This page asks you about your experiences and evaluations of working with Saiseikai Takaoka Hospital's home-based palliative care team. The Home-based Palliative Care Team refers to a team in which doctors, nurses, and medical social workers visit patients to determine and check subjective symptoms (STAS) and support patients under home care in cooperation with local home doctors, home-visiting nursing stations, dispensing pharmacies, and care Please circle the option that best describes your opinions on the following items.

I. Did the Home Palliative Care Team help you with the following?

|                                                                 | Never Helpful | Very Helpful |
|-----------------------------------------------------------------|---------------|-------------|
| 1) Overall                                                      | 1 2 3 4 5     |             |
| 2) For better communication between home healthcare and welfare professionals and hospitals | 1 2 3 4 5     |             |
| 3) To provide reassurance to patients and families so they do not feel "abandoned" | 1 2 3 4 5     |             |
| 4) In supplementing the knowledge and skills of home healthcare workers about cancer and palliative care | 1 2 3 4 5     |             |
| 5) To formulate a care plan for the patient and their family    | 1 2 3 4 5     |             |
| 6) In promoting home-based palliative care in the community     | 1 2 3 4 5     |             |
| 7) In providing home-based palliative care for patients who wish to stay at home | 1 2 3 4 5     |             |
| 8) To increase the number of patients who can reasonably be seen at home | 1 2 3 4 5     |             |

II. What did you think about each of the following with regards to practicing with a Home-based Palliative Care Team?

|                                                                 | Strongly Disagree | Strongly Agree |
|-----------------------------------------------------------------|-------------------|----------------|
| 1. Communication with hospital staff                           |                   |                |
| 1) The outreach program facilitated communication with hospitals. | 1 2 3 4 5         |                |
| 2) It became easier to make contact with other healthcare professionals through meetings. | 1 2 3 4 5         |                |
| 3) Repeated meetings facilitated conversations regarding severe problems. | 1 2 3 4 5         |                |
| 4) I could understand the details of the therapeutic strategies adopted in hospitals and conditions. | 1 2 3 4 5         |                |
| 2. On the knowledge and techniques in Palliative Care           |                   |                |
| 1) Recent technologies (such as ports and pumps) can be performed without anxiety. | 1 2 3 4 5         |                |
| 2) I was able to gain knowledge and skills related to palliative care. | 1 2 3 4 5         |                |
| 3) The outreach program made it possible for us to consider the mental state in addition to symptoms. | 1 2 3 4 5         |                |
### 3. Team Medical Care

1. I came to see something from various viewpoints.  
2. I could understand the roles of other occupations.  
3. I came to hear advice from other occupations or inquire to them.  
4. I felt a sense of unity with my teammates, working towards similar values and motives.

### 4. Reliability and impact on patients and families

1. I felt reassured because I felt that the patient and family felt connected with the hospital.  
2. Family members are now able to [care for their loved one] calmly.  
3. Pain and symptoms were more markedly relieved.  
4. Patients could consult us slowly (in comparison with hospitals).  
5. Patients/families sometimes got nervous with being visited or became attentive.  
6. The patient and family members equally inquired from not only physicians but nurses and medical social workers also.  
7. Our activities were more readily accepted by patients and their families.

### 5. Evaluation on Working with Multiple Healthcare Personnel

1. Preparing records duplicated with those of our institution or other records was stressful.  
2. I sometimes felt it unnecessary for the home care staff to go, with the hospital staff's arrival.  
3. I hesitated to change or add the medical care instructions prepared by hospitals.  
4. Instructions from several persons troubled me.

### 6. On the Economic Burden.

1. Providing high-cost drugs, equipment, and supplies in cooperation with hospitals reduced the burden on our institution.  
2. Health expenditure for each patient increased.

### 7. About your own motivation and sense of burden

1. I came to consider it unnecessary to make efforts alone.  
2. Burdens on accepting terminal or cancer patients were reduced.  
3. The acquisition of new knowledge, as a stimulus, improved motivation.  
4. It made me think about my own perceptions and values of life or death.

### III. Please state any other opinions you may have regarding home palliative care.
This page asks about your experiences and evaluations of using a Regional Referral Clinical Pathway for Home-based Palliative Care. The Regional Referral Clinical Pathway refers to a clinical practice plan in which the specialist at the hospital and a family doctor work together to continue treatment for the patient. Records of the patient's medical condition are taken at each home visit, and is viewed by other medical or long-term care staff. Such information sharing allows the subsequent staff to know the patient's conditions and course at a glance and Please circle the option that best describes your opinions on the following items.

