- 99 ... [DO NOT READ] Prefer not to answer

**68. How many adults, including yourself live in your household? \_\_\_\_\_**  
**How many children between the ages of 13-18 live in your household? \_\_\_\_\_**  
**How many children between the ages of 5-12 live in your household? \_\_\_\_\_**  
**How any children under five years of age live in your household? \_\_\_\_\_**

**69. People living in British Columbia come from many different cultural and racial backgrounds. The following question will help us better understand the experiences of the communities we serve. Do you consider yourself to be...? (Please select all that apply)**

**[INTERVIEWER NOTE: READ OPTIONS UNTIL OPTION IS SELECTED, BUT CONTINUE TO READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW THE RESPONDENT TO REPLY TO EACH RACE CATEGORY (FOR MULTI-RACIAL INDIVIDUALS).]**

- 1 ... First Nation
- 2 ... Inuit
- 3 ... Métis
- 4 ... Indigenous/Aboriginal (not included above)
- 5 ... Arab
- 6 ... Black (North American, Caribbean, African, etc.)
- 7 ... Chinese



- 8 ... Filipino
- 9 ... Japanese
- 10 ...Korean
- 11 ... Latin American
- 12 ... South Asian (Indian, Pakistani, Sri Lankan, etc.)
- 13 ... Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- 14 ... West Asian (Iranian, Afghan, etc.)
- 15 ... White (North American, European, etc.)
- 16 ... Other
- 98 ... [DO NOT READ] Don't Know
- 99 ... [DO NOT READ] Prefer not to answer



## APPENDIX 2: ISLAND HEALTH'S HOSPITAL AT HOME POST DISCHARGE FAMILY CAREGIVER EXPERIENCE SURVEY

### ENROLLING IN HOSPITAL AT HOME

The first few questions are about your experience(s) enrolling in Hospital at Home (Hospital at Home) program as a caregiver.

1. **Before you agreed to be a caregiver for a patient in the Hospital at Home program, did someone clearly explain to you how the program worked?**
  - 1 ... No, not at all
  - 2 ... Partly
  - 3 ... Yes, quite clearly
  - 4 ... Yes, completely
  - 98 ... [DO NOT READ] Don't know
  - 99 ... [DO NOT READ] Prefer not to answer
  
2. **Before you agreed to be a caregiver for a patient in the Hospital at Home program, did someone clearly explain to you what would be required of you as a caregiver?**
  - 1 ... No, not at all
  - 2 ... Partly
  - 3 ... Yes, quite clearly
  - 4 ... Yes, completely
  - 98 ... [DO NOT READ] Don't know
  - 99 ... [DO NOT READ] Prefer not to answer
  
3. **a) If you were in the same position again (and the patient met the criteria as assessed by the doctor), would you agree to be the caregiver for a family member or friend receiving care through the Hospital at Home program?**
  - 1 ... Definitely not
  - 2 ... Probably not
  - 3 ... Probably yes
  - 4 ... Definitely yes
  - 98 ... [DO NOT READ] Don't know
  - 99 ... [DO NOT READ] Prefer not to answer

**[Programmer Note: Only ask if Q3a. = 1- Definitely Not or 2- Probably Not]**

**b) Please describe why not? Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
  - 98 ... [DO NOT READ] Don't know
- [Open-ended text field]

- 4. Was the patient transferred from the hospital to their home by:**
- 1 ... You or another friend or family member
  - 2 ... A medivan
  - 3 ... A taxi
  - 4 ... They drove themselves
  - 88 ... Other, please specify: \_\_\_\_\_
  - 98 ... [DO NOT READ] Unsure
  - 99 ... [DO NOT READ] No Response

**After being admitted to Hospital at Home, was it clearly explained to you what the process would be to transfer the patient home?**

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite
- 4 ... Yes, completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

- 5. Was the patient transferred home within the timeframe that the care team members told you and the patient to expect?**

