Appendix Table 1: Patient enrollment survey (part A) demographics

|  |  |
| --- | --- |
| **Question** | **Number** |
| *Survey completed by*  Spouse/Partner  Son/Daughter  Patient  Other relative  No Answer | 25  18  11  4  11 |
| *Patient ethnicity*  Caucasian  Acadian  First Nation  African Nova Scotian  Other  N/A | 34  3  1  1  1  18 |
| *Patient education completed*  Less than high school  High school or GED  University or trade school  N/A | 27  12  10  9 |

Appendix Table 2: Patient/family interview respondent (part A) demographics

|  |  |
| --- | --- |
| **Question** | **Number** |
| *Patient’s gender*  Male  Female  No Answer | 10  7  1 |
| *Patient age in years*  Average | 78.4 |
| *Education completed*  Less than high school  High school or GED  University or trade school  N/A  *Survey respondent relationship to patient*  Spouse/partner  Son/Daughter  N/A | 3  5  2  8  12  5  1 |
| *Patient’s status at time of interview*  Died  Alive  N/A | 12  5  1 |
|  |  |

# Appendix Figure 1: Patient/family Enrolment Survey (Part A)

|  |
| --- |
| Starting in April 2015 in Nova Scotia and September 2015 for Prince Edward Island, all Nova Scotia and Prince Edward Island paramedics were trained in pain and symptom management for patients receiving palliative care in the home. The Special Patient Program was also expanded to include patients with palliative conditions. We are interested in exploring why you wanted to enroll in the Special Patient Program and what you were hoping to get out of it. Participation in this survey is voluntary meaning you do not have to complete this survey or may choose to only fill out some of it.  Please complete and return the survey in the enclosed self-addressed, stamped envelope.  This survey is voluntary and contains 8 questions. You do not have to answer all questions. Please only check one response unless otherwise told to do so in the question.  By completing this survey you are giving your consent (or “agreement”) to have your survey included in the study. Your responses will be de-identified, meaning your name and contact information will be removed from the survey. Only results will be presented or published on the group as a whole and not you individually.  Please return survey via the provided self-addressed stamped envelope (postage paid). |

**DEMOGRAPHICS**

1. **This survey is being completed by:**

PATIENT IN SPP (skip to question #3)

FAMILY OR CAREGIVER OF PATIENT IN SPP

1. **What is your relationship to the PATIENT?**

SPOUSE /PARTNER

SON/DAUGHTER

PARENT

SIBLING

OTHER RELATIVE

FRIEND

OTHER

⮱ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW

PREFER NOT TO ANSWER

1. **What is the highest grade or level of school that [PATIENT] has completed?**

JUNIOR HIGH OR LESS

SOME HIGHSCHOOL, BUT DID NOT GRADUATE

HIGH SCHOOL GRADUATE OR GED

TECHNICAL/TRADE SCHOOL

COLLEGE

UNIVERSITY BACHELOR

UNIVERSITY MASTERS OR PhD

OTHER

⮱ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW

PREFER NOT TO ANSWER

1. **Is [PATIENT] a member of/identify with one of the following cultural /ethnic communities?**

ACADIAN

CAUCASIAN

AFRICAN CANADIAN

ASIAN

FIRST NATIONS (LIVING ON RESERVE)

FIRST NATIONS (LIVING OFF RESERVE)

