

Improving Patient Flow and Reducing Emergency Department Crowding

Master Key Informant Interview Protocol—Telephone Interviews

INTRODUCTION

Thank you for agreeing to participate in this study. We anticipate that this interview will last no more than 45 minutes.

The focus of our questions will be on strategies to reduce ED crowding used by hospitals participating in the Urgent Matters Learning Collaborative II. We will ask several open-ended questions that will cover your general perceptions of impact of the strategy(s) that your hospital has implemented as well as the facilitators and barriers to implementation. We will also be asking questions about your overall experience as a participant in the Urgent Matters collaborative.

Before we begin the discussion, we need to take you through an informed consent process. This is the informed consent document for our study (*hand informant the form*), explaining our study, and the benefits and risks to you of participating. In particular, let me make sure that you understand that:

Public reporting burden for this collection of information is estimated to average 45 minutes per response, the estimated time required to complete the survey. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. 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.

- a. Your participation is completely voluntary. If you do choose to stay and talk with us, you may decide to leave at any time during this interview.
- b. We consider this discussion to be confidential. Your participation is confidential in the sense that your name will not be used in any reports or articles.
- c. We would also like to record the interview for so that we may accurately transcribe your responses. The recording will not be used to identify you in any way. The recording will be kept in a secure location. Do we have your permission to record this conversation?
- d. Do you have any questions about our study or this interview process before we begin?

Overview of Interview Topics

1. Current Status of Strategies
2. Spread and Sustainability
3. Perceptions of Change in Patient Flow and Clinical Care
4. Perceptions of Change Patient and Staff Satisfaction, Hospital's Reputation
5. Recommendations and Lessons Learned
6. Time and Expenses

SECTION 1: CURRENT STATUS OF STRATEGIES

-NOTE: Numbers indicated in parentheses refer to the primary research question/s guiding the project listed in Supporting Statement A.

- 1) Have the strategies been maintained as expected?
 - a. If not, why not? (1)
- 2) Have you encountered any challenges in the ongoing maintenance of your strategies? (1,2)
- 3) What factors have facilitated the ongoing maintenance of the strategies? (1,2)
- 4) What other activities – besides those undertaken as part of this collaborative – have been implemented in the past 6 months that could impact LIST IMPACT MEASURES¹ (e.g. LWBS, ED arrival to ED departure time)? (1)

SECTION 2: MAINTENANCE OF STRATEGIES

¹ Respondents' perceptions of impact will supplement our analysis of outcome measures. For the list of outcome measures by hospital, see Supporting Statement A.

- 1) Do you think the strategy will be maintained? Why do you think so/not? (1,2)
- 2) Do you think the strategy will change over time? How so? (1)
- 3) What factors do you think will facilitate the maintenance of the strategy? (1)
- 4) What factors do you think may hinder the maintenance of the strategy? (1)

SECTION 2: STRATEGY SPREAD AND SUSTAINABILITY

~~Do you have any concerns about the sustainability of this strategy within the organization? What has led to these concerns?~~

~~Do you think the strategy will continue to spread over time? Have there been specific activities designed to promote the spread of improvement strategies through this model? What factors do you think will be critical to sustain the strategy? How do you maintain momentum for long-term process improvement? (e.g. by continuing to leverage senior leadership's involvement)~~

SECTION 3: RECOMMENDATIONS AND LESSONS LEARNED

- 1) If you were to implement the strategy again in your organization with what you know now, what would you recommend? What would you do differently? (1,2)
- 2) Are there specific recommendations you might have with respect to needed infrastructure, associated costs of implementation, noted barriers to implementation, or other things that we should consider? (1,2)
- 3) What aspects of the technical assistance and participation in the collaborative did you find most/least useful? (1)
- 4) If you were advising your peers from another hospital, what advice would you give regarding the adoption of the intervention? (1)

