

## Appendices

### Appendix A: SDF Suggested Interview Question Guide About Physicians<sup>3</sup>

Hi, my name is \_\_\_\_\_. I am [a patient family volunteer / with hospital administration] speaking with patients about their experience. Would it be OK if I ask you a few questions?

Great, thank you.

1. How has your overall experience here at the hospital been?
2. How about your physicians, how are they doing? *Do they introduce themselves? Do you feel they keep you and your family informed? Do you feel they are spending enough time with you?*
3. \*How can we help you feel more involved in decisions about your care and treatment?
4. Is there anything else you need or would like to share with us?

Thank you so much for your time and feedback!

\* The question about how involved patients felt was verified as having been removed from the SDF survey in 2015. Therefore, the statistically significant finding of *Included* found in the quantitative results (see Appendix D) was ignored.

## Appendix B: Stanford University IRB Waiver

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This email is to notify you that the protocol listed below has been approved by the IRB.

Protocol: 41346 (NEW)

Review Type: EXEMPT

Protocol Director: Sandro Luna

Department: Program in Human Biology

Protocol Title: Evaluating Effectiveness of Same Day Feedback Initiative at Stanford Health Care

Approval Period: 04/19/2017 - 12/31/2999

eProtocol Human Subjects:

[eprotocol.stanford.edu/irb](http://eprotocol.stanford.edu/irb)

eProtocol System Technical Support:

\* Submit a HelpSU ticket at [remedyweb.stanford.edu/helpsu/helpsu?pcat=eprotocolhumansubjects](http://remedyweb.stanford.edu/helpsu/helpsu?pcat=eprotocolhumansubjects)

(The request category is Administrative Applications; request type is E-Protocol Human Subjects)

\* eProtocol Help Desk 650.724.8964

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**Appendix C: Coding Chart with Samples of Coded Material**

CODE	NAME	DEFINITION	EXAMPLE	PASS	TYPE
CPLT	COMPLIMENT	Polite expression of praise or admiration	I would say they were very good. My neurosurgeon [Dr.] and my radiologist [Dr.] are very good.	First	INTERPRETIVE CATEGORICAL EXTERNAL
CMPT	COMPLAINT	Statement that a situation is unsatisfactory or unacceptable	I feel like they just rush things and don't take the time to listen to their patients.	First	INTERPRETIVE CATEGORICAL EXTERNAL
TRVL	TRAVEL	Necessary actions made by patient to get to hospital	So I drove here on my own and when I got to admissions I was taken care of quickly and brought to my room	First	DESCRIPTIVE EXTERNAL
ROOM	ROOM	Allocated hospital space for duration of patient's stay	When I got to this unit about 12 hours ago, the doctor was in my room within 30 minutes to check on me.	First	DESCRIPTIVE EXTERNAL
DSSE	DISEASE	Condition affecting the patient requiring hospitalization	When this cancer came back, though, there were no other options.	First	CATEGORICAL EXTERNAL
STFD	SATISFIED	To be pleased and/or happy with conditions or individuals involved in care	They have been informative and I feel that they spend enough time with me.	Second	INTERPRETIVE EXTERNAL
CMTY	COMMUNITY	Body of individuals that influence culture of hospital	I have to get used to the presence of resident physicians with less patient interaction experience.	First	THEMATIC INTERNAL
PRGS	PROGRESS	Any gradual change of patient's disease	They keep me updated on the progress of my treatment and they provide explanation why progress is delayed at times.	Second	THEMATIC INTERNAL
PRCS	PROCESS	Series of actions or operations from intake to discharge	Chemotherapy is like a commodity. It's what is always done.	First	DESCRIPTIVE EXTERNAL
CNFT	CONFLICT	Antagonistic state of affairs between patient and the hospital or its staff	the doctors are very busy and overworked because they have so many patients.	Second	INTERPRETIVE EXTERNAL
BARR	BARRIER	Physical or immaterial obstacle hindering the patient	it is always hard to understand their medical terminology because I do	First	DESCRIPTIVE CATEGORICAL EXTERNAL

