

Attachment B: ASPR TRACIE Health Center Interview Discussion Guide

Discussion of Purpose and Review of Informed Consent

Thank you for agreeing to speak with me today. My name is [insert name]. I'm conducting this interview on behalf of the Office of the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE), which I may refer to as ASPR TRACIE. I work for ICF, a contractor supporting ASPR's TRACIE project.

Purpose and Procedures

ASPR TRACIE is conducting this project to improve understanding of the role of home health care and hospice agencies in supporting the health and medical response to disasters or emergencies. You are among several home health and hospice agency leaders we will be interviewing to learn your perception about the role of your agencies in supporting the community surge response to health and medical needs during disasters or emergencies. During our discussion, we will review your responses to the online survey. I'll ask you some questions to expand upon what you shared, so we can get a fuller understanding of your perspectives on the role of home health and hospice providers in supporting the health and medical response to disasters or emergencies. Our discussion should take 30 minutes.

Voluntary Participation

Your participation in this discussion is completely voluntary. You do not have to answer any question that you do not want to answer. You may choose not to participate or to leave the discussion at any time. We will record the discussion and my colleague [first name] is on the line to take notes. Please speak clearly to ensure proper recording.

Privacy

The digital recording and notes of the interview will be stored in a password-protected folder. The recording will be destroyed when the project is over. Only members of the project team will have access to the notes and recordings, and they will not be allowed to share them with anyone else. Your name and Health Center name will not be used in any documents written on the basis of this project. Data will be presented in aggregate so responses will not be attributed to individual participants or the centers with which they are affiliated. A final report will be posted

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0391. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

on the ASPR TRACIE website. The research may also be submitted for publication in a peer-reviewed journal. If you have any questions about this project, you can reach out to askasprtracie@hhs.gov.

Do you agree to participate in the interview?

Preliminary Discussion

Do you have any questions for me before we begin?

1. You indicated in your survey that X was a particular challenge as you work to implement the requirements of the CMS Final Rule. Can you tell me more about why it's difficult?
2. Name one thing that would make it easier for you to improve the readiness of your agency, your providers, and/or your patients.
3. Describe your agency's process for ensuring cooperation and collaboration with local, regional, and state preparedness partners.
4. You indicated in your survey that you were involved in a real-life emergency. What type of emergency response did you participate in? Do you have any lessons learned from that experience that you can share with me?
5. What kind of emergency preparedness training do you provide to your staff?
6. Do you know if/how many of your staff volunteer to support emergency response efforts through your local Medical Reserve Corps or with a federal program such as DMAT?
7. Is your leadership engaged in your emergency preparedness activities?
8. Do you have formal agreements with local hospitals, nursing homes, or other healthcare organizations to support continuity of care for your patients?
9. Describe your procedures for communicating with your staff in advance of, during, and following an emergency.
10. Please describe some of the key elements of your business continuity plan.

Questions specific to inpatient hospice providers:

11. Please explain any obstacles you have encountered in developing your facility emergency operations plan.
12. Please tell me about your evacuation/shelter in place plan.

Questions specific to those who provide home hospice care in a facility:

13. How have you coordinated with the other facility to ensure the care of your patients in the event of an emergency?

14. How will you and your staff know the status of your patients if the facility elects to evacuate/shelter in place?

Questions specific to home health and in home hospice providers:

14. What procedures do you have in place/what resources do you provide to your patients to prepare them for emergencies?

15. Describe your procedures for communicating with your patients in advance of, during, and following an emergency.

16. What back-up plans do you have in place if assigned staff are not able to make it to your patients' homes according to schedule?