Appendix A

Guide 1: Interviews with Clinicians Working with Public Health Nurses as a part of Case Conferences

Background
Can you start by telling me a little about which locations you are a part of case conferences and for how long you’ve been involved? Are these adult or pediatric case conferences? How often do they meet? What percentage of these are you able to attend in person (on average)?

Case conference operations and goals
1. Can you describe the goals of a case conference?
2. What is your contribution to case conferences? What role do you fulfill?
3. How important are contextual factors to the work you are doing to support case conferences and patients (e.g., information about patient neighborhoods; homes; social networks)? Is this information usually available to you?
4. In your opinion, what has been the impact of case conferences?

Referrals and Activities of Public Health
5. Have you been apart of case conferences in which a public health nurse attended the meeting?
6. If no, have you been a part of a case conference where a public health nurse was called or they were discussed/planned into activities? Please describe.
7. Are you aware of the specific public health services that are being or have been used in relation to case conferencing?
8. Do you think these public health services are needed (appropriate) to support clinicians and patients in improved health?
9. Are the services that public health offers case conferencing able to complement existing expertise or are they duplicative?
10. Given these experiences, what kind of ways has public health contributed to case conferences?
11. Any sense of the impact of public health participating in the case conferences?
12. Do you have any particular success stories involving public health you can share?

Information needs
13. Thinking about a typical case conference, what kinds of information do you need? (Probe: health, community information, history, etc.)
14. How is that information used in the case conferences? How does it fit in your decision-making or action items?
15. Do you typically have all that information available during case conferences? What is missing/what are the gaps?
16. Whose job is it to supply that information?
17. Based on your experience, who typically provides you the most useful information?
18. How is the information typically shared with or received from public health (verbally, email, etc.)
19. After the case conferences, is there consistent follow-up from public health? Describe the communication methods and typical time frames for communication/response.

**Organizational learning**
20. What is the format of reporting on case conferences to the health department or the public health nurse? Weekly? Monthly? Verbal? What is the content?
21. Has being a part of case conferences alerted you to or increased your awareness of new public health issues in the community?
22. Have you or your agency explored adopting any new programs or policies in response to working more closely with public health?
23. Do you think the case conferences have been valuable to the health department?
24. Do you think the case conferences have increased the level of understanding between the Eskenazi Health and the health department?
25. What would you change about case conferences in an ideal world? What should continue?
26. Are there any ways that public health could help more or be more effective in this work? What’s holding this back?

**Guide 2: Interviews with Public Health Nurses Involved in Case Conferences**

**Background**
*Can you start by telling me a little about which locations you attend/have attended case conferences and for how long? Are these adult or pediatric case conferences? How often do these meet and, on average, what percent of these are you able to attend?*

**Case conference operations and goals**
27. Can you describe the goals of a case conference?
28. What is your contribution to case conferences? What role do you fulfill?

**Information needs**
29. Thinking about a typical case conference, what kinds of information do you need? 
   *(Probe: health, community information, history, etc.)*
30. How is that information used in the case conferences? How does it fit in your decision-making or action items?
31. Do you typically have all that information available during case conferences? What is missing/what are the gaps?
32. Whose job is it to supply that information?
33. Based on your experience, who typically provides you the most useful information?
34. How is the information typically shared/received (verbally, email, etc.)
35. After the case conferences, with whom do you typically follow up? Describe the communication methods and typical time frames for communication/response.
Referrals and Activities of Public Health
36. What kind of ways has public health been able to support case conferences? What specific public health services are/have been used?
37. Are these the things you think are needed (appropriate) to support clinicians and patients in improved health?
38. How important are contextual factors to the work you are doing to support case conferences and patients (e.g., information about patient neighborhoods; homes; social networks)? Is this information usually available to you?
39. In your opinion, what has been the impact of public health attending the case conferences?
40. Are the services that public health offers case conferencing able to complement existing expertise or are they duplicative?
41. Do you have any particular success stories you would like to share?

Organizational learning
42. What is the format of the reporting on case conferences to the health department? Weekly? Monthly? Verbal? What is the content?
43. Has being a part of case conferences alerted you to or increased your awareness of new public health issues in the community?
44. Have you or your agency explored adopting any new programs or policies in response to this work?
45. Do you think the case conferences have been valuable to the health department?
46. Do you think the case conferences have increased the level of understanding between the health department and Eskenazi Health?
47. What would you change about case conferences in an ideal world? What should continue?
48. Are there any ways that public health could help more or be more effective in this work? What’s holding this back?