Appendix 1 Interview guide

Focus Group Discussion (FGD) Guide for Clinical Leads and Clinical Champions [Hospitals].

Thank you for agreeing to be interviewed today for our research study. I understand that you are either Clinical Leads or Clinical Champions within your respective institutions. In this regard, I would like to understand more about your experience in leading the Advance Care Planning (ACP) framework within your institution.

In the event that anyone feels uncomfortable answering any of the questions I pose, you can let me know and we can skip the questions that you do not wish to answer. If anyone finds that they are unable to continue the interview, you may ask to end at any time.

This interview would take about two hours of your time. This interview will also be audio recorded. Is it alright for me to record? (Wait for response). Please let me know if any of you would like me to stop recording at any time. Before we start, does anyone have any questions for me regarding the research study this interview is for, the interview procedure, or anything else?

1. Please introduce yourselves (including your role, the hospital and clinic/department that you are from and the role that you play within the ACP framework in this hospital).

Section 1: Awareness of ACP

2. What kind of training programs do you have regarding ACP (including training staff for ACP advocacy or facilitation)?
   a. How many health care professionals including doctors, nurses, social workers are there in your care setting and how many of them have been trained to facilitate ACP?
   b. Does the proportion of health care professionals trained vary between different specialist outpatient clinic (SOCs)? What is the current proportion in each SOC?
      i. Why do some SOCs in your hospital have more health care professionals trained in ACP compared to others?
      ii. How does this variation in number and type of professionals trained within each SOC affect the implementation of ACP within the SOC?
   c. What is the proportion of health care professionals trained to facilitate general ACP, disease specific ACP and preferred plan of care (PPC)?
      i. Why have more health care professionals been trained to facilitate [insert ACP type] ACP within your hospital?
      ii. How does this affect the implementation of ACP in your hospital?
      iii. In your opinion, which type of ACP – general, disease-specific or PPC, should be the focus of ACP training over the next 3 years?
      iv. Why would you like more health care professionals to be trained in [insert ACP type] ACP within your hospital? How would it benefit your hospital?

3. What are the components of the ACP training program in your hospital?
   d. What criteria do you use to identify which health care professionals will be trained to facilitate each type of ACP?
   e. How long is the training and what does it involve?
   i. Does it involve a practicum? What is the nature of the practicum?
   f. Who conducts these trainings at your hospital?
   g. What are the expected outcomes of ACP training? How do you assess that the training has been successful in achieving these outcomes?
   h. What are the expectations from the trainees after they complete the program? How do you make sure that the trainees meet these expectations?
      i. How are these trainees supported or mentored in ACP facilitation and advocacy after the training program?
      i. What do you think are the key strengths of the ACP training program?
      j. What would you improve about the ACP training program? Why?

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4. Do you have any structure, work processes, and guidelines/standard operating procedures (SOPs) in place regarding ACP implementation?
   a. (If yes) How were these SOPs developed in your hospital?
   b. What are the main components of the SOPs in your hospital?
   c. Do these SOPs vary between different specialty outpatient clinics (SOCs) of your hospital? How do these vary?
   d. How are these SOPs disseminated in your hospital?
   e. How do you monitor and evaluate the implementation of SOPs in your hospital?
      i. Who does it?
      ii. How frequently is that done?
      iii. To whom are these results reported?
      iv. What kind of action is taken based on these results? Please give specific examples of actions taken.
   f. Which components of SOPs have been easy to implement? Why?
   g. Which components of SOPs were challenging to implement? Why?
   h. What resources do you need to successfully implement the SOPs?
      i. Who can provide these resources?

5. What other initiatives has your hospital/SOC taken in the past 3 years (i.e. since ACP 1.0) to increase awareness of ACP among your staff and patients?
   a. What challenges have you faced in doing so?
   b. What methods worked best in terms of improving awareness? Why?
   c. What actions can be taken to further improve the awareness of ACP?
      ii. What resources do you need for these actions?
      iii. Who can provide these resources?
   d. Based on our findings from the demographic survey, [insert value] of the participants present today has completed an ACP document for themselves. Why?