IV. Was the Palliative Care Community Collaboration Pathway useful?

| Option                                                                 | Not Useful | Useful | Very Useful |
|-----------------------------------------------------------------------|------------|--------|-------------|
| 1) Overall                                                            | 1 2 3 4 5  |
| 2) For better communication between home healthcare and welfare professionals and hospitals | 1 2 3 4 5 |
| 3) To provide reassurance to patients and families so they do not feel "abandoned" | 1 2 3 4 5 |
| 4) In supplementing the knowledge and skills of home healthcare workers about cancer and palliative care | 1 2 3 4 5 |
| 5) To formulate a care plan for the patient and their family           | 1 2 3 4 5 |
| 6) In promoting home-based palliative care in the community            | 1 2 3 4 5 |
| 7) In providing home-based palliative care for patients who wish to stay at home | 1 2 3 4 5 |
| 8) To increase the number of patients who can reasonably be seen at home | 1 2 3 4 5 |

V. What did you think about each of the following when using the Palliative Care Regional Collaboration Pathway?

| Option                                                                 | Disagree | Agree |
|-----------------------------------------------------------------------|----------|-------|
| 1. Standardization of clinical practice and care                       |          |       |
| 1) The items that need to be observed were clearly identified          | 1 2 3 4 5 |
| 2) The understanding of common points improved the level of medical treatment/care. | 1 2 3 4 5 |
| 2. On sharing and communicating information to other occupations       |          |       |
| 1) The understanding of common points improved the level of medical treatment/care. | 1 2 3 4 5 |
| 2) It became easier to communicate by sentences about something that is difficult to tell directly. | 1 2 3 4 5 |
| 3) It became easy to review the previous course.                       | 1 2 3 4 5 |
3. Burden and Value of entering records into the Pathway

| 1) Preparing records duplicated with those of our institution or other records was stressful. | 1 | 2 | 3 | 4 | 5 |
| 2) At first, entry was troublesome, but it became less burdensome with practice. | 1 | 2 | 3 | 4 | 5 |
| 3) I cannot write something comfortably, considering inspection by other occupations. | 1 | 2 | 3 | 4 | 5 |
| 4) The presence of descriptions by physicians or other occupations encouraged me. | 1 | 2 | 3 | 4 | 5 |
| 5) I feel that the Pathway is necessary for home-based palliative care | 1 | 2 | 3 | 4 | 5 |

4. Participation of patients and families

| 1) There are few things to be entered by patients and families themselves | 1 | 2 | 3 | 4 | 5 |
| 2) I feel that the patients and their families participate in the care | 1 | 2 | 3 | 4 | 5 |

5. Future operation of Regional Referral Clinical Pathway

| 1) Do you believe that a unified Regional Referral Clinical Pathway is necessary within the prefecture? | 1 | 2 | 3 | 4 | 5 |
| 2) Do you believe that an electronic Regional Referral Clinical Pathway is necessary? | 1 | 2 | 3 | 4 | 5 |
| 3) Do you think it is necessary to use multiple information sharing and communication tools in addition to the Regional Referral Clinical Pathway? | 1 | 2 | 3 | 4 | 5 |

VI. If you have any other opinions regarding the Regional Referral Clinical Pathway, please write them down.

VII. Finally, I would like to ask about yourself for the purposes of data classification. (The number of patients and years of clinical experience does not have to be completed accurate. Please enter "0" if something does not apply to you.

[Occupation]
1. Physician 2. Nurse 3. Pharmacist 4. Care manager 5. Other ()

[Workplace].
1. Hospital (Designated cancer hospital) 2. Hospital (Other than designated cancer hospital) 3. 4. Visiting nursing station 5. Insurance dispensing pharmacy 6. Long-Term Care Support
7. Regional Comprehensive Support Center 8. Other ()

[Clinical experience].
(   ) years total, of which (   ) years clinical experience related to cancer care

[Number of patients nursed per year]. (   ) patients, of which (   ) at the end of life

[Experiences of participating in PEACE palliative care workshops]. 1. Yes 2. No

[Initiatives with the Saiseikai PCT*]
Number of patients you previously cared for under the Saiseikai PCT and home-based palliative care
Among them, (   ) patients using the Regional Referral Clinical

* PCT: Palliative Care Team