

Supplemental Material: Appendix 1: Interview and Survey Instrument

MyVA Access Implementation Interview

Read Script to Each Interviewee:

We are evaluating the MyVA Access program. Part of this evaluation involves determining which programs and activities you have implemented at your facility to improve Veterans’ access to care. We have obtained a list of programs and activities that your facility reported to have implemented. This list was provided to you before this interview, as well as the list of 23 MyVA Access Solutions recommended in the MyVA Access Implementation Guidebook. We asked that you go through your list of programs and activities and: (1) provide a brief description of each program or activity; (2) indicate to which MyVA Access Solution the program or activity corresponds; and (3) describe any additional activities your facility has implemented.

- We received your list back and thank you, it has been completed correctly;
- We received your list back, and we have the following questions about how you completed it:

Question	Answer to Question

- We did NOT receive your list back. We could go over the list right now or you could send it to us (Determine deadline for receiving). If you want to send it to us, do you have any questions about completing this list that we can answer now?

We also sent to you the questions we will be asking you today about your facility’s programs or activities. We provided you with this questionnaire and list of your facility’s reported programs or activities so that you could obtain information to accurately answer our questions regarding each program or activity. **IT IS VERY IMPORTANT THAT YOUR ANSWERS BE AS ACCURATE AS POSSIBLE.** If you feel you cannot accurately answer any question regarding a specific project or activity that your facility reported it was implementing, please indicate this by saying you don’t know. We can then discuss how you might be able to obtain accurate information to answer the question or whether we may need to interview someone else within your facility to obtain this information. We can continue our interview regarding those specific programs or activities at a later time.

During this interview, we will be reviewing your facility's reported list of programs and activities and ask you to verify that you did implement each program and activity at your facility. For each program or activity, we will ask you where and when you implemented the program or activity and whether your facility implemented it using a defined protocol. If your facility did follow a defined protocol, we will ask you how well you think your facility followed this protocol in implementing the program or activity. We will also ask you how confident you are in reporting how well the program was implemented based upon a defined protocol for each unit/department in which the activity or program was implemented. If you stopped implementing a program or activity aimed at improving Veteran access, we will ask you why you stopped.

At the end, we will ask you a few questions about your experience with the MyVA Access program and providing access to care to Veterans. Please let me know if you have any questions or concerns as we go through this interview.

Do you have any questions now that you would like me to answer before we proceed? (Record questions, and answers provided here.)

A. Demographic Information

1. **Date of Interview:** _____ / _____ / _____
Day Month Year

2. **Name of Facility:** _____

3. **Name of Interviewer:** _____

4. **Name of Interviewee:** _____

5. **Interviewee's Current Job Title:** _____

6. **Length of Time Interviewee Has Held Current Position:**

Years **Months**

7. **Length of Time Interviewee Has Worked at Current Facility:**

Years **Months**

8. **Length of Time Interviewee Has Worked at VAHS:**

Years **Months**

9. **What is the highest educational level you have attained:**

- High School
- Associates Degree/Technical Degree
- Bachelor's Degree
- Master's Degree
- Doctorate