MIDDLE EASTERN

OTHER

⮱ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW

PREFER NOT TO ANSWER

**ENROLLMENT IN THE SPP**

1. **How did you become aware of the Special Patient Program?**

PALLIATIVE CARE NURSE

CONTINUING/HOME CARE NURSE or COORDINATORS

PALLIATIVE CARE DOCTOR

PHYSICIAN SPECIALIST

FAMILY DOCTOR/NURSE PRACTITIONER

OTHER HEALTH CARE PROVIDER

PREVIOUSLY HEARD OF IT

ONLINE/EHS WEBSITE

FRIEND/FAMILY MEMBER

OTHER

⮱ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW

PREFER NOT TO ANSWER

1. **As a patient, why were you interested in being enrolled in the program (skip to question #7 if family/care partner is completing this survey)?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **As a family member/care partner, what are your thoughts on [PATIENT] being enrolled in the program (skip if patient completing this survey)?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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1. **What do you hope to get from being in the SPP program?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Thank you for completing this survey. Please return survey using the enclosed self-address stamped envelope. If you have any questions or concerns about this survey please contact Michelle Harrison, Project Manager - Paramedic Providing Palliative Care at Home Program at (902)473-3351 or by email at michelle.harrison@nshealth.ca***

Appendix Figure 2: Modified Teno Interview Guide for Post-encounter Patient/family Interview (Part A)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| RESPONDENT ID: |  |  | **-** |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE: |  |  |  |  |  |  |  |  |  |  |
|  | Month | |  | Day | |  | Year | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| START TIME: |  |  | **:** |  |  |  | 1. AM |  | 2. PM |

|  |
| --- |
| Starting in April 2015 in Nova Scotia and September 2015 for Prince Edward Island, all Nova Scotia and Prince Edward Island paramedics were trained in pain and symptom management for patients receiving palliative care in the home. The Special Patient Program was expanded to include patients with palliative conditions. We are interested in exploring your experience with the program. Your participation will help us to better understand the issues surrounding health care provision by paramedics for persons requiring palliative care. Participation in this survey is voluntary meaning you do not have to complete this survey or may choose to only answer some of the questions.  By completing this telephone survey you are giving your consent (or “agreement”) to have your survey included in the study. Your responses will be de-identified, meaning your name and contact information will be removed from the survey. Only results will be presented or published on the group as a whole and not you individually.    This survey should take about 15 minutes to complete. You do not have to answer all questions. If you change your mind part way through you do not have to complete the survey.  Would you like to be interviewed about your experience with the Paramedics Providing Palliative Care at Home Program?  Yes \_\_\_\_\_  No \_\_\_\_\_\_    Yes, but now is not a good time \_\_\_\_ Can you suggest a better time for taking part in this research? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I, THE INTERVIEWER, HAVE READ THIS STATEMENT TO THE RESPONDENT. INITIALS OF THE INTERVIEWER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INTRODUCTION**

**INTERVIEWER NOTE**: THE FOLLOWING QUESTION IS OPEN ENDED – THE RESPONDENT MAY ANSWER SOME QUESTIONS AS THEY TALK – COMPLETE ANY RELEVANT ANSWERS AS REQUIRED (DO NOT REPEAT QUESTIONS THEY HAVE ALREADY ANSWERED).

1. **Our records indicate that [PATIENT] called paramedics for support on [DATE] – can you tell me a bit about this encounter?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMOGRAPHICS**

**INTERVIEWER NOTE**: THE FOLLOWING QUESTIONS ARE ABOUT THE PATIENT.

*Okay, let’s begin. First, I have a few background questions about [PATIENT]. If there’s any question, you would like to skip, please let me know.*

1. **Our records show that [PATIENT]’s gender identity is/was [male/female]. Is that correct?**

Male 1

Female 2

DON’T KNOW d

REFUSED r

1. **How old was [PATIENT] when [he/she] received care from paramedics?**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | ENTER AGE IN YEARS |

777 = REFUSED

888 = DON’t KNOW

1. **What is the highest grade or level of school that [PATIENT] completed?**

JUNIOR HIGH OR LESS 1

SOME HIGHSCHOOL, BUT DID NOT GRADUATE 2

HIGH SCHOOL GRADUATE OR GED 3

TECHNICAL/TRADE SCHOOL 4

COLLEGE 5

UNIVERSITY BACHELOR 6

UNIVERSITY MASTERS OR PhD 7

OTHER ot

⮱ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

PREFER NOT TO ANSWER r

1. **Is [PATIENT] a member of/identify with one of the following cultural / ethnic communities? Please choose only one option:**