- 1 ... No, not at all
- 2 ... No, not really
- 3 ... Yes, somewhat
- 4 ... Yes, completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

- 6. When the patient arrived, did you have a clear understanding of when the nurse would come by with the equipment and medications required?**

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite
- 4 ... Yes, completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

- 7. Was the nurse's first visit to the home within the timeframe that the care team members told you and the patient to expect?**

- 1 ... Yes
- 0 ... No
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

- 8. Before the patient was transferred home, was the information provided to you clear about who to contact if you had any questions or concerns about the patient's health or care once home?**

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite
- 4 ... Yes, completely



98 ... [DO NOT READ] Don't know

99 ... [DO NOT READ] Prefer not to answer

### CARE QUALITY

The next set of questions are about your experiences with the Hospital at Home program as a caregiver.

[Interviewer Note: Do Not Read]

As a Hospital at Home patient caregiver, how often...	1- Never	2- Sometimes	3- Usually	4- Always	77- Not Applicable	98. Don't Know	99. Prefer not to Answer
9. Were you able to contact a health care provider when you had a question or concern?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Did Hospital at Home health care providers arrive within the time scheduled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Did the health care provider <u>listen carefully to you</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. If you had anxieties or fears about your role as a caregiver or the patient's condition or treatment, did a health care provider discuss them with you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Did health care providers <u>explain things</u> in a way you could understand?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Did the health care providers treat you with <u>courtesy and respect</u> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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15. Did you feel the Hospital at Home health care providers treated you with compassion?

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16. Did the Hospital at Home staff genuinely respect your cultural values and practices?

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17. Did you feel like the Hospital at Home care providers were respectful of the home?

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18. a) To what extent did you feel that your family member/friend was receiving safe care as a Hospital at Home patient?

- 1 ... Not At All
- 2 ... Partly
- 3 ... Quite a Bit
- 4 ... Completely
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**[Programmer Note: Only ask Q19b if Q19a = "Not at all" | "Partly"]**

b) Please explain why you did not feel that your family member/friend received safe care as a Hospital at Home patient. Please do not identify individuals, or use phrases that could identify you.

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

### CAREGIVER ROLES & RESPONSIBILITIES

The following questions are about your experience(s) with Hospital at Home program as a caregiver.

19. a) How confident did you feel being the caregiver for your family member/friend while they were a Hospital at Home patient?

- 1 ... Not at all
- 2 ... Not very
- 3 ... Quite a bit
- 4 ... Completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer



[Programmer Note: Only ask Q20b if Q20a. = Not at all | Not Very]

b) Please explain why you did not feel confident as your family member/friend’s caregiver while they were a Hospital at Home patient.

[Open-ended text field]

20. Overall how difficult or easy was it for you to support your friend/family member with the following while they were receiving care through Hospital at Home?

[Interviewer Note: Do Not Read]

	1- Very difficult	2- Somewhat difficult	3- Somewhat easy	4- Very easy	77- Not Applicable	98. Don't Know	99. Prefer not to Answer
a) Preparing meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Taking medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Taking vital sign measurements (e.g. Blood Pressure, Temperature, Weight, Oxygen Saturation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Attending virtual visits (e.g., connecting with the Care Team via video technology)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Following instructions provided to the patient by the health care team	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Did you have a clear understanding of which medications your friend/family member was expected to take while they were a Hospital at Home patient (this includes medications they were taking before they were a Hospital at Home patient as well as any additional medications they were prescribed by their care team)?

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite clear
- 4 ... Yes, completely
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know

22. Did you have a clear understanding of what each medication prescribed for your friend/family member was for while they were a Hospital at Home patient?



- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite clear
- 4 ... Yes, completely
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know

**23. Did you have a clear understanding of the dosage of each medication your friend/family member was expected to take while they were a Hospital at Home patient (this includes the amount of medication and when they were supposed to have their medication)?**

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite clear
- 4 ... Yes, completely
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know

**24. Did you have a clear understanding of how to document the medications you gave to your friend/family member?**

- 1 ... No, not at all
- 2 ... Partly
- 3 ... Yes, quite clear
- 4 ... Yes, completely
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know

**25. Overall, how comfortable were you in assisting your friend/family member with their medications?**

- 1 ... Not at all
- 2 ... Not very
- 3 ... Quite a bit
- 4 ... Completely
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know

**26. During the time your friend/family member was a Hospital at Home patient, were you aware that a pharmacist was on the HaH care team?**

- 1...Yes
- 0...No
- 98...[DO NOT READ] Don't know
- 99... [DO NOT READ] Prefer not to answer

**28. During the time your friend/family member was a Hospital at Home patient, did you have a conversation with a pharmacist about your friend/family member's medications?**

- 1 ... Yes





- 0 ... No
- 77 ... They did not need any medications.
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

[Programmer Note: Only ask Q29 if Q28. = Yes, otherwise skip to Q30]

**29. The next 6 questions are about your experience as a caregiver with the Hospital at Home (HaH) pharmacist while your friend/family member was a Hospital at Home patient.**

Please rate your level of agreement with each of the following statements.

[Interviewer Note: Do Not Read]

	1- Strongly Disagree	2- Disagree	3- Agree	4- Strongly Agree	77- Not Applicable	98. Don't Know	99. Prefer not to Answer
a) Your friend/family received <u>quality care</u> from the pharmacist.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) The pharmacist took a <u>personal interest</u> in your friend/family during their HaH admission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) The pharmacist was <u>available</u> when your friend/family needed them by phone during their HaH admission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) You had <u>trust and confidence</u> in the pharmacist who looked after your friend/family during their HaH admission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) You were confident that the pharmacists knew enough <u>about your friend/family's health problems</u> to give them the best possible care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



f) Pharmacists are critical members of the HaH healthcare team.

[Programmer Note: Only ask Q29g if Q29f = Strongly Disagree | Disagree]

29g) Please explain why you do not agree with the statement: *Pharmacists are critical members of the Hospital at Home healthcare team. (Please do not identify individuals, or use phrases that could identify you.)*

1... [ENTER COMMENT]

30. Please provide any additional comments you may have related to your experience as a caregiver with the Hospital at Home pharmacist while your friend/family member was a Hospital at Home patient

1... [ENTER COMMENT]

31. We recognize that being a caregiver for a Hospital at Home patient may have impacted your own quality of life. If you experienced any of the following symptoms as a result of being a Hospital at Home caregiver please indicate how manageable these symptoms were. If you did not experience the symptom, please select "Not Applicable".

[Interviewer Note: Do Not Read]

	1- Not at all manageable	2- Not very manageable	3- Somewhat manageable	4- Completely manageable	77- Not Applicable	98. Don't Know	99. Prefer not to Answer
a) Loss of privacy and/or personal time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Disturbed sleep because of caring for your family/friend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Feeling strained between work and family responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**32. While your family/friend was a Hospital at Home patient, how often did you feel completely overwhelmed?**

- 1 ... Never
- 2 ... Sometimes
- 3 ... Usually
- 4 ... Always
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**33. Did you experience any unexpected costs associated with your family or friend being a Hospital at Home patient? Note that unexpected costs do not include such things as the cost of food or laundry.**

- 1 ... Yes, please list the unexpected costs incurred: \_\_\_\_\_
- 0 ... No
- 77 ... [DO NOT READ] Not applicable
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

### TECHNOLOGY

**34. When you arrived home with your friend/family member after they were admitted into the Hospital at Home program, did you receive the information/training you needed to use the following tools?**

	1- Not at all	2- Partly	3- Quite a bit	4- Completely	77- Not Applicable	98. Don't Know	99. Prefer not to Answer
a) Tablet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Thermometer (temperature measurement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Blood pressure/ heart rate monitor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Scale (weight measurement)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Oxygen Saturation Monitor (Device that fits on finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Video conferencing (connecting with the Care Team)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