			not know what those medical terms mean.		
STGL	STRUGGLE	Difficulty in advancing progress, process, or interaction	there seems to be a lag in communication. Sometimes nurses don't know how or can't access my blood results.	Second	INTERPRETIVE INTERNAL
DCSN	DECISION	That which has been determined as next step in patient's care	The doctors kept me involved in decisions about my care.	First	CATEGORICAL EXTERNAL
INCD	INCLUDED	State or feeling of being involved in care	I feel that my doctor does a great job of involving me in my care	Second	INTERPRETIVE INTERNAL
QUSN	QUESTION	A subject or aspect open for discussion	I ask them and the nurses questions and they always have an answer for me.	First	CATEGORICAL EXTERNAL
RQST	REQUEST	Act or instance of asking for something	I am probably nosier than most patients but since I have been through this before I know what to ask for and what to expect	First	CATEGORICAL EXTERNAL
INSE	INSURANCE	The business of health care coverage	Have better communication between physicians and case manager (insurance issues remained unanswered.)	First	THEMATIC INTERNAL
SKLD	SKILLED	A show of mastery in a specific area of health care	This makes me feel confident that I am in good hands. They have communicated the process of my treatment very well	Second	INTERPRETIVE EXTERNAL
CRTS	COURTEOUS	Polished bed-side manners, respect and consideration for others	They've introduced themselves and they communicate well about the steps of my treatment.	First	INTERPRETIVE INTERNAL
WTNG	WAITING	Staying in place, expecting new developments	One thing I would like to know is when they are going to come around, especially the residents. It would help to have a heads up.	First	DESCRIPTIVE EXTERNAL
TKNG	TALKING	Exchanging of ideas in conversation	[Dr.] was a fellow under [Dr.]. He did a good job providing me information.	First	DESCRIPTIVE EXTERNAL

CRNG	CARING	Expression of attention through actions	They've been trying to keep us informed. They're very good with the time they spend with us.	First	DESCRIPTIVE EXTERNAL
OPTM	OPTIMISTIC	Anticipation of best aspects, conditions, outcomes in care	I trust in the course of treatment that they have laid out for me. I feel like I am in good hands.	Second	METAPHORICAL EXTERNAL
TRST	TRUST	Assured reliance on physician for specific situation or need	They have been my doctors for four years so I have a good relationship with them.	First	THEMATIC CATEGORICAL EXTERNAL
TRMT	TREATMENTS	Techniques, actions, or provisions allocated to patient	I feel like I was taken off a certain medication to fast and now I have to start it up again.	First	DESCRIPTIVE EXTERNAL
SYSM	SYSTEM	The health care organization and its interworking parts	[Location] is a teaching hospital	Second	THEMATIC INTERNAL
FSTD	FRUSTRATED	Feelings of discouragement caused by internal or external forces	I know clinics run behind schedule. [Dr.] is always late, and it's irritating	Second	INTERPRETIVE EXTERNAL
LSNG	LISTENING	Paying active attention to the speaking party	they are always very attentive to what I have asked	First	DESCRIPTIVE EXTERNAL
PSAE	"PHYSICIANS ARE EXCELLENT"	A patient's expression of high regard and praise for their physician	The physicians are excellent. They have done everything for me as I have expected.	Second	IN VIVO INTERNAL
PSAG	"PHYSICIANS ARE GREAT"	A patient's expression of high regard and praise for their physician	The physicians are great.	Second	IN VIVO INTERNAL
PSGO	"PHYSICIANS ARE GOOD"	A patient's expression of high regard and praise for their physician	The doctors are good.	Second	IN VIVO INTERNAL
PSAW	"PHYSICIANS ARE WONDERFUL"	A patient's expression of high regard and praise for their physician	All the physicians are wonderful!	Second	IN VIVO INTERNAL
DOAI	"DOCTORS ARE INFORMATIVE"	A patient's acknowledgement of doctor's proper information communication	They've been explaining everything to me. They keep me updated on the progress of my treatment.	Second	IN VIVO INTERNAL
TMCD	"TEAM CARDS"	Given to patients, cards that contain physician information	I believe they gave their team cards to my wife, but I'm not sure.	Second	IN VIVO INTERNAL

NRCR	“NARRATIVE OF CARE”	Patient provides detailed account of an experience, using characters, actions, and outcomes that form a story	Yesterday was a little rough, though. I had to wait a long time to get seen for my operation. I assumed I wasn't going to be seen right away since I was squeezed into the schedule, but I had to wait a long time without food until the doctors were ready.	Second	IN VIVO INTERNAL
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Deleted from main chart (unused):

PAIN	PAIN	Acute/sustained physical and/or emotional suffering	N/A	First	DESCRIPTIVE EXTERNAL
PSMC	PESSIMISTIC	Emphasis of adverse aspects, conditions, care outcomes	N/A	Second	METAPHORICAL EXTERNAL