Section 2: Effectiveness of interventions to embed ACP into the Hospital workflows
6. What do you think are the key components of a successful or an ideal ACP program within a hospital?
   a. Which of these components does your hospital have?
   b. How does implementation of ACP differ between different SOCs within your hospital?
   c. What are the key differences in implementation of ACP between inpatient and outpatient settings?
   d. What proportion of ACPs within your hospital are conducted within inpatient settings and what proportion are conducted within outpatient settings?
      iv. In your opinion, which setting – inpatient or outpatient, should be the setting of focus for conducting ACP over the next 3 years?
7. (For institutions that provide community ACPs) How does your hospital implement the ACP program within community settings?
   a. What proportion of total ACPs in your institution are conducted in the community?
   b. What type of ACP is it? Who does it?
   c. Why does your hospital do ACP in the community?

8. What factors enabled you to successfully implement these components of the ACP program in your hospital?
   a. How do these factors differ between different SOCs?
   b. What factors have worked best to successfully implement ACP in inpatient settings?
   c. What key challenges do you face in implementing an ideal ACP program in your hospital?
      i. Are there any unique challenges that any SOC faces?

9. Has your hospital's overall operating model evolved since starting ACP 2.0 in 2017?
    a. (If yes) In what way has the operating model evolved?
    b. (If no) Why not?

10. What steps has your hospital taken to make ACP a part of routine patient care?
    a. What steps have been taken by each SOC to make ACP a part of routine patient care?
    b. What challenges do you face in making ACP a part of routine patient care in your SOC?
    c. What are the challenges in recruiting more SOC specialties to do ACP?
        i. What resources will you need to do that?
        ii. Who can provide these resources?
    d. Do you see the ACP operating model in your institution changing once ACP has been completely integrated into routine patient care?
    e. Do you see your hospital benefitting if ACP is integrated into routine patient care?

Section 3: Effectiveness of interventions to ensure care and place-of-death preferences are honoured

11. Please tell us more about the processes and systems in place to ensure healthcare providers in your hospital are aware of documented ACPs, at the point of care.

12. What do you think are the desirable outcomes from a successful ACP program within a hospital?
    a. How are you measuring all these outcomes:
        i. within each SOC?
        ii. overall within the hospital?
    b. How effective are the AIC key performance indicators (KPIs) to measures the desired outcomes on the ground?
    c. Do you use other indicators to measure your own performance/success?
    d. What steps are your hospital/SOC taking to ensure that the desirable outcomes are met?

13. What is your perception of the effectiveness of the ACP program in your hospital or SOC in meeting these desirable outcomes?
    a. What more can be done to increase its effectiveness?

14. What is your perception of the quality of ACP conversations in your hospital? Why?
    a. What are its weaknesses?
    b. What can be done to further improve the quality of ACP conversations?
    c. How do you provide feedback to ACP staff regarding implementation of ACP in your hospital or SOC?

15. What happens where there is a conflict between what was captured in the ACP document and patient/family preference at the point of care?
    a. Is the current ACP framework able to accommodate changes in patient preferences:
        i. through the passing of time and/or
        ii. or due to changes in patients' conditions? Why?

Section 4: Partnerships with nursing homes
The next set of questions are only for Hospitals E, G, H and I, and any other hospitals that had/has partnered with a nursing home.
Please tell us about your past, existing and upcoming partnerships with nursing homes in the implementation of ACP:

16. Which nursing homes did/ have you partnered or are you going to partner for your ACP program?

17. What is the specific scope of these partnership(s)?

18. Why did your organisation enter these partnership(s)?

19. What impact do the partnerships have in honouring preferences of geriatric and end-of-life (EOL) residents in nursing homes?
    a. What are the reasons for impact or lack thereof?

20. In your view, how successful are these partnerships and why?
    a. Are some partnerships more successful that others and why?

21. What are the reasons for successful partnerships with nursing homes?

22. What are the challenges to successful partnerships with nursing homes?

23. What additional measures can be taken to ensure care preferences in ACP are better honoured for geriatric and EOL patients?