ACADIAN 1

CAUCASIAN 2

AFRICAN CANADIAN 3

ASIAN 4

FIRST NATIONS (LIVING ON RESERVE) 5

FIRST NATIONS (LIVING OFF RESERVE) 6

MIDDLE EASTERN 7

OTHER ot

⮱ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

PREFER NOT TO ANSWER r

**INTERVIEWER NOTE**: THE FOLLOWING QUESTIONS ARE ABOUT YOU (THE RESPONDENT) – IF SURVEY IS BEING ADMINISTERED TO PATIENT DIRECTLY – SKIP TO NEXT SECTION

1. **What is your relationship to [PATIENT]?**

SPOUSE/PARTNER 1

SON/DAUGHTER 2

PARENT 3

SIBLING 4

OTHER RELATIVE 5

FRIEND 6

OTHER ot

⮱ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

PREFER NOT TO ANSWER r

**If Death has Occurred**

**INTERVIEWER NOTE**: THE FOLLOWING QUESTIONS ARE TO BE ASKED IF DEATH IS KNOWN TO HAVE OCCURED (EITHER THROUGH RECORDS – E.G. NOTIFICATION THROUGH THE SPP, OR THROUGH THE OPEN ENDED QUESTION AT THE START OF THE INTERVIEW).

IF DEATH IS NOT KNOWN, ASK QUESTION #7

1. **Has [PATIENT] died? If no, skip to #16.**

YES 1

NO 2

If yes 🡪 the next series of questions are about the patient’s death. We would like to hear about your experience during this time. Again, you may choose to skip questions or stop the survey at any point.

1. **Next, I'd like some information about when [PATIENT] died. In what month and year did [he/she] die?**

|  |  |  |
| --- | --- | --- |
|  |  | ENTER MONTH (01-12) |

77 = REFUSED 88 = DON’T KNOW

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | ENTER YEAR |

7777 = REFUSED 8888 = DON’T KNOW

1. **Where did [PATIENT] die? Was it…**

AT HOME 1

IN HOSPITAL (INPATIENT/NON-PALL) 2

IN HOSPITAL (PALLIATIVE CARE UNIT) 3

IN HOSPITAL (EMERGENCY DEPT) 4

IN A NURSING HOME 5

IN AN ASSISTED LIVING FACILITY 6

IN A HOSPICE FACILITY 7

IN TRANSIT BY EHS 8

DON’T KNOW d

PREFER NOT TO ANSWER r

1. **Where did [PATIENT] wish to die?**

AT HOME 1

IN HOSPITAL (INPATIENT/NON-PALL) 2

IN HOSPITAL (PALLIATIVE CARE UNIT) 3

IN HOSPITAL (EMERGENCY DEPT) 4

IN A NURSING HOME 5

IN AN ASSISTED LIVING FACILITY 6

IN A HOSPICE FACILITY 7

DON’T KNOW d

PREFER NOT TO ANSWER r

1. **Where was [PATIENT] in the day or two prior to [his/her] death? Was [he/she]…**

AT HOME 1

IN HOSPITAL (INPATIENT/NON-PALL) 2

IN HOSPITAL (PALLIATIVE CARE UNIT) 3

IN HOSPITAL (EMERGENCY DEPT) 4

IN A NURSING HOME 5

IN AN ASSISTED LIVING FACILITY 6

IN A HOSPICE FACILITY 7

DON’T KNOW d

PREFER NOT TO ANSWER r

1. **Did [PATIENT] receive palliative care supports from paramedics a day or two prior to [his/her] death?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

