

ATTACHMENT B:

**RECRUITMENT AND FOLLOW-UP EMAILS
AND LETTERS**

Facility Recruitment Letter

Nurse Survey Recruitment Letter

Physician Email Invitation

Physician Email Reminder

Physician Survey Recruitment Letter

Physician Telephone Recruitment Script

FACILITY RECRUITMENT LETTER

Date

«Adm_First» «Adm_Last»
«Facility_Name»
«Address_Line_1»
«City», KY «Zip_Code»

Dear «admintitle» «AdminitstratorLast»:

We are writing to invite the staff, residents and their families of <insert name> to participate in a project related to antibiotic prescribing practices. Dr. <insert name>, who treats some of your patients, is interested in participating in this project and we'd like to meet with you to discuss it.

Briefly, this project will learn about antibiotic prescribing practices in twelve nursing homes. It will collect de-identified data from residents' charts, and six setting will be randomly selected to participate in a six-month quality improvement program to change antibiotic prescribing practices. At the end of the six months, the remaining six settings will be invited to participate in the quality improvement program.

This project is funded by the Agency for Healthcare Research and Quality, and is being conducted in collaboration with Abt. Associates, Inc. There is no cost to your or your residents for participation. Benefits include better understanding of prescribing practices; continuing education credits for your staff, and possibly better care for your residents.

We hope that you will be interested in learning more about this project, especially in consideration of Dr. <insert names>'s interest in it. Our project coordinator, Madeline Mitchell, will call you within the next week to ask whether we may meet with you to discuss the project in more detail. If you would rather that Ms. Mitchell not contact you to ask whether we may meet with you, feel free to call her in advance at 919-966-6074.

We respect your time and the care you provide to older adults, and we know that efforts to improve care require collaboration. Thank you for your consideration.

Sincerely,

Sheryl Zimmerman, PhD
Kenan Distinguished Professor

Philip D. Sloane, MD, MPH
Goodwin Distinguished Professor

Co-Directors, Program on Aging, Disability and Long-Term Care
Cecil G. Sheps Center for Health Services Research
University of North Carolina at Chapel Hill

NURSE RECRUITMENT LETTER

February 2, 2021

Provider Name
Facility Affiliation
Street
City State Zip

Dear Mr. / Ms.:

_____ (name of LTC facility) is participating in a study related to antibiotic prescribing practices in long-term care settings. As you are likely aware, there is ongoing concern about antibiotic overprescribing and the inappropriate use of some antibiotics. The purpose of this project is to better understand the situations when antibiotics are prescribed and matters related to the prescribing decision.

Because you are a nurse at ____ (name of LTC facility) and likely to discuss with the physician a resident's condition and need for antibiotics, your thoughts on the matter are especially important. We are writing to ask you to complete a short survey (approximately 15 minutes) related to antibiotic prescribing in long term care.

Abt Associates, a research and consulting firm, has been contracted by the Agency for Healthcare Quality and Research to conduct this study. We are surveying all nurses at (name of LTC facility). We expect the resulting information will provide better understanding and perhaps improve antibiotic prescribing practices in long-term care settings. At the end of the study, we will compile the findings and present them in a manuscript that we will share with you.

Enclosed are copies of the survey and informed consent documents. Please read the consent document and if in agreement, sign the consent and complete the survey. Return the signed statement of informed consent and completed survey to Abt Associates in the enclosed, postage paid envelope.

We hope that you will be interested in participating in this study. If at any time you have questions or would like additional information about the study, please contact the Project Director, Rosanna Bertrand, PhD at 617-349-2556. We respect your time and the care that you provide to older adults.

Thank you for your consideration.

Facility Administrator
Name of Facility

Rosanna M Bertrand, PhD
Project Director
Abt Associates, Inc.

Philip D. Sloane, MD, MPH
Goodwin Distinguished Professor
Cecil G. Sheps Center for Health Services
Research
University of North Carolina, Chapel Hill

PHYSICIAN EMAIL INVITATION

PHYSIAN EMAIL INVITATION

Invitation to Antibiotic Use in Long-term Care survey

Dear @@Name,

Thank you for agreeing to participate in a web-based survey designed to provide insight into antibiotic prescribing practices in long-term care settings. This project, funded by the Agency for Healthcare Research and Quality, aims to better understand the situations when antibiotics are prescribed and factors that are related to the prescribing decision. Data collected through this survey will be disseminated in published manuscripts and as presentations at national conferences; however, no direct quotes will be attributed to individual respondents. At the end of the survey, you will be asked if you would like to volunteer your name and contact information for a possible follow-up telephone interview to clarify survey data. Your participation is voluntary and you can refuse to answer any question. A complete statement of informed consent will appear as page one of the electronic survey.

You will be asked to complete survey questions **related to your decision-making process in ordering an antibiotic prescription for specific conditions.**

Please click on the link below to access the survey, then copy and paste the following password and username:

<http://abtassociates.checkboxonline.com/nurseTA.aspx?invitationID=3642>

Username = @@UserName

Password = @@Password

Once you have accessed the survey, proceed through it by clicking on the navigation buttons. You will be able to exit and return to the survey at any time between [DATE] and [DATE]. The program will automatically bring you back to the last page on which you were working. Use the "Back" navigation button to review and/or edit earlier responses.

If you have any questions about this survey you may contact Rosanna Bertrand, PhD, Project Director, at Abt Associates, Cambridge, MA, at (617) 349-2556, OR Philip D. Sloane, MD, MPH co-Principal Investigator, at the University of North Carolina at Chapel Hill, at (919) 966-3711. For questions about your rights as a participant in this study, please call Teresa Doksum, the Abt Associates Institutional Review Board Administrator, at (617) 349-2896 (a toll call).

