

## Clinical team individual interviews

### 1. Role / Involvement in the service

- 1.1 How long have you been involved with the service and what is your role?
- 1.2. How is your day divided between tasks (patient rehab, traveling, administration)?

### 2. Perceived benefits of implementing ESD

- 2.1. What are your targets as a service?
- 2.3 Do you think the service achieves these targets?
- 2.4. Do you consider the reduction in hospital length of stay a realistic/achievable target? If yes, how do you think this is achieved?

*Its' been suggested that if a service operates in a fragmented stroke care pathway e.g. disjointed transitions between services/ delays in securing social care packages, ESD managers will consider a more realistic target to invest their efforts and resources in providing quality rehab rather than reducing hospital length of stay.*

- 2.5. What do you consider the outcomes of the service to be for stroke survivors? Can you give an example?

### 3. Model of operation

- 3.1. We think that ESD may work differently in different places. What is it about this model of operation that allows you to achieve your targets?
- 3.2. (If they have seen the service specification) What are in your opinion the key characteristics/ core components of the service specification that allow the team to achieve its targets?

*Research suggests that the service works better for mild/moderate patients. Is that your experience?*

*There is this idea that adopting a flexible approach to eligibility criteria/length of service allows the provision of a service tailored to patients' needs. What has your experience been? (does this flexibility carry the risk for the service to evolve to a non-evidence-based model, failing to demonstrate effectiveness?)*

- 3.3 (If 7 day working has been adopted). How does it work for you?

*There is, for instance, this idea that if it is not followed by an increase in staffing levels, it could actually lead to lower rehab intensity, what do you think?*

### 4. Patient level factors

- 4.1. How is the frequency and length of home visits decided for each patient?
- 4.2. What characteristics may make certain patients less likely to benefit?
- 4.3. What is it about the way you work with patients/carers that will help achieve the desired outcomes? (e.g. managing patients expectations; patients/carers fears and anxieties on returning home; promoting autonomy; information strategy- appropriate format and timing of information provision)
- 4.4. How do you promote patients' adherence to the rehabilitation plan?

### 5. Team level factors

- 5.1. How do you work together as a team to achieve your targets? Can you bring an example?

5.2. We are interested in the contribution of social workers/rehab assistants/ administrators/doctors/ CPs (as appropriate per site) in achieving your targets.

*There is a hypothesis that having a social worker in the team promotes timely discharge and access to personalised budgets. Has this been the case here?*

5.3. What do you consider as effective team working and how is it achieved in your service? (e.g. effective communication, trust and confidence in colleagues' judgment, strong leadership, shared ethos, enthusiasm)

5.4. What are the main challenges to effective team-working? (e.g. professional silos, lack of understanding of others' roles, lack of time/resources)

5.5. Do you feel you have the support you need to provide home based rehab/handle difficult situations in the community?

## **6. Organisational factors**

6.1. Do you think the out/in reaching nature of ESD service has any impact of how well it functions?

6.2. Could you comment on the relationship of the service with other services/organisations (e.g. social services)? Does it affect the way the service operates?

*There is this idea that in settings where communication between different services is strained, clinicians working flexibly across boundaries may promote information exchange and collaboration. Has this been your experience? Could you give an example?*

## **7. Wider setting/geography**

7.1. Do you think that the outcomes have been the same for patients from different parts of your catchment area?

7.2. Could you comment on the resources (time/staff/travel expenses) required to cover your catchment area?

7.3. We think that ESD may work differently in different places. Can you think of any conditions specific to this area that influence the operation of the service? (Geography/ stroke care pathway/resources)

*One of our theories is that operating within a rural setting will pose additional challenges to the operation of the service and have a negative impact on its effectiveness. Has it worked at all like that here for you? Can you give an example?*

## **8. Technology**

How important are effective administration/technology/innovation for the smooth operation of the service?

*It has been previously observed that the separate records systems and lack of data sharing practices between services may lead to duplication of assessments/time spent in admin activities at the expense of timely transfers/time in hands on care. Has this been an issue here?*

## **9. Factors contributing to the sustainability of ESD services:**

9.1. If you could change something about this service to make it work more effectively here what would you change and why?

9.2. Does auditing/monitoring influence your practice and in what way? How useful is this process? (e.g. SSNAP)

9.3. How is change/innovation received and implemented in the service?

**Closing questions**

What would this service look like in an ideal world?

What else do you think we need to know to understand how ESD works here?

## Patient interviews

### 1. Patient's experience of leaving hospital to return home

- When did you have your stroke?
- When/what did you first hear about the ESD and by whom?
- Did you feel prepared/ready to return home?
- When did you first receive the service and for how long?
- Could you talk me through your journey since you left hospital to return home?

### 2. Patient's experience of the ESD service

- What can you tell me about receiving ESD at home?
- Which members of the ESD team do you see and how often?
- What sort of exercises/activities do you do during therapy?
- Do team members explain what they are doing during assessments/therapy?
- What is expected of you from therapists, between therapy sessions? Have you been provided with any equipment?
- Are you asked what you want to achieve regarding therapy and recovery?
- Has your family been involved in the rehabilitation process?
- Are you aware of the treatment plan/do you feel in control of your rehabilitation?
- Does the team discuss your stroke condition/progress of recovery with you?
- Have team members demonstrated kindness and respect when treating you?

### 3. Outcomes of the service

- What were your expectations of ESD and did the service meet them?
- Did the service have any effect on your life after stroke?
- Did the service help you in any way?/did it make things worse?
- What aspects of ESD have you found to work well for you and why?
- What aspects haven't worked so well for you?