FGD Guide for Clinical Leads and Clinical Champions [Polyclinics]

Thank you for agreeing to be interviewed today for our research study. I understand that you are either Clinical Leads or Clinical Champions within your respective institutions. In this regard, I would like to understand more about your experience in leading the ACP framework within your institution.

In the event that anyone feels uncomfortable answering any of the questions I pose, you can let me know and we can skip the questions that you do not wish to answer. If anyone finds that they are unable to continue the interview, you may ask to end at any time.

This interview would take about two hours of your time. This interview will also be audio recorded. Is it alright for me to record? (Wait for response). Please let me know if any of you would like me to stop recording at any time. Before we start, does anyone have any questions for me regarding the research study this interview is for, the interview procedure, or anything else?

1. Please introduce yourselves (including your role, the hospital and clinic/department that you are from and the role that you play within the ACP framework in this hospital).

Section 1: Awareness of ACP
2. What kind of training programs do you have regarding ACP (including training staff for ACP advocacy or facilitation)?
    a. How many health care professionals including doctors, nurses, social workers are there in your care setting and how many of them have been trained to facilitate ACP?
    b. Does the proportion of health care professionals trained vary between different polyclinics in your group? What is the current proportion in each polyclinic?
        i. Why do some polyclinics in your group have more health care professionals trained in ACP compared to others?
        ii. How does this variation in number and type of professionals trained within each polyclinic affect the implementation of ACP?

2. What are the components of the ACP training program in your polyclinic?
    a. What criteria do you use to identify which health care professionals will be trained to facilitate each type of ACP?
    b. How long is the training and what does it involve?

       i.   Does it involve a practicum? What is the nature of the practicum?
- c. Who conducts these trainings at your polyclinics?
- d. What are the expected outcomes of ACP training? How do you assess that the training has been successful in achieving these outcomes?
- e. What are the expectations from the trainees after they complete the program? How do you make sure that the trainees meet these expectations?
  - i. How are these trainees supported or mentored in ACP facilitation and advocacy after the training program?
- f. What do you think are the key strengths of the ACP training program?
- g. What would you improve about the ACP training program? Why?

3. Do you have any structure, work processes, and guidelines/standard operating procedures (SOPs) in place regarding ACP implementation?
   - a. (If yes) How were these SOPs developed in your polyclinic?
   - b. What are the main components of the SOPs in your polyclinic?
   - c. Do these SOPs vary between different clinics of your polyclinic? How do these vary?
   - d. How are these SOPs disseminated in your polyclinic?
   - e. How do you monitor and evaluate the implementation of SOPs in your polyclinic?
     - i. Who does it?
     - ii. How frequently is that done?
     - iii. To whom are these results reported?
     - iv. What kind of action is taken based on these results? Please give specific examples of actions taken.
   - f. Which components of SOPs have been easy to implement? Why?
   - g. Which components of SOPs were challenging to implement? Why?
   - h. What resources do you need to successfully implement the SOPs?
     - i. Who can provide these resources?

4. What other initiatives has your polyclinic taken in the past 3 years (i.e. since ACP 1.0) to increase awareness of ACP among your staff and patients?
   - a. What challenges have you faced in doing so?
   - b. What methods worked best in terms of improving awareness? Why?
   - c. What actions can be taken to further improve the awareness of ACP?
     - i. What resources do you need for these actions?
     - ii. Who can provide these resources?
   - d. Based on our findings from the demographic survey, [insert value] of the participants present today has completed an ACP document for themselves. Why?

Section 2: Effectiveness of interventions to embed ACP into the polyclinic workflows
5. What do you think are the key components of a successful or an ideal ACP program within a polyclinic?
   - a. Which of these components does your polyclinic have?
   - b. How does implementation of ACP differ between different clinics within your polyclinic?

6. What factors enabled you to successfully implement these components of the ACP program in your polyclinic?
   - a. How do these factors differ between different clinics?
   - b. What key challenges do you face in implementing an ideal ACP program in your polyclinic?
     - i. Are there any unique challenges that any polyclinic/clinic faces?

