

**ATTACHMENT C:**  
**FOCUS GROUP PROTOCOL**

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**PURPOSE:** To gauge awareness of the ESI tool and the factors associated with its acceptance in EDs; to gauge awareness of AHRQ's role in emergency department (ED) surge planning and preparation and how awareness may be increased; and to gather information on why organizations that have requested information and not adopted the ESI tool have opted not to employ the ESI.

**PARTICIPANTS:** ED physicians, triage nurses, and ED managers/administrators attending national ED professional conferences, or other conferences/meetings that are geared towards the types of individuals who might make use of the ESI triage tool.

**PROJECT SUMMARY:** This project will assess the ESI triage product's acceptance by EDs and others involved in addressing medical surges to better understand the usefulness of the ESI compared to other similar tools. It will focus on the satisfaction with the product's presentation, content, and clarity; the extent to which the product has improved emergency services and surge preparation; and the improvements users would like to see in the next version of this product. This assessment will be accomplished through (1) developing and implementing an electronic and paper-based survey targeting emergency department professionals assessing the satisfaction with the ESI's content, clarity and actual use of the system in every day emergency departments, and (2) convening focus groups of ED professionals to identify characteristics that might predict uptake and use of this system in participating emergency departments.

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### WELCOME (5 MINUTES)

Welcome to our discussion. First, thank you for taking the time to participate in this afternoon's focus group. My name is \_\_\_\_\_ and this is \_\_\_\_\_. We work for the National Opinion Research Center (NORC) and we are collaborating with researchers at the George Washington University under contract to the Agency for Healthcare Research and Quality (AHRQ) to conduct this study. AHRQ has asked us to do an assessment of the Emergency Severity Index Triage Tool, which we will just refer to as the ESI. The focus group is one part of this assessment. We are also going to be fielding a survey of people who have requested information about the ESI from AHRQ.

We have decided to hold a focus group at *(name of conference)* because we feel that attendees like you are likely to have the most experience with the ESI and therefore the most valuable insights about how it works or does not work. Throughout this focus group we will talk to you about your knowledge of the tool, your experiences with it, any recommendations you may have for AHRQ regarding further development of the tool, and other ideas you may have about ED triage tools.

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Public reporting burden for this collection of information is estimated to average 90 minutes per response, the estimated time required to complete the focus group. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

I want to assure you that everything you share with us here will remain absolutely confidential, meaning we won't attribute what you specifically say to the Agency or to anyone else. We will not include your name or other identifying information in any written reports. We want you to think of this as a safe environment and make clear that it's important that you feel comfortable telling us how you feel about the issues we raise. It's okay to disagree, respectfully of course, with other participants. The whole point is to hear as many perspectives on the subject as possible within this group.

We have a note taker on our team who will make sure comments are recorded accurately, but without attribution. Unless any of you have any objection we would like to tape record this discussion for later reference. Are there any objections?

Before we begin, I want to make sure that everyone has had a chance to sign their informed consent forms. You can pass those to me.

The group will last 90 minutes. Please help yourselves to the refreshments and, if you need to leave for a restroom break, please feel free.

***Does anyone have any questions at this time?***

#### **INTRODUCTIONS (5 MINUTES)**

Let's take a minute to go around the room and introduce ourselves. Remember to provide your first names only. Also, tell a little bit about your background in emergency department care.

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#### **FACILITATOR GUIDE QUESTIONS (80 MINUTES)**

**...We'd like to start off by talking about your overall thoughts and experiences with emergency department triage**

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1. What kind of triage systems are being used in your health care settings?
  - 2-level scale
  - 3-level scale
  - 4-level scale
  - 5-level scale (Australian, Canadian, ESI)
  - Other system?
  
2. What benefits and challenges are presented by the triage systems used most frequently in your health care setting?
  - Interrater reliability? (2 nurses give the same rating)
  - Intrarater reliability? (Same nurse gives same rating across similar events)
  - Accuracy of the rating system? (validity)
  - Challenges in training?
  - Under-categorization/ under triage?
  - Over-categorization/ over triage?
  
3. Have the triage systems used in your care settings changed over the past 10 years?
  - What were the motivating factors for this change?

