

**THE INTERVIEW**  
**(version 4.0)**

**INTERVIEWER:**    ☐ Carlo Peruselli                      ☐ Massimo Costantini

**DATE:** .....

**INTERVIEWED:**   ☐ Physician Responsible    ☐ Nurse Responsible            ☐ Nurse coordinator

**HOSPICE CHARACTERISTICS**

- Number of beds .....
- ☐ Private / nonprofit    ☐ public
- ☐ Within a hospital    ☐ Not within a hospital

**2. CASES OF POSITIVITY for COVID-16 (tick)**

- ☐ patients
- ☐ relatives
- ☐ physicians
- ☐ nurses
- ☐ volunteers
- ☐ others (specify) .....

**If YES (for at least one)**

Describe who was positive (by group), how identified, what was done, what were the consequences

**3. PROCEDURES (written guidance)**

**3.1 Do you have a written procedures for “what to do” for a positive case among**

- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| Patients or relatives     | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Professional staff member | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Volunteers                | <input type="checkbox"/> yes | <input type="checkbox"/> no |

**3.0 Do you have a written procedures for “what to do” for a suspected positive case among**

- |                           |                              |                             |
|---------------------------|------------------------------|-----------------------------|
| Patients or relatives     | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Professional staff member | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Volunteers                | <input type="checkbox"/> yes | <input type="checkbox"/> no |

**4. OTHER PROCEDURES (measures to avoid contagion)**

Which measures did you take to avoid contagion?

- 4.1 Modification of policy for visitors / relatives (number of visitors, hours etc.)
- 4.2 Operator protection (Personal Protective Equipment)
- 4.3 Modification of policy for patients’ admission to the hospice
- 4.4 Modification of volunteer support policy
- 4.5 Modification of policy regarding care of the relatives after the patient’s death

**5.0 Did you take the measures of point 4 and 5 spontaneously or did you receive instructions from health management or regional authorities?**

**6. EFFECTS ON STAFF**

6.1 Did you observe unjustified absences of the staff?

6.2 Were staff anxious about the need to care for children who were not at school?

Likert Scale 1-10

6.3 Were staff anxious about the need to care for their own relatives?

Likert Scale 1-10

## **7. PERCEPTION OF THE RISK**

**In the coming week ....**

**7.1 How much do you think hospice staff are at risk of being infected?**

Likert scale 0-10 (0 no risk - 10 maximum risk you can imagine)

**In the coming week ....**

**7.2 How much do you think the hospice is at risk of closing because of infection of hospice staff?**

Likert scale 0-10 (0 no risk - 10 maximum risk you can imagine)

**6. Do you think there are relevant information we have omitted to ask you?**