7. What steps has your polyclinic taken to make ACP a part of routine patient care?
   - a. What steps have been taken by each polyclinic to make ACP a part of routine patient care?

    b.   What challenges do you face in making ACP a part of routine patient care in your polyclinic?

    c.   What are the challenges in recruiting more polyclinics to do ACP?

        i.   What resources will you need to do that?

        ii.   Who can provide these resources?

    d.   Do you see the ACP operating model in your institution changing once ACP has been completely integrated into routine patient care?

    e.   Do you see your polyclinic benefitting if ACP is integrated into routine patient care?

Section 3: Effectiveness of interventions to ensure care and place-of-death preferences are honoured

8.   Please tell us more about the processes and systems in place to ensure healthcare providers in your polyclinic are aware of documented ACPs, at the point of care.

9.   What do you think are the desirable outcomes from a successful ACP program within a polyclinic?

    a.   How are you measuring all these outcomes within the polyclinic?

    b.   How effective are the AIC KPIs to measures the desired outcomes on the ground?

    c.   Do you use other indicators to measure your own performance/success?

    d.   What steps are your polyclinics taking to ensure that the desirable outcomes are met?

10. What is your perception of the effectiveness of the ACP program in your polyclinic in meeting these desirable outcomes? Why?

    a.   What more can be done to increase its effectiveness?

11. What is your perception of the quality of ACP conversations in your polyclinic?

    a.   What are its weaknesses?

    b.   What can be done to further improve the quality of ACP conversations?

    c.   How do you provide feedback to ACP staff regarding implementation of ACP in your polyclinic?

16. What happens where there is a conflict between what was captured in the ACP document and patient/family preference at the point of care?

    a.   Is the current ACP framework able to accommodate changes in patient preferences:

        i.   through the passing of time and/or

        ii.   or due to changes in patients' conditions? Why?

FGD Guide – Dedicated ACP Facilitators, Clinicians trained in ACP and ACP Advocates

Thank you for agreeing to be interviewed today for our research study. I understand that you are either a dedicated ACP facilitator, clinician trained in ACP or an ACP advocate. In this regard, I would like to understand more about your experience in participating in the ACP framework within your institution.

In the event that anyone feels uncomfortable answering any of the questions I pose, you can let me know and we can skip the questions that you do not wish to answer. If anyone finds that they are unable to continue the interview, you may ask to end at any time.

This interview should not take more than an hour. This interview will also be audio recorded. Is it alright for me to record? (Wait for response). Please let me know if any of you would like me to stop recording at any time. Before we start, does anyone have any questions for me regarding the research study this interview is for, the interview procedure, or anything else?

1.   Please introduce yourselves (including your role, the clinic/department that you are from and the role that you play within the ACP framework in this hospital/polyclinic).

Section 1: Awareness, uptake and attitudes towards ACP

3.   What do you know about ACP?

    a. How do you perceive it in term of its importance in patient care?

    b. Based on our findings from the demographic survey, [insert value] of the participants present today has completed an ACP document for themselves. Why?

4. Based on your interactions with patients in the past 3 years, what proportion of ACP conversations have been initiated by patients or their caregivers? Has this changed over time?

    a. (If yes) What do you think caused the change in awareness level?

    b. (If no) Why?

5. Are you aware of specific initiatives put in place by the hospital/polyclinic to increase the awareness of ACP among its patients/caregivers? If so, what are they?

6. How did you decide to train for ACP facilitation/advocacy?

    a. How long was your ACP training program?

    b. Who conducted it? Where was it conducted?

    c. Did it involve a practicum? What was the nature of the practicum?

7. Do you think the ACP training within your institution prepared you adequately to facilitate/advocate for ACP independently after completing the program? Why or why not?

    a. What were the expectations from you after completing the program?

        i. What challenges did you encounter in meeting these expectations?

    b. How were you supported or mentored in ACP facilitation and advocacy after the training program?

    c. What would you improve about the ACP training program? Why?

Section 2: Effectiveness of interventions to embed ACP into the Hospital/Polyclinic/ workflows

We would like to know, in detail, the operating structure, work processes, and system(s) in place to facilitate the provision of ACP in your clinical setting.