1- Not at all	2- Partly	3- Quite a bit	4- Completely	77- Not Applicable	98. Don't Know	99. Prefer not to Answer
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via video  
technology)

**35. As a Hospital at Home caregiver, how did you reach out to the health care team members if you had a question or concern? Please select all that apply.**

- 1 ... Contacted the Hospital at Home office
- 2 ... Contacted a health care team member directly through their cell phone
- 4 ... Other, please specify: \_\_\_\_\_
- 77 ... I did not need to reach out to the health care team members.
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**36. The Hospital at Home patient was asked to take their vital sign measurements (e.g. Blood Pressure, Temperature, Weight, Oxygen Saturation) and submit them twice daily Hospital at Home, once in the morning between the hours of 7-10am and once in the evening 7-10pm. How often were they able to complete this task on time?**

- 1 ... Never
- 2 ... Rarely
- 3 ... Some of the time
- 4 ... All of the time
- 98 ... [DO NOT READ] Don't know
- 99 [DO NOT READ] Prefer not to answer

**37. What challenges or difficulties, if any, did you experience with the Hospital at Home technology (e.g., call bell, tablet, and temperature, blood pressure, and weight measurements)?**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

### INFECTION PREVENTION CONTROL QUESTIONS

These next couple of questions are about your perceived risk of getting sick as a Hospital at Home caregiver.

**38. By having care team members come into the home, how worried or concerned were you about getting sick (for example COVID-19)?**

- 1 ... Not at all
- 2 ... Not very
- 3 ... Quite a bit
- 4 ... Completely
- 98 ... [DO NOT READ] Don't know
- 99 [DO NOT READ] Prefer not to answer



**39. a) During the time your family member/friend was a Hospital at Home patient, did you have confidence in the steps the health care providers were taking to keep you and your family member/friend from contracting other illnesses (for example, COVID-19) when in the home? Please answer on a scale from 0 to 10, with 0 being 'Not confident at all' and 10 being 'Completely confident'.**

- 0 Not confident at all
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 ... Completely confident
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**b) Please explain your rating.**

[Open-ended text field]

### DISCHARGE QUESTIONS

**40. Before your friend or family member was discharged from Hospital at Home, if you had any anxieties or fears about their condition or treatment, did a health care provider discuss them with you? Would you say...**

- 1 ... Never
- 2 ... Sometimes
- 3 ... Usually
- 4 ... Always
- 77 ... Did not have any anxieties or fears
- 98 ... [DO NOT READ] Don't know
- 99 [DO NOT READ] Prefer not to answer

**41. Before your friend or family member was discharged from Hospital at Home, did doctors, nurses, or other staff provide you with enough information to help care for them? Would you say...**

- 1 ... Not at all
- 2 ... Not very
- 3 ... Quite a bit
- 4 ... Completely
- 5 ... I did not want information provided to anyone
- 6 ... I did not need information provided to anyone
- 7 ... I had no family or friends involved
- 98 ... [DO NOT READ] Don't know
- 99 [DO NOT READ] Prefer not to answer



**42. a) Before your friend or family member was discharged from Hospital at Home, did you feel adequately prepared for their discharge? Would you say...**

- 1 ... Not at all
- 2 ... Not very
- 3... Quite a bit
- 4 ... Completely
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**[Programmer Note: Only ask Q42b if Q42a. = Not at all | Not very]**

**b) Please tell us more about the reasons you did not feel adequately prepared for their discharge from Hospital at Home. Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

### OVERALL EXPERIENCE/GLOBAL RATINGS

**These next questions are about your overall experience with Hospital at Home.**

**43. On a scale of 0 to 10, what was your overall experience as a Hospital at Home caregiver? Please answer on a scale where 0 is "I had a very poor experience" and 10 is "I had a very good experience". [DO NOT READ SCALE]**

