Semi-Structured Interview Guide - AHRQ PSIC

Location:	Date and time of interview:
Type of organization: (Type – QIO, hospital, other)	Interview Code: Role:

Testing materials checklist

- ☐ Interview guide
- ☐ Interviewer clock
- ☐ Audio recording equipment (2)
- ☐ Verify audio recording equipment
- ☐ Pens and notepads
- ☐ Informed consent forms (1 copy for participant to sign, plus 1 copy for participant to keep)

Outline   (up to 60 minutes total)

Time in minutes for each section*	Topic	Elapsed time at end of section
3	Introduction (confirm consent; welcome; overview)	3
10	SECTION 1: Participant Characteristics	13
15	SECTION 2: Application of Training to the Workplace	28
6	SECTION 3: Patient Safety Culture	34
10	SECTION 4: Barriers and Facilitators to Patient Safety Projects Implemented Post-Training	44
8	SECTION 5: Perceived Outcomes	52
8	SECTION 6: Final Insights	60
TOTAL		60
Times listed are estimates.		

Site visit goals

- Gather lessons learned from the AHRQ/VA Patient Safety Improvement Corps (PSIC) program.
- Learn about the extent the PSIC program's training and networking experiences have been useful and applicable to the participants' day-to-day work.
- Learn about collaborations on patient safety with others (e.g., fellow team members and others throughout the organization, State, or nationally).
- Capture additional detail on the issues impacting participants' and organizations' ability to disseminate the PSIC material.
- Describe the impact of the PSIC program at various levels.
- Obtain useful information for AHRQ on how best to implement any future patient safety training activities.

PLEASE NOTE: This is a GUIDE for conducting the interview. It is intended to provide you with questions that may only be relevant based upon the role of the person you are interviewing. Adapt which questions, the order, and wording to best suit each respondent according to their role, training experience, and state.

If hospital: Ask about "your organization."

If State Health Department or QIO: Ask about "your organization" or "organizations you work with" or both depending on the question.

Introduction   3 min

(As interviewees arrive, meet participants and give them informed consent forms (one to sign, one to keep).

I. Welcome

- Thank you for agreeing to participate in an interview today.

- My name is {**NAME**} and I'll be talking with you today. I work for a company called the American Institutes for Research, an independent non-profit research organization.

II. Background—explain purpose of the interview

- Our discussion today is part of a project **sponsored by the Agency for Healthcare Research and Quality (AHRQ)**. AHRQ contracted with AIR to gather lessons learned from the AHRQ/VA Patient Safety Improvement Corps (PSIC) program.

- In conjunction with AHRQ and VA NCPS, we've selected six locations for site visits. Our selections were based on an effort to identify a diverse group of sites.

- The site visits are intended to help us better understand the extent to which participation in the PSIC training program may have affected patient safety practices at the home organizations of individuals and teams participating in the program, and more broadly to their local areas, regions, and states. At each site, we're interviewing qualified individuals serving in a variety of roles among PSIC trainees and non-trainees.

- In addition to the site visits we'll be conducting a Web-based questionnaire of PSIC training participants and organizational leaders and have reviewed existing data on the program's activities.

III. Go over ground rules

- Your opinion is very important to us and so to make sure we don't miss anything, we are **audio taping** today's session. Because we're recording, please try to **speak in a voice at least as loud as the one I'm using** now so that we can make sure the tape is picking up our voices.

- Everything you tell us will be **confidential.** To protect your privacy, we won't connect your name with anything that you say.

- The interview will take about 60 minutes.

- We have a lot to talk about today, so there may be times when I need to move the discussion along. Please understand that **when I ask that we move to a new topic, I don't mean to be rude**.

- Do you have any **questions** before we get started? Okay, I'll start the recorder now.

SECTION 1: Patient Safety Experience   10 min

{Turn on recording equipment.}

1. **Individual Experience**

   a) **{PSIC Participants}** How did you become involved in the AHRQ/VA PSIC program? *(Note: Some of the leaders from participating organizations submitted letters of endorsement for their employee's participation in the program)*

   b) **{PSIC Participants}** What were your expectations about what you would learn or accomplish through your participation in the PSIC?

   c) **{PSIC Participants}** What was your level of experience in developing interventions to improve patient safety or reduce/mitigate the impact of medical errors prior to your participation in the PSIC?

