

Patient In-Depth Interview Guide

Study Title: *A mixed-methods impact assessment of the use of aerial logistics to improve maternal health and emergencies outcomes in the Ashanti Region of Ghana*

Session ID: _____

Date (DD/MM/YYYY): ____ / ____ / ____

Name of interviewer(s): _____

INTRODUCTION SCRIPT

Hi, how are you? My name is _____. I work for Zipline, a company that delivers fast and vital services and medicines. We are doing a research study about how the Zipline delivery service affects use of the facility and how good the services are at the facility. I am talking with you today because you have been selected to be interviewed and have agreed to talk with me at this time. We are interested in your experiences being a patient at the facility and receiving emergency care via Zipline aerial logistics. I would like to tell you more details about the study and give you all the information you need to decide if you would like to participate. May I continue?

IF YES, PROCEED TO INFORMATION SHEET AND CONSENT FORM

IF NO, THANK THEM FOR THEIR TIME

BEFORE THE INTERVIEW

1. Verify inclusion criteria
 - a. Patient is 18 years of age or older.
 - b. Patient received emergency care (received any of the following: blood, medicines for eclampsia, oxytocin, anti-snake venom, rabies shot, injectable medicines for severe malaria) at the facility within the past 3 months.

DOES THIS PERSON QUALIFY?

- YES PROCEED
- NO STOP AND THANK PARTICIPANT

2. Obtain written informed consent (read information sheet and consent form, and get signature)

DO YOU HAVE WRITTEN INFORMED CONSENT?

- YES PROCEED
- NO DON'T PROCEED UNTIL YOU HAVE CONSENT

3. Obtain permission to be tape-recorded.

DO YOU PERMISSION TO TAPE-RECORD?

- YES Turn on tape recorder and say "session ID" and "interviewers present"
- NO Write on guide "session ID" and "interviewers present" and take notes

INTERVIEW GUIDE

First I would like to learn more about you and your visits to health facilities.

1. What health reasons normally bring you to a health facility?
 - a. How do you know when you need to seek care at a facility?
2. Is this facility [STATE NAME] the facility you typically go to for care? Why or why not?
 - a. How far is it from your home to the facility?
 - b. How do you typically get here? How long does it take? How much does it cost?
3. When you come to this facility, how often are you able to get the medicines you need?
4. How does access to medicine and supplies at this facility compare to other facilities or pharmacies you've been to?

Now, thinking about the emergency instance you visited the facility (remind them of the particular visit we are interviewing them about).

5. Please tell me why you came to the facility?
 - a. What was the health condition? How severe was it?
 - b. How did you know when you needed to seek treatment?
 - c. What time of day did you come? Was anyone with you?
 - d. Who greeted you? Who treated you?
 - e. How quickly were you seen?
 - f. What happened?
 - g. What medicine or treatment did you receive?
 - h. How did you feel when you first arrived at the facility? And after you left?
 - i. Were you aware you received treatment from Zipline's drone delivery?
6. Why did you decide to come to this specific facility?
7. What did you think of your experience at the facility?
 - a. What could have been better?
8. How confident did you feel that the staff would be able to help you? Why?
9. Overall how happy were you with the care you received?
10. How did it compare to care you received at other facilities?

11. How likely are you to recommend this facility to someone else?

For these next questions, I'm going to ask about your opinions of the Zipline drone delivery at this facility.

12. What do you know about the Zipline drone delivery?

13. What have you heard about it from community members?

14. How do you think the facility has changed since the Zipline drone delivery?

- a. *Probe:* quality of services, health staff capacity, more effective care, quicker care, less wait time, too many patients

15. Since the Zipline drone delivery, have you seen any changes in how frequently you or others in your community are referred to other facilities?

16. In the past 3 months when you've come to this facility, have you been asked to purchase medicine outside this facility?

17. Since the Zipline drone delivery, have you seen any changes in how much money you spend on your care and treatment?

- a. *Probe:* transport to other facilities that lack medicines, fewer and closer trips

18. What do you think are the greatest benefits of the Zipline drone delivery?

19. Is there anything you would improve?

We have just a few last questions.

20. How well do you think this facility is meeting the needs of the community? Why?

21. What health services could be added in your community to help you and your family?

DEMOGRAPHIC INFORMATION

Lastly, I'd like to collect some basic information about you.