- 0 ... I had a very poor experience
- 1 ...
- 2 ...
- 3 ...
- 4 ...
- 5 ...
- 6 ...
- 7 ...
- 8 ...
- 9 ...
- 10 ... I had a very good experience
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**44. a) Would you recommend Hospital at Home to your friends and family? Would you say...**

- 1 ... Definitely not
- 2 ... Probably not
- 3 ... Probably yes
- 4 ... Definitely yes
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**[Programmer Note: Only ask Q44b if Q44a. = Definitely not | Probably not]**



**b) Why would you not recommend Hospital at Home? Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**45. Please describe what you liked the most about the Hospital at Home program? Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**46. Please describe how the Hospital at Home program could be improved, for example were there any supports that could have been provided to you or your family member/friend while they were a Hospital at Home patient? Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

**47. Is there anything else you would like to tell us about your experience as a Hospital at Home patient caregiver? Please do not identify individuals, or use phrases that could identify you.**

- 1 ... [ENTER COMMENT]
- 98 ... [DO NOT READ] Don't know
- 99 ... [DO NOT READ] Prefer not to answer

### DEMOGRAPHICS

These last few questions are about you. This information will only be used to organize our results into groups.

**48. a) Please describe the nature of your relationship with the Hospital at Home patient, is the patient your:**

- 1 ... Spouse/Partner
- 2 ... Child
- 3 ... Parent
- 4 ... Friend
- 5 ... Other, please specify: \_\_\_\_\_
- 99 ... [DO NOT READ] Prefer not to answer

**[Programming Note: Only ask 48b if 48a ≠ Spouse.]**

**b) Do you usually reside in the same household as this individual or did you move in with them to support them while they were in the Hospital at Home program?**

- 1 ... Live in the same house
- 2 ... Moved in to support them while they were a Hospital at Home patient
- 5 ... Other, please specify: \_\_\_\_\_
- 99 ... [DO NOT READ] Prefer not to answer

**49. Which of the following categories best represents your age?**

- 1 ... 19 to 29
- 2 ... 30 to 39
- 3 ... 40 to 49
- 4 ... 50 to 59
- 6 ... 60 to 69
- 7 ... 70+
- 99 ... [DO NOT READ] Prefer not to answer

**50. How many adults, including the patient and yourself (if you typically live with the patient) live in this household? \_\_\_\_\_**

**How many children between the ages of 13-18 live in this household? \_\_\_\_\_**

**How many children between the ages of 5-12 live in this household? \_\_\_\_\_**

**How any children under five years of age live in this household? \_\_\_\_\_**

**51. People living in British Columbia come from many different cultural and racial backgrounds. The following question will help us better understand the experiences of the communities we serve. Do you consider yourself to be...? (Please select all that apply)**

**[INTERVIEWER NOTE: READ OPTIONS UNTIL OPTION IS SELECTED, BUT CONTINUE TO READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW THE RESPONDENT TO REPLY TO EACH RACE CATEGORY (FOR MULTI-RACIAL INDIVIDUALS).]**

- 1 ... First Nation
- 2 ... Inuit
- 3 ... Métis
- 4 ... Indigenous/Aboriginal (not included above)
- 5 ... Arab
- 6 ... Black (North American, Caribbean, African, etc.)
- 7 ... Chinese
- 8 ... Filipino
- 9 ... Japanese
- 10 ...Korean
- 11 ... Latin American
- 12 ... South Asian (Indian, Pakistani, Sri Lankan, etc.)
- 13 ... Southeast Asian (Vietnamese, Cambodian, Malaysian, Laotian, etc.)
- 14 ... West Asian (Iranian, Afghan, etc.)
- 15 ... White (North American, European, etc.)
- 16 ... Other
- 98 ... [DO NOT READ] Don't Know
- 99 ... [DO NOT READ] Prefer not to answer