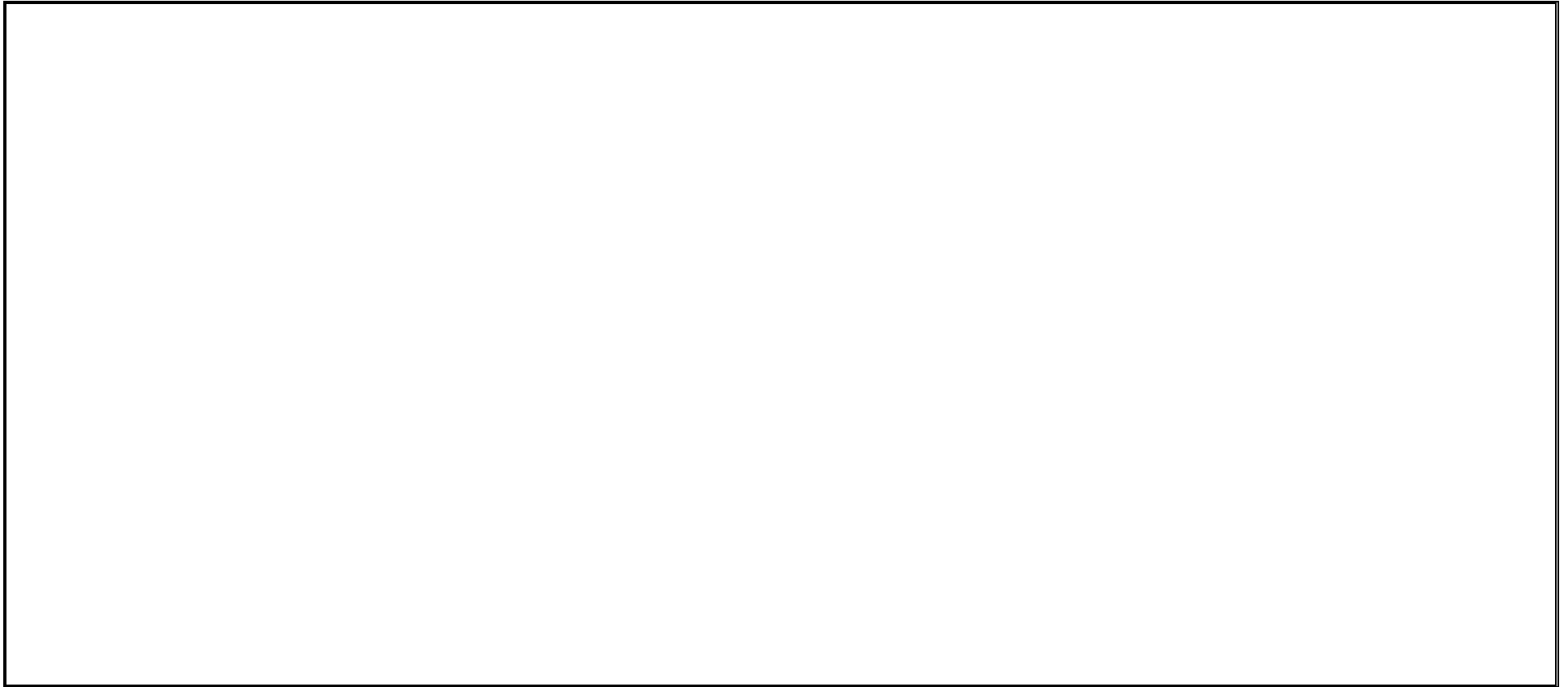
B. MyVA Access Implementation Programs or Activities

Access Program or Activity:						
Brief Description of Program or Activity:						
List department(s) or unit(s) where implemented	Start Date	End Date	Was this program or activity implemented using a defined protocol? 1 = Yes 0 = No 8 = Don't Know	If YES, how well do you think the unit/department followed the defined protocol in implementing the program or activity? 1 = Very Well 2 = Well 3 = Poorly 4 =Very Poorly 8 = Don't Know	If implementation ended, why did it end? 8 = Don't Know	On a scale of 1 – 5, how confident are you that what you have reported about the implementation status of this program/activity within this unit/department is accurate – with 1 being very confident and 5 being not confident at all? 8 = Don't Know

Access Program or Activity:						
Brief Description of Program or Activity:						
List department(s) or unit(s) where implemented	Start Date	End Date	Was this program or activity implemented using a defined protocol? 1 = Yes 0 = No 8 = Don't Know	If YES, how well do you think the unit/department followed the defined protocol in implementing the program or activity? 1 = Very Well 2 = Well 3 = Poorly 4 =Very Poorly 8 = Don't Know	If implementation ended, why did it end? 8 = Don't Know	On a scale of 1 – 5, how confident are you that what you have reported about the implementation status of this program/activity within this unit/department is accurate – with 1 being very confident and 5 being not confident at all? 8 = Don't Know

Access Program or Activity:						
Brief Description of Program or Activity:						
List department(s) or unit(s) where implemented	Start Date	End Date	Was this program or activity implemented using a defined protocol? 1 = Yes 0 = No 8 = Don't Know	If YES, how well do you think the unit/department followed the defined protocol in implementing the program or activity? 1 = Very Well 2 = Well 3 = Poorly 4 = Very Poorly 8 = Don't Know	If implementation ended, why did it end? 8 = Don't Know	On a scale of 1 – 5, how confident are you that what you have reported about the implementation status of this program/activity within this unit/department is accurate – with 1 being very confident and 5 being not confident at all? 8 = Don't Know

Additional Comments:



C. Senior Leadership/Organizational Health

1. How likely is it that ALL staff in your VA facility can recite nearly the identical vision statement for how they ensure that each Veteran receives the best care?