1. What is your sex?

- a. Female
- b. Male

- c. Other: _____
2. What is your age in years? _____
3. What is your marital status
- a. Single
 - b. Married
 - c. Other: _____
4. What is the highest level of education you have?
- a. Never went to school or less than completing primary school
 - b. Primary education
 - c. Secondary education or high school
 - d. College or tertiary education (vocational, trade, diploma, certificates)
 - e. University (degree)
 - f. Masters/doctorate)
5. Where do you currently live? Town: _____ District: _____
- Interviewer to code*
- a. Rural
 - b. Peri-urban
 - c. Urban
6. On a scale of 1 (not satisfied at all) to 5 (very satisfied), how satisfied were you with your care on the day of the emergency?
- a. 1 - not satisfied at all
 - b. 2 - not very satisfied
 - c. 3 - in between
 - d. 4 - satisfied
 - e. 5 - very satisfied
7. On a scale of 1 (much worse) to 5 (much better), how does your experience at this facility compare to other facilities?
- a. 1 - much worse
 - b. 2 - somewhat worse
 - c. 3 - in between
 - d. 4 - somewhat better
 - e. 5 - much better

Thank you for your time and participation. We greatly appreciate it.

Provider In-Depth Interview Guide

Study Title: *A mixed-methods impact assessment of the use of aerial logistics to improve maternal health and emergencies outcomes in the Ashanti Region of Ghana*

Session ID: _____

Date (MM/DD/YYYY): ____ / ____ / ____

Name of interviewer: _____

Title of interviewee: _____

INTRODUCTION SCRIPT

Hi, how are you? My name is _____. I work for Zipline, a company that delivers fast and vital services and medicines. We are doing a research study about how the Zipline delivery service affects access and quality of care. I am talking with you today because you have been selected to be interviewed and have agreed to talk with me at this time. We are interested in your experiences managing this clinic, the services you offer, and the clients you serve. I would like to tell you more details about the study and give you all the information you need to decide if you would like to participate. May I continue?

IF YES, PROCEED TO INFORMATION SHEET AND CONSENT FORM

IF NO, THANK THEM FOR THEIR TIME

BEFORE THE INTERVIEW

1. Verify inclusion criteria
 - a. Person is employed at the facility and currently works there
 - b. Person has worked at the facility for at least the past 3 months
 - c. Person is a key health staff (midwife, nurse, medical officer, doctor, physician assistant, pharmacists, lab technician, in-charge) who provides emergency care

DOES THIS PERSON QUALIFY?

- YES PROCEED
- NO STOP AND THANK PARTICIPANT

2. Obtain written informed consent (read information sheet and consent form, and get signature)

DO YOU HAVE WRITTEN INFORMED CONSENT?

- YES PROCEED
- NO DON'T PROCEED UNTIL YOU HAVE CONSENT

3. Obtain permission to be tape-recorded.

DO YOU PERMISSION TO TAPE-RECORD?

- YES Turn on tape recorder and say “session ID” and “interviewers present”
- NO Write on guide “session ID” and “interviewers present” and take notes

INTERVIEW GUIDE

First I would like to learn more about what you do at the clinic.

1. How long have you been working at this clinic?
2. What are some of the most common health problems you treat?

Now I'd like to ask about the Zipline drone delivery.

3. When did the facility start using the Zipline drone delivery?
4. How has the facility changed since joining the Zipline drone delivery?
5. What have been the benefits of participating in the Zipline drone delivery?
 - a. Where is it making the greatest impact?
6. What are the challenges?
7. Would you recommend other facilities to join the Zipline drone delivery? Why or why not?

I'd like to explore more how Zipline has impacted the way this facility stocks its medicine and supplies. These next few questions ask how you stock medicine and supplies NOT using the Zipline drone delivery.

8. Excluding Zipline drone delivery, how do you get medicines?
 - a. How far is the location of where you pick up medicines?
 - b. How frequently do you go?
 - c. How long does it take to receive the medicine?
 - d. What are the challenges with this system?
9. Excluding Zipline drone delivery, what happens when you need medicine or supplies but don't have it at the facility?
 - a. *Probe:* What happens to the patient?
 - b. How do you think this affects perceptions about the facility overall? *Probe:* utilization, quality care, patient-provider relationship
10. Excluding Zipline drone delivery, how reliable is this system?
 - a. How accurate is it?