8. How do you identify eligible patients in your hospital (inpatient and SOC)/polyclinics to conduct ACP?

    a. Are there standard criteria? What are these criteria?

    b. (If no) How do you identify eligible patients for ACP?

    c. How do you ensure that ACP is offered to all eligible patients identified?

        i. What challenges do you face in identifying patients for ACP?

    d. Who are the stakeholders that are usually involved?

9. Who is responsible for advocating i.e. introducing the purpose, function and benefits of ACP within your SOC/ hospital/polyclinic?

    a. How is ACP advocacy conducted in your institution?

    b. What challenges do you face in advocating for ACP conversations with your patients?

    c. What helps you in advocating for ACP conversations with your patients?

10. What types of ACP (general, disease specific and PPC) do you conduct? Why?

    a. Who is primarily responsible for facilitating ACP conversations in your SOC/hospital/polyclinic?

    b. What helps you in initiating ACP conversations?

    c. What challenges do you face in initiating ACP conversations?

        i. To what extent is language a barrier during ACP conversations? How do you overcome it?

    d. What resources do you need to support you in initiating ACP conversations?

11. What are the main components of your ACP conversations?

    a. How long, on average, are your ACP conversations?

  b. How many sessions, on average, do you conduct before you can complete the ACP document?
    i. What about incomplete ACP documents?
  c. After completing the ACP, are patients/caregivers invited for repeat ACP conversations? Why/Why not?
    i. (If yes) On average, how frequently are ACP conversations repeated for a typical patient?

12. How are ACP records created and stored in your clinical setting?
  a. Are patients' ACPs regularly logged into in the National ACP Database in your clinical setting?
  b. What challenges do you face in;
    i. creating
    ii. storing
    iii. retrieving
ACP records in your clinical setting?

13. How frequently are ACP records updated for patients in your clinical setting?
  a. What challenges do you face when updating ACP records for patients?

14. How has ACP been integrated into routine patient care in your hospital/polyclinic?
  a. What does it mean to integrate ACP into 'routine patient care'?
    i. How is this accomplished?
  b. What are the benefits of doing so for:
    i. patients/caregivers?
    ii. you and your institution?
  c. What challenges do you face in integrating ACP into 'routine patient care'?
    i. Do you think that more can be done to integrate ACP into 'routine patient care'?

15. In your opinion, what are the key challenges to successful implementation of ACP in your institution? Why?
  a. What resources do you need to successfully implement ACP in your institution?
    i. Who can provide these resources?

Section 3: Effectiveness of interventions to ensure care and place-of-death preferences are honoured
  Now, we would like to know in detail the processes and systems in place to ensure healthcare providers are aware of documented ACPs, at the point of care:
16. How do you know if a patient has had an ACP logged in his/ her health records?
  a. Under what circumstances would you/treating clinicians check if a patient has a documented ACP?
  b. How can clinicians can be assisted in remembering to check for patients' ACP documents more often at the time of making decisions?

17. Does knowledge of a patient's ACP change the care you/treating clinicians render?
  a. (If yes) In what way?
  b. (If no) Why?

21. When it comes to honouring patient preferences as described in the ACP;
  a. What factors help in honouring patient preferences?
  b. What are the challenges to honouring patients' preferences?

18. What is your perception of the effectiveness of the ACP program in your hospital/polyclinic in meeting patient preferences? Why?
  a. What challenges do you face in honouring patients' preferences, as recorded in their ACP document?

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    b.   What support do you need to overcome these challenges?

    c.   What more can be done to increase its effectiveness?

19. What happens where there is a conflict between what was captured in the ACP document and patient/family preference at the point of care?
    a.   Is the current ACP framework able to accommodate changes in patient preferences:
        i.   through the passing of time and/or
        ii.   or due to changes in patients' conditions? Why?

FGD Guide– CEO and DON of Nursing Homes

Thank you for agreeing to be interviewed today for our research study. I understand that you are either a CEO or DON within your respective nursing homes. In this regard, I would like to understand more about your experience in leading the ACP framework within your institution.