- How was the decision made? Who were the key players?
- How were the changes implemented?

**...Now we'd like to learn about your familiarity with and awareness of the ESI tool**

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4. Can you tell me a little bit about your experiences with the ESI triage system in particular?
  - Do you use it?
  - Do you use it every day?
  - Do you work with people who use it?
  - Have you read about it?
5. How did you first become aware of the ESI tool?
  - From AHRQ
  - From the Emergency Nurses Association (ENA)
  - From the American College of Emergency Physicians (ACEP)
  - From academic literature
  - From colleagues
  - Through your health care setting
6. Have you ever requested information about the tool?
  - Have you reviewed the *ESI Version 4 Handbook* and/or companion DVDS?  
If so, were these tools useful? Were they easy to understand?
7. Within the medical community, have you noticed any increased awareness of 5-level triage tools and the ESI in particular?
  - To what extent do you feel that the medical personnel you work with are aware of the ESI?
8. How do you think the ESI compares to other triage tools?
  - To 2, 3, and 4 level systems?
  - To other 5-level systems?
9. Have you worked with other triage tools in addition to the ESI? If so, how does the ESI compare to other tools you've worked with based on:
  - Ease of implementation?
  - Ease of use?
  - Effectiveness in sorting patients?
  - Effectiveness in predicting resource use?
10. The ESI categorizes patients not only by the acuity of their conditions, but also by their predicted resource use. Do you think this is a useful means of categorizing patients?

**...Now we'd like to move on to your thoughts about acceptance and take-up of the ESI**

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11. Does your health care setting use the ESI Triage System?
  - Has your care setting *considered* using the ESI and ultimately opted not to use it?
12. What are the reasons that emergency departments are **NOT** using the ESI?

- What barriers exist in health care settings that prevent adoption of the ESI triage system?
  - What aspects of the ESI present challenges and make adoption difficult or undesirable?
13. How would/was the decision to use the ESI triage system made?
- What are the catalysts for change?
  - What entities were/are involved in the process?
14. What resources would be/have been needed to implement the ESI system?
- Staffing
  - Training and education
  - Other resources
15. How would/does a health care setting monitor the effects of the ESI?
- What resources are needed?
  - How long would it have to be in operation?
  - Who would monitor effects?
  - What variables would be monitored?
16. What kinds of activities could be/have been implemented to elicit feedback regarding use of the ESI?
17. For EDs that have adopted it, what has been the response to the ESI?
- What aspects have been most easy/ difficult to implement?
  - What has been the staff response?
  - What has been the patient response (if any)?
  - What has been the hospital/organizational response?
18. How satisfied have adopters been with the following aspects of the ESI tool
- Presentation of the tool?
  - Content of the tool?
  - Clarity of the tool?
19. Do you see any potential uses for the ESI other than ED triage?
- ED physical plant planning?
  - Setting performance benchmarks?
  - Measuring compliance with federal or state policies (e.g., EMTALA)
  - Medical and nursing education and training

**...The next few questions are focused on how to improve take-up of the ESI and suggestions for the future**

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20. Can you think of any changes that might be made to the triage system itself that would increase up-take or improve satisfaction?
21. Are you familiar with the ESI handbook and/or DVDs?
- Are there any changes could be made to the Handbook and/or DVDs that would increase up-take and/or improve satisfaction?
22. Is there any particular information that would help guide decisions to adopt or not to

adopt the ESI?

- What kinds of information do different entities need to make their decisions?

23. Do you have any suggestions for how the next version of the ESI should be rolled out to the medical, nursing, emergency department, and capacity planning communities?

**...we'd like to close with a few questions regarding AHRQ's role in Emergency Department surge planning**

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24. Before this focus group, had you heard the name "AHRQ"?

- Under what circumstances have you heard the name AHRQ?
- Have you heard of the Agency in regards to anything other than the ESI?
- Are you aware of AHRQ's activities in ED planning and preparation?
- Do you have any suggestions for how to improve the awareness of AHRQ's activities may be increased?

25. What type of assistance could AHRQ provide to decrease the barriers to using the ESI at the hospital/organizational level?

26. What types of assistance could AHRQ provide in terms of ESI training and education?