1. **Where was [PATIENT] a month prior to [his/her] death? Was [he/she]…**

AT HOME 1

IN HOSPITAL (INPATIENT/NON-PALL) 2

IN HOSPITAL (PALLIATIVE CARE UNIT) 3

IN HOSPITAL (EMERGENCY DEPT) 4

IN A NURSING HOME 5

IN AN ASSISTED LIVING FACILITY 6

IN A HOSPICE FACILITY 7

DON’T KNOW d

PREFER NOT TO ANSWER r

1. **Where did [PATIENT] primarily receive service in the last 6 months of life?**

AT HOME 1

IN HOSPITAL (INPATIENT/NON-PALL) 2

IN HOSPITAL (PALLIATIVE CARE UNIT) 3

IN HOSPITAL (EMERGENCY DEPT) 4

IN A NURSING HOME 5

IN AN ASSISTED LIVING FACILITY 6

IN A HOSPICE FACILITY 7

DON’T KNOW d

PREFER NOT TO ANSWER r

1. **Did the patient visit the emergency department in the last 30 days of life?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

**EPISODE OF CARE**

**INTERVIEWER NOTE**: THE FOLLOWING QUESTIONS ARE ABOUT THE EPISODE OF CARE FROM PARAMEDICS – SKIP QUESTIONS IN WHICH THE RESPONDENT HAS ALREADY ANSWERED IN QUESTION #1.

1. **Thinking back to [DATE], who initiated the paramedic response for service (i.e., who phoned 9-1-1)?**

PATIENT 1

FAMILY/FRIEND 2

CONTINUING CARE/HOME CARE SERVICE 3

NURSE OR PHYSCIAN 4

OTHER ot

⮱ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

PREFER NOT TO ANSWER r

1. **What was the reason for calling 9-1-1 (check all that apply)?**

PAIN 1

NAUSEA or VOMITING 2

BREATHLESSNESS 3

ANXIETY/DISTRESS 4

PULMONARY CONGESTION 5

DELIRUM 6

SEIZURES 7

DEHYDRATION 9

CONSTIPATION 10

IMMINENT DEATH 11

OTHER ot

⮱ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

PREFER NOT TO ANSWER r

1. **A) Was [patient] transported to hospital by paramedics on [date]?**

YES 1

No 2

DON’T KNOW d

PREFER NOT TO ANSWER r

**B) If yes, why was a decision made to transport?**

SYPTOMS COULD NOT BE MANAGED AT HOME 1

PATIENT PREFERENCE FOR LOCATION OF CARE 2

FAMILY PREFERENCE 3

PARAMEDIC SUGGESTION 4

OTHER ot

⮱ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DON’T KNOW d

PREFER NOT TO ANSWER r

**PATIENT EXPERIENCE**

**INTERVIEWER NOTE**: THE NEXT QUESTIONS ARE ABOUT [PATIENT’S] EXPERIENCE ON [DATE] WHEN PARAMEDICS PROVIDED CARE AT [HIS/HER] HOME

1. **During this episode of paramedic care, was there ever a problem understanding what the paramedic was saying to you about what to expect from the interventions/care they provided?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **Did you feel that the paramedic listened to what you had to say about [PATIENT’S] situation/condition?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

**SYMPTOM MANAGEMENT**

**INTERVIEWER NOTE**: THE NEXT QUESTIONS ARE ABOUT [PATIENT’S] EXPERIENCE ON [DATE] WHEN PARAMEDICS PROVIDED CARE AT [HIS/HER] HOME. SPECIFIALLY PAIN, PAIN MANAGEMENT, ANY BREATHING PROBLEMS OR FEELINGS OF ANXIETY, FEAR OR SADNESS ON [DATE] WHEN PARAMEDICS PROVIDED CARE FOR [PATIENT]

1. **Did [PATIENT] get any help in dealing with [PATIENT’S] pain (if no skip to #25)?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **During this episode of paramedic care, was [PATIENT] given medicine to treat [PATIENT’S] pain?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **During this episode of paramedic care, how severe was [PATIENT] pain (e.g., on a scale of 1-10)?**