### Appendix D: Diagrammatic Explanation of Themes and Subthemes

		Subthemes	
		PAFPs	Staff
Themes	Compliments	<p><b>Relationships and Trust</b> Patients connected their compliments to their satisfaction with physicians regarding courteousness and a focus on relationships. In contrast to patients interviewed by staff, those interviewed by PAFPs often mentioned the social nature of their physicians. For example “The best thing about them is that they fulfill the medicine part of their job as well as the human aspect of it.”</p>	<p><b>Standardized Responses</b> Brief phrases of approval that included one of four words: good, great, excellent, or wonderful. Accompanied by complimentary brevity in patient responses. For example, when asked to assess their physicians, patients interviewed by staff members responded “My doctors are great,” “They are good,” or “The physicians are excellent.”</p>
	Complaints	<p><b>Communication Lapses</b> Complaints include “I feel like I am just waiting for information. For example, I still don’t know the results of my blood tests today or if I am going home today,” and “Sometimes I feel like they are listening well, but sometimes I feel like they are busy and distracted.” Patients requested more time with their physicians, more information regarding their hospital stay, and more communication among all involved stakeholders.</p>	<p><b>Communication Lapses</b> Patient-physician and physician-physician communication as areas for improvement. Examples include information asymmetry between patient and physicians or between physician teams. For example, patients said “I have to ask to get information,” “I feel there are too many doctors taking care of me and I am not getting enough information,” and “I do wish there was better communication between my primary care doctor, oncology team.”</p>
	Narratives of Care	<p><b>Stories of Stay</b> 13 patients provided Narratives of Care out of 56 patients (23.2%). These patient narratives were primarily positive. Patients provided responses that focused on how physicians exceeded expectations and gave specific care examples. Four patient narratives included previously discussed complimentary elements such as a focus on relationships or trust, and “being in good hands.” These elements were absent from Narratives of Care collected in the staff group.</p>	<p><b>Stories of Stay</b> 9 patients provided Narratives of Care out of 134 patients (6.7%) interviewed by staff. These patient narratives were primarily positive, explaining how physicians exceeded expectations or providing specific examples of care. One patient provided a negative Narrative of Care regarding physician communication problems as described above. Patients also included details of diagnoses, diseases, and medical tests associated with their hospital experience.</p>

**Appendix E: Wilcoxon Two Sample Tests of Response Word Counts and Assigned Codes**

	PAFP			Staff			p-value	
	Mean	Median	IQR	Mean	Median	IQR		
<b>Word Count</b>								
response_WordCount	<b>69.05357</b>	57.5	59	<b>43.44776</b>	38	33	0.001	*
<b>Qualitative Theme</b>								
<u>Narratives of Care</u>								
<i>Code</i>								
NarrativeOfCare	<b>0.285714</b>	0	0	<b>0.074627</b>	0	0	0.0013	*
System	<b>0.25</b>	0	0.5	<b>0.097015</b>	0	0	0.0067	*
Travel	<b>0.071429</b>	0	0	<b>0.007463</b>	0	0	0.0133	*
TeamCards	<b>0.232143</b>	0	0	<b>0.097015</b>	0	0	0.0147	*
Progress	0.125	0	0	0.037313	0	0	0.0605	
Disease	0.089286	0	0	0.029851	0	0	0.0818	
Room	0.089286	0	0	0.171642	0	0	0.0833	
Process	0.089286	0	0	0.164179	0	0	0.2169	
Community	0.107143	0	0	0.074627	0	0	0.4657	
Waiting	0.071429	0	0	0.074627	0	0	0.9415	
<u>Compliments</u>								
<i>Code</i>								
Included	<b>0.178571</b>	0	0	<b>0.656716</b>	1	1	0.0001	†
Optimistic	<b>0.232143</b>	0	0	<b>0.029851</b>	0	0	0.0001	*
Satisfied	<b>0.482143</b>	0	1	<b>0.223881</b>	0	0	0.0005	*
Trust	<b>0.232143</b>	0	0	<b>0.052239</b>	0	0	0.0051	*
Talking	<b>0.321429</b>	0	1	<b>0.141791</b>	0	0	0.0094	*
Treatments	<b>0.375</b>	0	1	<b>0.149254</b>	0	0	0.01	*
Courteous	<b>0.25</b>	0	0.5	<b>0.126866</b>	0	0	0.0283	*
DocsAreExcellent	<b>0.035714</b>	0	0	<b>0.134328</b>	0	0	0.0457	
DocsAreGreat	<b>0.142857</b>	0	0	<b>0.276119</b>	0	1	0.0511	
Skilled	0.178571	0	0	0.097015	0	0	0.0881	
Decision	0.178571	0	0	0.298507	0	1	0.0898	
Listening	0.071429	0	0	0.029851	0	0	0.1092	
DocsAreInformative	0.410714	0	1	0.320896	0	1	0.2392	
DocsAreGood	0.196429	0	0	0.261194	0	1	0.3455	
Compliment	0.75	1	1	0.80597	1	0	0.4188	
Question	0.214286	0	0	0.246269	0	0	0.502	
Caring	0.214286	0	0	0.149254	0	0	0.5541	
DocsAreWonderful	0.071429	0	0	0.52239	0	0	0.6096	
<u>Complaints</u>								
<i>Code</i>								
Conflict	0	0	0	0.029851	0	0	0.196	
Barrier	0.107143	0	0	0.067164	0	0	0.266	
Request	0.160714	0	0	0.199403	0	0	0.4461	
Frustrated	0.107143	0	0	0.08209	0	0	0.5849	
Complaint	0.160714	0	0	0.149254	0	0	0.7826	
Struggle	0.107143	0	0	0.11194	0	0	0.9718	

\* Statistically significant by Benjamini-Hochberg correction. † See Appendix A.