<u>Very Likely</u>	<u>Likely</u>	<u>Neither Likely nor Unlikely</u>	<u>Unlikely</u>	<u>Very Unlikely</u>	Score
1	2	3	4	5	

2. Please indicate on a scale of 1 – 5, with 1 being VERY TRUE and 5 being NOT AT ALL TRUE, how accurate do you think the following statements are in helping your facility provide the best possible Veteran care access:

a. Using the most up to date data regarding our facility’s performance with Veteran care access;

<u>Very True</u>	<u>True</u>	<u>Neither True nor Untrue</u>	<u>Somewhat Untrue</u>	<u>Not at All True</u>	Score
1	2	3	4	5	

b. Providing consistent and repeated training of staff involved in Veteran care access activities;

<u>Very True</u>	<u>True</u>	<u>Neither True nor Untrue</u>	<u>Somewhat Untrue</u>	<u>Not at All True</u>	Score
1	2	3	4	5	

c. Working with our facility budget prevents us from hiring enough staff and the right staff;

<u>Very True</u>	<u>True</u>	<u>Neither True nor Untrue</u>	<u>Somewhat Untrue</u>	<u>Not at All True</u>	Score
1	2	3	4	5	

d. Ensuring that those in the frontline making appointments and helping Veterans access care know that the most senior facility leadership value them and how they do their work;

<u>Very True</u>	<u>True</u>	<u>Neither True nor Untrue</u>	<u>Somewhat Untrue</u>	<u>Not at All True</u>	Score
1	2	3	4	5	

e. Working with the staff we hire for these frontline positions is sometimes difficult as they are often hard to manage;

<u>Very True</u>	<u>True</u>	<u>Neither True nor Untrue</u>	<u>Somewhat Untrue</u>	<u>Not at All True</u>	Score
1	2	3	4	5	

f. Making sure we hire and train the best supervisors for the frontline staff involved in Veteran care access;

<u>Very True</u>	<u>True</u>	<u>Neither True nor Untrue</u>	<u>Somewhat Untrue</u>	<u>Not at All True</u>	Score
1	2	3	4	5	

g. Adjusting to the high rate of turnover of frontline staff involved in Veteran care access activities;

<u>Very True</u>	<u>True</u>	<u>Neither True nor Untrue</u>	<u>Somewhat Untrue</u>	<u>Not at All True</u>	Score
1	2	3	4	5	

h. Trying to meet the requirements by Central Office for collecting information about Veteran care access.

<u>Very True</u>	<u>True</u>	<u>Neither True nor Untrue</u>	<u>Somewhat Untrue</u>	<u>Not at All True</u>	Score
1	2	3	4	5	

D. Perception of Access

1. Please indicate on a scale of 1 – 5, with 1 being VERY WELL and 5 being NOT AT ALL WELL:

a. How well do you think your facility has implemented approaches to improving Veteran care access?

<u>Very Well</u>	<u>Well</u>	<u>Neither Well nor Unwell</u>	<u>Somewhat Unwell</u>	<u>Not Well at All</u>	Score
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1 2 3 4 5

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b. How well does your facility do in providing Veteran care access as close to on demand as possible?

<u>Very Well</u>	<u>Well</u>	<u>Neither Well nor Unwell</u>	<u>Somewhat Unwell</u>	<u>Not Well at All</u>
1	2	3	4	5

Score

c. How well has your facility worked to improve Veteran care access?

<u>Very Well</u>	<u>Well</u>	<u>Neither Well nor Unwell</u>	<u>Somewhat Unwell</u>	<u>Not Well at All</u>
1	2	3	4	5

Score

Additional Comments:



Thank you for your time, and your responses are appreciated. If you have any questions about this interview or more information that you would like to provide, please contact [redacted].