In the event that anyone feels uncomfortable answering any of the questions I pose, you can let me know and we can skip the questions that you do not wish to answer. If anyone finds that they are unable to continue the interview, you may ask to end at any time.

This interview should not take more than two hours. This interview will also be audio recorded. Is it alright for me to record? (Wait for response). Please let me know if any of you would like me to stop recording at any time. Before we start, does anyone have any questions for me regarding the research study this interview is for, the interview procedure, or anything else?

1. Please introduce yourselves (including the nursing home that you are from and the role that you play within the ACP framework in your institution).

Section 1: Partnerships with restructured hospitals

I understand that your nursing homes have partnered or are going to partner with [insert name of hospital] in ACP.

2. Why did your organisation enter these partnership(s)?

3. What is the specific scope of these partnership(s)?

4. How have these partnerships influenced the delivery of ACP in your nursing home?

5. Have these partnerships enabled you to honour preferences for end of life care and place-of-death for residents in your nursing home?
    a.   Why do you think so?

6. In your view, how successful have these partnerships been and why?
    a.   Are some partnerships more successful that others and why?
    b.   What are the facilitators to a successful partnership?
    c.   What are the barriers to successful partnership?

Section 2: Awareness, uptake and attitudes towards ACP

7. What kind of training programs do you have regarding ACP (including training staff for ACP advocacy or facilitation)?
    a.   How many health care staff are there in your nursing home and how many of them have been trained to facilitate ACP?
    b.   How many of these facilitate ACP frequently?

8. Do you have any guidelines/standard operating procedures in place regarding ACP implementation? What do these guidelines/standard operating procedures include?
   a. (If yes) How were these developed and disseminated in your nursing home?

9. What other initiatives has your nursing home taken in the past 3 years to increase awareness of ACP among your staff and clients?
   a. What challenges have you faced in doing so?
   b. Based on our findings from the demographic survey, [insert value] of the participants present today has completed an ACP document for themselves. Why?

Section 3: Effectiveness of interventions to embed ACP into nursing home workflows

10. What do you think are the key components of a successful or an ideal ACP program within a nursing home?
    a. Which of these components does your nursing home have?

11. What factors enabled you to successfully implement these components of the ACP program in your nursing home?

12. Which components of your ideal ACP program have you not been able to implement in your nursing home?

13. What key challenges do you face in implementing an ideal ACP program in your nursing home?
    a. To what extent is language a barrier to ACP conversations? How do you overcome it?
    b. To what extent is staff turnover a barrier to implementing ACP in your nursing home? How can you overcome it?
    c. What resources do you need to successfully implement the ACP program in your nursing home?
       i. Who can provide these resources?
    d. What are the challenges in encouraging your staff to complete ACP for residents?

16. How are ACP records created and stored in your clinical setting?
    a. Are patients' ACPs regularly logged into in the National ACP Database in your clinical setting?
    b. What challenges do you face in;
       i. creating
       ii. storing
       iii. retrieving
ACP records in your clinical setting?

14. How frequently are ACP records updated for patients in your clinical setting?
    a. What challenges do you face when updating ACP records for patients?

15. What is your perception of the quality of ACP conversations in your nursing home? Why?
    a. What are its strengths?
    b. What are its weaknesses?

16. How do you think ACP partnerships between [insert name of hospital] and your nursing home can happen?
    a. What kind of support/resources would you need?

17. What do you think about the usefulness of nursing homes partnering with other health or social care institutions (non-restructured hospitals) to further ACP in your nursing home?

Section 4: Effectiveness of interventions to ensure care preferences are honoured

18. What do you think are the desirable outcomes from a successful ACP program within a nursing home?
    a. How are you measuring all these outcomes within your nursing home?

19. What is your perception of the effectiveness of the ACP program in your nursing home in meeting these desirable outcomes? Why?
    a. What challenges do you face in honouring residents' preferences, as recorded in their ACP document?
    b. What support do you need to overcome these challenges?
    c. What more can be done to increase its effectiveness?