   PROBE: Prior to your participation in the PSIC, what was your level of experience with:
   - Tools used to investigate near misses, medical errors, and patient harm/injury resulting from the delivery of health care.
   - Evaluation techniques to assess the impact of patient safety initiatives

   d) **{Non- PSIC Participants}** What, if anything, have you heard about the Patient Safety Improvement Corp (PSIC)? *(Note: Some of the leaders from participating organizations submitted letters of endorsement for their employee's participation in the program)*

2. **Current Role**
   a) Tell me about your current role. What are your primary responsibilities? *{Collect information on all responsibilities}*

   PROBE: Can you tell me a bit about your role in patient safety activities in general, not just this project?

   PROBE: How long have you worked at this organization? How long have you worked in the field of patient safety at this organization? Overall?

3. Organizational and State Experience with Reporting Systems and Patient Safety Tools

a) **{Complete in advance and confirm}**

{NOTE TO INTERVIEWER, FILL THIS OUT PRIOR TO INTERVIEW: State's reporting system was established in [YEAR]. This is before/after start of PSIC training in [YEAR]}.

Our information shows that the state [does/does not] have a medical error reporting system. Is this still true? ☐ YES ☐ NO

If YES:
- Tell me about your reporting system.

     PROBE: What type of information does it track? Who submits the information? How is the data in the system shared with others? How is the information in the system used (i.e., for what purposes)?

- How, if at all, has the reporting system changed since participating in the PSIC?

- **{Ask only if established before PSIC}** What effect did PSIC have on these changes?

IF NO:
- Are there any plans to implement a reporting system in the future?

- Has participation in PSIC had any effect on whether or not to implement a reporting system in the future?

b) Prior to (insert year of first PSIC participation), what was your organization's experience with:
- Tools used to investigate near misses, medical errors, and patient harm/injury resulting from the delivery of health care.
- Evaluation techniques to assess the impact of programs

SECTION 2: Application of Patient Safety Concepts and Tools

15 min

4. **Training Content and Relevancy**

   a) Since the PSIC training, how have you or your organization used the concepts, tools, information, techniques, and resources from the training?

   b) How well did the concepts, tools, information, and techniques, and resources fit to your patient safety role in your organization? What would you have liked to have learned or had access to through the PSIC that you did not?

   c) Since (insert year of first PSIC participation) what patient safety projects have been implemented which you personally participated in?

   For the next questions, please focus on the one project you had the most experience with.
   - Tell me about the project.
   - **{ PSIC Participants}** Which tools or skills from the PSIC training have you used in this project?
   - How did you decide upon an intervention? How did you figure out that something should be done? What data/information did you look at?
   - How was the site introduced to this project/activity?
   - How was the project/activity promoted?
   - What was your role on the project?
   - How has the project/activity changed over time?

   d) How well did the PSIC program match the needs of your organization?

   - What aspects of the training do you feel were most valuable to you in your work? What about the project your team completed as part of the training?

   - Were there particular topics not covered in the training that you feel should have been?

5. **{PSIC Participants} Dissemination of PSIC Knowledge and Materials**

   a. Have you been able to train others within your organization, community, and/or state about the tools and skills you learned the PSIC program?
   - What did the training(s) consist of?
   - What types of people attended the training?
   - Which organization hosted the training?

b. Have you shared the resources or tools with others within your organization, community, and/or state that you accessed through the PSIC program?

6. Future Initiatives

a) What other initiatives or activities are planned in your organization to improve the patient safety culture?

Interviewer reference list of concepts, tools, techniques, resources [Q4, Q5]	
General AHRQ Patient Safety Network (AHRQ PSNet) Business Case for Patient Safety Introduction to Patient Safety Medical and Legal Issues Patient Safety	*Culture* AHRQ Hospital Survey on Patient Safety Culture (HSOPS Survey) Just Culture Leading Change
Assessment and Evaluation AHRQ Patient Safety Indicators Cause and Effect Diagramming Evaluation of Patient Safety Programs Healthcare Failure Modes and Effects Analysis (HFMEA) Heuristic (Expert) Evaluation Technique Probabilistic Risk Assessment Safety Assessment Code (SAC) Matrix Usability Testing Technique Assessment Tool (PSAT)	*Root Cause Analysis* RCA Process & Methods Root Causes: Five Rules of Causation (the laminated flip book)
	Patient Safety Design Human Factors Engineering and Patient Safety Designing for Safety Mistake-Proofing: The Design of Healthcare Processes
	Other AHRQ Web M&M High Alert Medications High Reliability Organizations (HROs) TeamSTEPPS™ Master Trainer Workshop