NO PAIN (e.g., 0/10) 1

MILD (e.g., 1-4/10) 2

MODERATE (e.g., 5-7/10) 3

SEVERE (e.g., 8-10/10) 4

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **During this episode of paramedic care, did [PATIENT] receive?**

LESS MEDICATION THAN WAS NEEDED 1

JUST THE RIGHT AMOUNT OF MEDICAITON2

MORE THAN [PATIENT] WANTED FOR PAIN 3

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **During this episode of paramedic care, did [PATIENT] have trouble breathing (if no skip to #28)?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **Did [PATIENT] get any help in dealing with [PATIENT’S] trouble breathing?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **How much help in dealing with [PATIENT] breathing did [PATIENT] receive?**

LESS THAN WAS NEEDED 1

ABOUT THE RIGHT AMOUNT 2

MORE THAN [PATIENT] WANTED 3

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **During this episode of paramedic care, did [PATIENT] have any feelings of anxiety, fear or sadness (if no skip to #31)?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **During this episode of paramedic care, did [PATIENT] get any help in dealing with [PATIENT’s] feelings of anxiety, fear or sadness?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **How much help in dealing with these feelings did [PATIENT] receive?**

LESS THAN WAS NEEDED 1

ABOUT THE RIGHT AMOUNT 2

MORE ATTENTION TO THESE FEELINGS THAN [PATIENT] WANTED 3

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **During this episode of paramedic care how often was [PATIENT] treated with respect by the paramedics who were taking care of [PATIENT]?**

ALWAYS 1

USUALLY 2

SOMETIMES 3

NEVER 4

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **During this episode of paramedic care, were you or other family members kept informed about [PATIENT’S] situation/condition?**

YES 1

NO 2

SOMEWHAT 3

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **During this episode of paramedic care, were there any problems with paramedics not knowing enough about [PATIENT’S] medical history to provide the best care possible?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **Did the paramedics leave a note or record of visit (NS)/patient call record (PEI) form with you to include in [PATIENT’s] home chart or to show follow up providers?**

YES 1

NO 2

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **After paramedics left, how comfortable did you feel taking care of the patient at home?**

VERY COMFORTABLE 1

FAIRLY COMFORTABLE 2

NOT COMFORTABLE 3

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **Overall how would you rate the care [PATIENT] received during this episode of paramedic care on [DATE]?**

EXCELLENT 1

VERY GOOD 2

GOOD 3

FAIR 4

POOR 5

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **Were there additional symptoms that were treated by paramedics but not asked about in this survey?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Were there symptoms that could not be effectively managed by paramedics on [DATE]?**
2. **What would you have done if this program did not exist (i.e,. what would you have done if the paramedics were not available to support you at home)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How much did this program contribute to your ability to stay home (skip if answer no to question 18a – patient was transported)?**

A LOT 1

A LITTLE BIT 2

NOT A LOT 3

NOT AT ALL 3

DON’T KNOW d

PREFER NOT TO ANSWER r

NA n

1. **Overall, how would you rate your reaction to being interviewed?**

VERY NEGATIVE 1

NEGATIVE 2

NEUTRAL 3

POSITIVE 4

VERY POSITIVE 5

NA 99

1. **Do you have any other information that you think would be helpful for us to hear regarding palliative care provided by paramedics?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**END SCRIPT:**

Those are all of the questions I have for you. I really appreciate your taking the time to participate in this telephone interview. I know that sometimes it can be difficult to talk about this experience. Please know that we plan to use your responses to help improve the quality of care that is provided to patients and their family members. *If you have any questions or concerns about this survey please contact Michelle Harrison, Project Manager - Paramedic Providing Palliative Care at Home Program at (902)473-3351 or by email at michelle.harrison@nshealth.ca*

Thank you again.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| END TIME: |  |  | **:** |  |  |  | 1. AM |  | 2. PM |