SECTION 4: PERCEPTIONS OF CHANGE IN PATIENT FLOW AND CLINICAL CARE

- 1) What changes did you expect to see after the implementation of the strategy? (3)
- 2) Overall, do you think this/these strategy(ies) achieved their goals? (3)
- 3) Have you noticed a change in *LIST OUTCOME MEASURES* (e.g. *LWBS, ED arrival to ED departure time*) since the implementation of the strategy(ies)?(3)
- 4) Has there been a change in the efficiency of the ED? Describe. (3)
- 5) Has there been a change in the way care is delivered since the implementation of the strategies? If so, how? (3)

Probe: please provide examples of changes in safety, efficiency, patient-centeredness, timeliness, equality or effectiveness.

- 6) Has there been a change in the number of errors or near-misses in the ED since the implementation of the strategies? (3)
- 7) Has there been any other changes in the quality of care delivered to patients as a result of this/these strategy(ies)? (3)

SECTION 5: PERCEPTIONS OF CHANGE IN PATIENT AND STAFF SATISFACTION, HOSPITALS' REPUTATION

- 1) Has patient satisfaction changed since the implementation of the strategies? Describe. (3)
- 2) Has staff satisfaction changed since the implementation of the strategies? Describe. (3)
 - a. Probe: Has staff recruitment or retention changed? Has there been a change in the level of stress experienced by staff?
- 3) Has there been a change in the working relationships between ED staff members? Between ED staff and staff from other units? (3)
- 4) Has there been a change in the reputation of the ED within the hospital? In the community? (3)
- 5) Has the number of patients seen in the ED changed since the implementation of the strategy? Why? To what extent has this change affected the department's revenues or budget? (3)
- 6) Were there any additional changes that occurred as a result of the strategy? Were these changes expected? (3)
- 7) Overall, would you consider the strategies a success? Why?(3)

SECTION 2: PERCEPTIONS OF CHANGE IN PATIENT FLOW AND CLINICAL CARE

~~Have you noticed a change in the number of people waiting in the ED for service?~~

~~Has there been a discernable difference in ambulance off-load times since the implementation of the strategies?~~

~~Has there been a change in the efficiency of the ED?~~

~~—————Probe: What forms of waste have been eliminated? Can you provide examples of time savings?~~

~~Has there been a change in the way care is delivered since the implementation of the strategies? If so, how?~~

~~—————Probe: please provide examples of changes in safety, efficiency, patient-centeredness, timeliness, equality or effectiveness.~~

~~Has there been a change in the number of errors or near-misses in the ED since the implementation of the strategies?~~

~~Has there been a change in patient protections of privacy?~~

SECTION 3: PERCEPTIONS OF CHANGE IN PATIENT AND STAFF SATISFACTION, HOSPITALS' REPUTATION

~~Has patient satisfaction changed since the implementation of the strategies? How?~~

~~—————Probe: Has staff recruitment or retention changed? Has there been a change in the level ————— of stress experienced by staff?~~

~~Has the strategy required a staffing in the ED or other units? How?~~

~~Has there been a change in the working relationships between ED staff members? —
Between ED staff and staff from other units?~~

~~Has there been a change in the reputation of the ED within the hospital? In the community?~~

~~Has the number of patients seen in the ED changed since the implementation of the strategy? To what extent has this change affected the department's revenues or budget?~~

~~Overall, would you consider the strategies a success? Why?~~

SECTION 4: RECOMMENDATIONS AND LESSONS LEARNED

~~If you were to implement the strategy again in your organization with what you know now, what would you recommend? What would you do differently?~~

~~Are there specific recommendations you might have with respect to needed infrastructure, associated costs of implementation, noted barriers to implementation, or other things that we should consider?~~

~~What aspects of the technical assistance and participation in the collaborative did you find most/least useful?~~

~~To what extent has your awareness/understanding that ED crowding is a hospital-wide problem rather than just an ED problem changed as a result of participation in the Urgent Matters Collaborative?~~

