**Interview Guide**

**Interviewee introduction**

1. Can you please tell me your role at [Hospital]? And within that position, what is/was your role in the Hospital Incident Command during the COVID-19 pandemic?

**Structure and Background of Hospital Incident Command System**

I’ll start by asking you some questions about the structure of your hospital incident command.

1. What is the general structure of your hospital incident command system?

*Probe:* How many hospitals/health facilities does it cover?

*Probe:* Are there any documents depicting the structure or surrounding policies that you can share with me for this study? *Inner setting: Structural characteristics*

1. Besides adding an equity representative, what are some other ways that equity was embedded into the hospital incident command system?

*Probe:* Training? Other members added?

*Probe:* When were these elements added?

1. Were other roles added or modified in the HICS over the course of the pandemic or was this one of the bigger changes?

*Probe:* If other roles, what were they? How did their addition compare to adding the equity representative?

**Implementation**

Now I will be asking questions about how you implemented embedding the equity representative mentioned above into your HICS.

1. Can you describe how the idea for adding an equity representative first came up?

*Probe:* How did it move from an idea to an actuality? What was the planning process for adding the equity representative? *Process: Planning*

*Probe:* What was your role in the planning process?

*Probe:* Who was involved in the planning process? What are their roles?

1. How was the person selected for the role of equity representative?

*Probe:* What traits/qualities are ideal for an equity representative?

*Probe:* If there were multiple equity representatives over the course of the HICS being active, what made some more effective/less effective than others?

1. How did leadership decide where to place the equity representative within the structure of the HICS? *Intervention: Complexity*

*Probe*: What about within the Integrated health system HICS? Health system HICS? Hospital HICS?

1. How was the role and responsibilities for the equity representative decided?

*Probe:* Were others on the HICS aware of the role/responsibility of the equity representative?

1. How did the HICS make time to expand/add new roles, like the equity representative while balancing the other high-priority issues during a pandemic? *Inner setting: Relative priority*
2. How was the role of the equity representative communicated to the other members of the HICS? To employees in the hospital? To the community? *Inner setting: Networks and communication*
3. What was the general level of receptivity in your organization and/or HICS to adding the equity representative? *Inner setting: Implementation climate: Tension for change, Compatibility*

*Probe:* Was anyone opposed?

*Probe:* Were/are people in the HICS receptive to the equity representative when they bring up issues/ideas?

1. Who were the key influential individuals that supported the addition of the equity representative? *Process: Engaging-opinion leaders*

*Probe:* How supportive was the leadership? *Inner setting: Readiness for implementation: Leadership engagement*

*Probe:* Would you consider any of those individuals champions (meaning they went above and beyond what was expected?) *Process: Champions*

1. How has the role of the equity representative evolved? *Process: Executing, Intervention: Adaptability*

*Probe:* Does your hospital plan to keep the role of the equity representative in future emergency preparedness planning? Expand the role?

1. How well do you think the addition of equity representation met the needs of the individuals served by your organization? *Outer setting: Patient needs and resources, Inner setting: Tension for change, Intervention: Relative advantage*

*Probe:* In what ways did it meet their needs?

1. Have you heard stories about the experiences of clinicians or patients related to changes that were a direct result of the addition of equity representation? *Outer setting: Patient needs and resources/ Process: Reflecting and evaluating, Intervention: Relative advantage, Individual characteristics: Individual identification with organization*

*Probe:* Can you describe a specific story?

*Probe:* Was feedback elicited from staff? From the individuals served by your organization?

1. How does/did your organization use REaL (race, ethnicity, and language) data in the HICS to address/consider equity?

*Probe:* Did your organization set goals for equity within the HICS? *Process: Reflecting and evaluating*

*Probe:* Were the goals communicated to the organization? If so, how?

*Probe:* Did the role of the equity representative change in response to data?

**Culture and community**

This last set of questions is about culture and community

1. How would you describe the culture of your organization? *Inner setting: culture*

*Probe:* Are people generally receptive to issues around equity? Are there other iniatives that are well supported that work to improve health equity?

1. What kind of information exchange did you have with other organizations in the community related to the HICS and equity within the community? *Outer setting: Cosmopolitanism*

*Probe:* Was there communication between the HICS and community?

1. Did anyone outside of your hospital/ organization help or influence the addition of an equity representative into the HICS? *Process: External change agents*

*Probe:* If yes, who? What activities did they do to help?

**Closing**

1. Thinking about the hospital incident command system as it is today (or was before it stopped meeting), how can it be improved in regard to promoting equity?
2. What would be your advice for other hospitals looking to add an equity representative to their HICS?
3. Are there any other thoughts you’d like to make on this topic before we finish?
4. Is there anyone else that would be helpful for me to interview? Anyone I shouldn’t talk to?