SECTION 3: Patient Safety Culture   6 min

7. Organizational Support and Patient Safety Culture

   a) What kind of support did you have from leadership at your organization for the strategies and initiatives you decided to implement? What about support from your colleagues or other staff?

   b) What kind of support did you provide for the strategies and initiatives implemented at your organization? How has your participation facilitated these initiatives?

   c) Has your organization undertaken efforts to systematically assess the safety culture in your hospital or hospitals around your state? Tell me about it.

   d) How would you describe the safety culture in your organization? How was the safety culture affected by the PSIC training?

SECTION 4: Barriers and Facilitators to Patient Safety Projects Implemented Post-training

10 min

Ask about main project mentioned in Section 2, Q4c.

8. Facilitators

a) What made it easier to continue using the knowledge, tools, and resources you gained from the PSIC training?

b) What lessons did you learn or what made it easier to continue (describe post-PSIC activity from Section 2, Q4c. – see reference list below)?

- Tell me more about that. What are some of the factors you considered?
- What types of resources were provided to help you conduct (describe each post-PSIC activity from Section 2 – see reference list below)?
- How, if at all, did your leadership (including organizational, community, and state leadership) react to, work with, or help carry out your (describe each post-PSIC activity from Section 2 – see reference list below)?

9. Barriers

a) What made it harder to apply the skills and tools you learned in the training to this project?

- How did you overcome these challenges?
- Was there any support you feel would've been helpful that you did not get? (PROBE: resources, leadership support)

c) If you were able to start over with the project what would you do the same? Differently?

Interviewer reference list of post-PSIC Activities [Q8, Q9]	Hospitals/ Providers	State Health Agencies	QIOs
Created a new or expanded an existing coalition representing patient safety stakeholders		X	X
Created or modified a patient safety/medical error event reporting system	X	X	X
Defined new or revised existing policies, standards, or processes at the hospital or health care system level	X		
Defined new or revised existing policies, standards, or processes at the State level		X	X
Established new or strengthened existing relationships with QIO(s) about patient safety	X	X	
Established new or strengthened existing relationships with the State health department about patient safety	X		X
Implemented new patient safety processes	X		
Sought assistance from QIO regarding patient safety activities	X	X	
Strengthened existing relationships with hospitals in your state about patient safety		X	X
Trained others on developing or implementing patient safety processes	X	X	X

SECTION 5: Perceived Outcomes   8 min

10. PSIC-related Outcomes

a) **{ PSIC Participants or Participating Organizations}** What, if anything, do you think your organization is doing better as a direct result of your participation in the PSIC program?

- How has your organization benefited from involvement in the PSIC program?
- How can you tell that there have been changes?
- What made it possible for you to improve?
- How has participation in the program affected your organization's ability to network with others?

11. Perceived Outcomes

a) You've talked about ongoing activities related to patient safety. What changes have you experienced or observed that indicate that you are succeeding in getting the desired results from your activities?

- How did this occur?

PROBE: Use the potential outcomes list below to probe about other results.

Interviewer reference list of potential outcomes [Q10, Q11]	
• More effective communications • Improved process to identify, apply, and/or monitor patient safety interventions • Increased clinician awareness of patient safety importance • More staff trained on patient safety • Increased use of reporting system • Improved process to review patient safety events • Increased sharing of patient safety events • Heightened awareness of patient safety issues • Increased willingness to address/discuss patient safety issues/events	Positive cultural changes: • Staff are less worried about mistakes negatively impinging on them personally • Staff feel free to speak up about patient care • Management promotes safety as priority • Provision of work environment promoting patient safety

12. Final Insights

a) **{ PSIC Participants}** If you could do it over again, would you still have participated in the PSIC program?

- Would you change anything about the experience or the program itself? Please explain.

- Should other staff have been included in the PSIC training? What about other organizations?

b) What, if any, type of ongoing technical support from AHRQ or NCPS would be helpful to the successful implementation of patient safety initiatives after the PSIC training?

c) What advice would you give another organization that wanted to improve their patient safety culture?

d) Before we end, I'd like to give you chance to share any additional thoughts or comments about the PSIC program and the information we talked about today. Is there anything else you would like to add that you didn't have a chance to say during our discussion today and you think is important for us to know?

Thank you very much for participating in this discussion today. We appreciate your time.