### 4. Life at home

- How is your home life (social/professional if relevant) since hospital discharge?
- How confident are you in performing ADL/EADL tasks?
- Since receiving ESD, have you become more or less active around the house and general daily tasks?
- What are the most significant challenges you are dealing with at the moment? Has the ESD service helped you address/manage any of these issues?

### 5. Suggestions for improvement

- Is there any additional support you feel could assist you in dealing/managing with the situation better?
- Have you been referred to any other services during/following discharge from ESD?
- Is there anything you would change about the ESD service and why?

## Concluding questions

Is there anything you would like to mention that I haven't asked which would help us understand your experience of ESD?

## Clinical team lead and manager interviews

### 1. Role/Involvement in the service

- 1.1 How long have you been involved with the service and what is your role?
- 1.2. How is your day divided between tasks (patient rehab, traveling, administration)?

### 2. Factors influencing the adoption of ESD and model of operation

- 2.1. Have you been involved in the development of the ESD service?
- 2.2. Could you explain your reasoning when developing the service? What were you hoping to achieve?
- 2.3. What factors informed the development of this model of service (e.g. policy, guidelines, service specifications, resources, referring and follow- up services in the region, practical considerations)

*It is suggested that that getting the key stakeholders (commissioners, social care, acute care, researchers, PPI) in the same room early in the process facilitates the development of the service and ensures its fit in the stroke pathway. What is your experience?*

### 3. Perceived benefits of implementing ESD

- 3.1. What are your targets as a service?
- 3.2 Do you think the service achieves these targets?
- 3.3. Do you consider the reduction in hospital length of stay a realistic/achievable target? If yes, how do you think this is achieved?

*Its' been suggested that if a service operates in a fragmented stroke care pathway e.g. disjointed transitions between services/delays in securing social care packages, ESD managers will consider a more realistic target to invest their efforts and resources in providing quality rehab rather than reducing hospital length of stay.*

- 3.4. What do you consider the outcomes of the service to be for stroke survivors? Can you give an example?

### 4. Model of Operation

- 4.1. What is it about this model of operation that allows you to achieve your targets?
- 4.2. (If they have seen the service specification) What are in your opinion the key characteristics/core components of the service specification that allow the team to achieve its targets?

*Research suggests that the service works better for mild/moderate patients. Is that your experience?*

*There is this idea that adopting a flexible approach to eligibility criteria/length of service allows the provision of a service tailored to patients' needs. What has your experience been? (does this flexibility carry the risk for the service to evolve to a non-evidence-based model, failing to demonstrate effectiveness?)*

- 4.3 (If 7 day working has been adopted). How does it work for you?

*There is, for instance, this idea that if it is not followed by an increase in staffing levels, it could actually lead to lower rehab intensity, what do you think?*

### 5. Patient level factors

- 5.1. How is the frequency and length of home visits decided for each patient?
- 5.2. What characteristics may make certain patients less likely to benefit?

5.3. What is it about the way you work with patients/carers that will help achieve the desired outcomes? (e.g. managing patients expectations; patients/carers fears and anxieties on returning home; promoting autonomy; information strategy- appropriate format and timing of information provision)

## **6. Team level factors**

6.1. How do you work together as a team to achieve your targets? Can you bring an example?

6.2. We are interested in the contribution of social workers/rehab assistants/administrators/doctors/ CPs (as appropriate per site) in achieving your targets.

*There is a hypothesis that having a social worker in the team promotes timely discharge and access to personalised budgets. Has this been the case here?*

6.3. What do you consider as effective team working? How is it achieved in your service? (e.g. effective communication, trust and confidence in colleagues' judgment, strong leadership, shared ethos, enthusiasm)

6.4. What are the main challenges to effective team-working? (e.g. professional silos, lack of understanding of others' roles, lack of time/resources)

6.5. How do you maintain the team's momentum?

## **7. Organisational factors**

7.1. Do you think the out/in reaching nature of ESD service has any impact on how well it functions?

7.2. Could you comment on the relationship of the service with other services/organisations (e.g. social services)? Does it affect the way the service operates?

*There is this idea that in settings where communication between different services is strained, clinicians working flexibly across boundaries may promote information exchange and collaboration. Has this been your experience? Could you give an example?*

## **8. Wider setting/geography**

8.1. Do you think that the outcomes have been the same for patients from different parts of your catchment area?

8.2. Could you comment on the resources (time/staff/travel expenses) required to cover your catchment area?

8.3. We think that ESD may work differently in different places. Can you think of any conditions specific to this area that influence the operation of the service? (Geography/stroke care pathway/resources)

*One of our theories is that operating within a rural setting will pose additional challenges to the operation of the service and have a negative impact on its effectiveness. Has it worked at all like that here for you? Can you give an example?*

## **9. Technology**

How important are effective administration/ technology/ innovation for the smooth operation of the service?

*It has been previously observed that the separate records systems and lack of data sharing practices between services may lead to duplication of assessments/time*

*spent in admin activities at the expense of timely transfers/time in hands on care.  
Has this been an issue here?*

**10. Factors contributing to the sustainability of ESD services:**

10.1. Does auditing/monitoring influence your practice and in what way? How useful is this process? (e.g. SSNAP)

10.2. If you could change something about this service to make it work more effectively here what would you change and why?

10.3. How is change/innovation received in the service?

**Closing questions**

What would this service look like in an ideal world?

What else do you think we need to know to understand how ESD works here?