~~To what extent has your awareness/understanding that creating a multi-disciplinary team is essential to driving change increased as a result of participation the Urgent Matters Collaborative?~~

~~To what extent has your awareness/understanding that champions, especially at the executive level, are necessary to ensure the implemented strategy is successful and sustainable changed as a result of participation the Urgent Matters Collaborative?~~

SECTION 5: TIME AND EXPENSES

(Questions in this section will be sent in advance of the interview)

We would like to generate an estimate of the cost of maintaining your patient flow improvement strategies since our last site visit in (DATE). I will ask a series of questions regarding how much time you have spent on the strategies since then. I would like for you to estimate time spent on tasks specifically associated with the UM LN II activities and the evaluation activities separately from time spent with your team planning, implementing, and maintaining the strategies.

I will also ask you to identify any additional resources needed or expenses incurred associated with the strategies.

1. Since DATE OF SITE VISIT, what is the total number of hours that you spent preparing data to be shared with other members of the collaborative? (2)
If the respondent cannot estimate total hours, probe for average number of hours per month.

2. Since DATE OF SITE VISIT, what is the total number of hours that you spent on UM LN II or the HRET evaluation activities? This includes webinars, conference calls, in person meetings, and site visits? (2)
If the respondent cannot estimate total hours, probe for average number of hours per month.

Since DATE OF SITE VISIT, what is the total number of hours that you spent planning, implementing, or maintaining the patient flow improvement strategies separate from the specific UMLN II and evaluation tasks noted above? This includes internal meetings and other tasks associated with the strategies.(2) If the respondent cannot estimate total hours, probe for average number of hours per month.

3. How many hours per month do you think you will spend maintaining and monitoring the strategies going forward? (2)

4. Since DATE OF SITE VISIT, were there any purchases made to support the strategies? (2)

- a. If so, what were they?
- b. What was the cost?

5. Since DATE OF SITE VISIT, did the strategies require the addition of new staff members? (2)

- a. If so, what new staff were added?
- b. How much of their time is devoted to the strategies?

6. Since DATE OF SITE VISIT, did the strategies require the transfer of any resources from other units of the hospital, for example, additional beds? (2)

- a. If so, what were they?
- b. Do you know the cost of these items?

7. Overall, do you think the benefits of the strategies outweighed their cost? (2)

8. Are you or others tracking the financial impact of the strategy(ies)? (2)

9. Since DATE OF SITE VISIT, what is the total number of hours that you spent working on data submission for this project (i.e. the patient-level data submission)?

10. — If the respondent cannot estimate total hours, probe for average number of hours per month.

11. Since DATE OF SITE VISIT, what is the total number of hours that you spent on webinars, conference calls, completion of monthly progress reports, and in person meetings and site visits?

If the respondent cannot estimate total hours, probe for average number of hours per month.

Since DATE OF SITE VISIT, what is the total number of hours that you spent planning, implementing, or maintaining the patient flow improvement strategies separate from the activities noted above? This includes internal meetings and other tasks associated with the strategies. *If the respondent cannot estimate total hours, probe for average number of hours per month.*

How many hours per month do you think you will spend maintaining and monitoring the strategies going forward?

Since DATE OF SITE VISIT, were there any purchases made to support the planning or implementation of the strategies?

If so, what were they?

What was the cost?

Since DATE OF SITE VISIT, did the strategies require the addition of new staff members?

If so, what new staff were added?

How much of their time is devoted to the strategies?

Since DATE OF SITE VISIT, did the strategies require the transfer of any resources from other units of the hospital, for example, additional beds?

If so, what were they?

Do you know the cost of these items?

Overall, do you think the benefits of the strategies outweighed their cost?

INTERVIEW CLOSURE AND FOLLOW-UP

Before we conclude, do you have anything else that you would like to add on this topic that we have not discussed?

Thank you for your time. Your comments were extremely helpful.