11. Please recall a memorable situation when you were trying to care for a patient who needed emergency care but didn't have the equipment/medicine you needed.
 - a. What was the emergency?
 - b. When did this happen?
 - c. Who was the patient?
 - d. What happened?
 - e. How did you feel when this happened?
 - f. How typical or common is this situation?
 - g. How would this case have been different if you had the equipment/medicine?

Now think about getting medicines and supplies from the Zipline drone delivery program.

12. Since the Zipline drone delivery, what changes have you seen in stocking medicines and supplies at this facility?
 - a. *Probe:* timeliness, costs, reliability, accuracy, utilization
13. How has the Zipline drone delivery affected emergency care and supply of medicines?
14. Which emergency medicines and supplies have had the greatest impact on treating and caring for patients? Why?
 - a. *Probe:* anti-snake venom, rabies, injectable malaria meds, oxytocin, blood, eclampsia
15. Please recall a recent situation where you had an emergency (ideally blood, eclampsia, oxycontin, snake venom, rabies, or injectable medication for severe malaria) and had to use Zipline's services and it made a huge difference in the care of the patient.
 - a. What was the emergency?
 - b. When did this happen?
 - c. Who was the patient?
 - d. What happened?
 - e. What would have happened to the patient if you wouldn't have had the equipment/medicine?
16. How does the Zipline drone delivery compare to the baseline/standard system?
 - a. Which do you prefer? Why?

Now I'm going to ask more specific questions on certain aspects of care.

17. What are the greatest challenges you face when handling emergency obstetric care?

18. How has the Zipline drone delivery affected your ability to handle laboring and delivering mothers?
 - a. *Probe:* blood, vital medicines, attendance at ANC visits, facility-based deliveries
19. How has the Zipline drone delivery impacted how much patients use the facility? Why do you think that?
 - a. *Probe:* increase number of consultations/out-patient visits, ANC visits, deliveries, vaccinations, workload
20. What have been the greatest changes in terms of the timeliness of the care you provide?
21. Has the Zipline drone delivery changed how much time you spend on care versus other tasks?
22. Do you still experience delays in providing care as a result of not having medicine or supplies since working with Zipline?
 - a. On average how long does it take to get your delivery after putting in an order?
23. What are the reasons you typically refer a patient?
24. How often do you refer due to lack of medicine/commodities/supplies? When was the last time that happened?
25. Since the Zipline drone delivery, how have referrals changed?
 - a. *Probe:* fewer referrals since they have medicines
26. How does having the Zipline drone delivery change how you feel about working here?
27. How has Zipline impacted costs for the facility? For the patient?

I have just one last question.

28. Is there anything else you would like to share with me about the Zipline drone delivery?

DEMOGRAPHIC INFORMATION

Lastly, I'd like to collect some basic information about you.

1. What is your sex?
 - a. Female
 - b. Male
 - c. Other
2. What is your age in years? _____
3. Are you the facility in-charge/administrator?
 - a. Yes
 - b. No
4. What is your current technical qualification?
 - a. Midwife
 - b. Medical officer
 - c. Physician assistant
 - d. Doctor
 - e. Community health nurse
 - f. Laboratory technician
 - g. Pharmacist
 - h. Other (specify): _____
5. How long have you been practicing (in years)? _____
6. How long have you been working at this facility (in months)? _____
7. What is the highest level of education you have?
 - a. Never went to school or less than completing primary school
 - b. Primary education
 - c. Secondary education or high school
 - d. College or tertiary education (vocational, trade, diploma, certificates)
 - e. University (degree)
 - f. Masters/doctorate)
8. What type of facility is this facility?
 - a. CHPS with midwife
 - b. CHPS without midwife
 - c. Health center
 - d. District hospital
 - e. Other: _____

9. Where is the facility located? Town: _____ District: _____

Interviewer to code

- a. Rural
- b. Peri-urban
- c. Urban

10. How many staff work here? Medical: _____ Non-medical: _____

11. On a scale of 1 (not satisfied at all) to 5 (very satisfied), how satisfied are you with Zipline services?

- a. 1 - not satisfied at all
- b. 2 - not very satisfied
- c. 3 - in between
- d. 4 - satisfied
- e. 5 - very satisfied

Thank you for your time and participation. We greatly appreciate it.