

Post-Implementation Clinician Focus Group Moderator Guide

Thank you for volunteering your time and coming this morning/afternoon. I am [NAME] and I am [role]. I'll be moderating our discussion today. It is important that you know and understand that you can withdraw from this research at any stage without penalty. It is also important that you have signed the written consent form before we continue any further. If you have not signed the written consent form can you indicate that now?

This focus group should last no longer than two hours. During this time, I will be asking you to contribute in a number of ways to our research topic that primarily focuses on patients discharging to high intensity home-based rehabilitation (HIHR) or a post-acute care facility after being treated here for their stroke.

You should feel free to express your thoughts and feelings without any expectations from me. I am interested in hearing your thoughts and points of view even if they are different from that which others express in the group. However, if at any point you feel distressed by anything in the discussion, you are free to leave at any time and without penalty.

I'm going to make every effort to keep the discussion focused and within our time frame. If too much time is being spent on one question or topic, I may move on and try to ensure that all participants have a chance to give their input. **Some questions or topics may seem most applicable to either the hospital or home care setting, but please feel free to share your input on anything that comes up.**

We will be video-recording the discussion because we don't want to miss any comments.

Participant introduction: Please introduce yourselves to one another – first names are fine, along with what your role is in the organization.

Background

1. Can you describe the usual workflow, before this intervention, of working with a patient and their caregivers for rehabilitation services?
 - a. How successful was this process, in your opinion?
 - b. How do you usually work with colleagues, such as those here today, when coordinating rehabilitation services for patients?
2. How did you learn about high intensity home-based rehabilitation (HIHR)?
 - a. How long ago?
 - b. How effective was the education that you and your colleagues received?
 - i. Your perceptions? Perceptions of your colleagues?
 - c. What is the difference between HIHR and standard home care?

HCP Experience

3. How do you describe HIHR to a patient or their caregiver?
4. How do you describe an inpatient rehabilitation facility (IRF) to a patient or their caregiver?
5. Would you advocate for one over the other?
 - a. How would it differ by patient? What criteria would you use?

Perceptions of the Program

6. What are the advantages of an IRF over HIHR?
 - a. What are the advantages of HIHR over an IRF?
7. How do you feel about HIHR compared to other settings?
 - a. [Examples of specific patients for whom it was good/bad]
8. What was the process like when you informed and educated patients about HIHR and whether they were eligible?
 - a. What tactics did you use that were effective?

- b. What was the communication process like among all of you? How did you communicate with one another about how HIHR was presented?
- c. Did your process change the more you discussed this option with patients?
 - i. How so?

Recommendations for the future

- 9. What recommendations do you have for the future of HIHR?
 - a. What did you think of the clinical eligibility that was used to identify patients for HIHR?
 - b. What can be improved about how patients are identified for HIHR?
 - c. For those who work in home care, what did you think about the clinical presentations of the patients you saw for HIHR?
 - d. What do you think of the type, quantity, and quality of HIHR services?
 - i. Have these services differed by patient?
 - 1. If so, what criteria contribute to any differences?
 - 2. If not, do you think they should differ?

Closing

Is there anything else we should have asked about or discussed?