Thank you for your participation,

Rosanna Bertrand, PhD
Project Director
Abt Associates Inc.

PHYSICIAN EMAIL REMINDER

PHYSICIAN EMAIL REMINDER

Invitation to Antibiotic Use in Long-term Care survey

Dear @@Name,

Thank you again for agreeing to participate in a web-based survey designed to provide insight into antibiotic prescribing practices in long-term care settings. This project, funded by the Agency for Healthcare Research and Quality, aims to better understand the situations when antibiotics are prescribed and the matters related to the prescribing decision.

You were asked to complete the survey questions related to **your decision-making process in ordering an antibiotic prescription for specific conditions?** Please complete the survey by [DATE]. If you need more time to complete the survey, please respond to this email and let us know.

If you prefer to participant in the survey through a telephone interview, please contact Rosanna Bertrand, PD by phone at (617) 349-2556 or email at rosanna_bertrand@abtassoc.com.

To access the web-based survey, please click on the link below to access the survey, then copy and paste the following password and username:

<http://abtassociates.checkboxonline.com/nurseTA.aspx?invitationID=3642>

Username = @@UserName

Password = @@Password

Once you have accessed the survey, proceed through it by clicking on the navigation buttons. You will be able to exit and return to the survey at any time between [DATE] and [DATE]. Use the "Back" navigation button to review and/or edit earlier responses.

If you have any questions about this survey you may contact Rosanna Bertrand, PhD, Project Manager, at Abt Associates, Cambridge, MA, at (617) 349-2556, OR Philip D. Sloane, MD, MPH co-Principal Investigator, at the University of North Carolina at Chapel Hill, at (919) 966-3711. For questions about your rights as a participant in this study, please call Teresa Doksum, the Abt Associates Institutional Review Board Administrator, at (617) 349-2896 (a toll call).

Thank you for your participation,

Rosanna Bertrand, PhD
Project Director
Abt Associates Inc.

PHYSICIAN SURVEY RECRUITMENT LETTER

February 2, 2021

Provider Name
Practice
Street
City State Zip

Dear Dr. /Mr. / Ms.: <Provider Last Name>:

_____ (name of LTC facility) in _____ (city) is participating in a study related to antibiotic prescribing practices in long-term care settings. As you are likely aware, there is ongoing concern about antibiotic overprescribing and the inappropriate use of some antibiotics. The purpose of this project is to better understand the situations when antibiotics are prescribed and matters related to the prescribing decision.

Because you have a patient in ____ (name of LTC facility), your thoughts on the matter are especially important. We are writing to ask you to complete a brief web-based survey (approximately 15 minutes) related to this recent prescription, as well as to answer a few additional questions. If you prefer, we can conduct the survey over the telephone.

This project is funded by the Agency for Healthcare Quality and Research. We are surveying all physicians who wrote an antibiotic prescription in the last month for a patient who resides in one of the twelve long-term care facilities participating in the study. We expect the resulting information will provide better understanding and perhaps improve antibiotic prescribing practices in long-term care settings. At the end of the study, we will compile the findings and present them in a manuscript that we will share with you.

We hope that you will be interested in participating in this study. A member of our research staff will call you sometime over the next week to obtain your email address or set up a time when we can conduct the interview by the telephone. If at any time you have questions or would like additional information about the study, please contact the Project Director, Rosanna Bertrand, PhD at 617-349-2556. We respect your time and the care that you provide to older adults.

Thank you for your consideration.

Facility Administrator
Name of Facility

Rosanna M Bertrand, PhD
Project Director
Abt Associates, Inc.

Philip D. Sloane, MD, MPH
Goodwin Distinguished Professor
Co-Director, Program on Aging,
Disability and Long-Term Care
Cecil G. Sheps Center for Health
Services Research
University of North Carolina, Chapel Hill

PHYSICIAN TELEPHONE RECRUITMENT SCRIPT

Standardizing Antibiotic Use in Long-Term Care, SAUL Study

Physician Telephone Recruitment

Hello. My name is _____ (NAME). I'm calling from Abt Associates, a research and consulting firm in Massachusetts. We have been contracted by the Agency for Healthcare Research and Quality to conduct a study that will help us to better understand situations when antibiotics are prescribed and factors that are related to the prescribing decision. You were sent a letter from _____ (FACILITY ADMINISTRATOR) at _____ (FACILITY NAME AND ADDRESS) that was co-signed by project staff, informing you of the study and letting you know that we would be contacting to ask if you are interested in participating in the study. Did you receive this letter?

[If physician DID receive the letter, read the following section]

Good, do you have any questions about the letter, or the study in general?

Because you have a patient in _____ (FACILITY NAME AND ADDRESS), your thoughts on antibiotic prescribing practices are especially important.

Are you interested in completing a brief **web-based** survey (approximately 15 minutes) related to your decision-making process in ordering an antibiotic prescription for specific conditions?

[If YES, physician agrees to participate in the web-based survey]

That's great, thank you. After this call, I will send you an email invitation to participate in the survey. It will contain a brief statement of informed consent, instructions on how to access and navigate the program, and contact information in case you have questions about the study or the web-based program.

Can I please have your email address?

Thank you very much for agreeing to participate. If you have any questions, please feel free to call me; again, my name is _____ (NAME) and my phone number is _____ (PHONE NUMBER). You can expect to receive the email invitation in the next day or two.

[If NO, physician declines participation in the web-based survey]

I'm sorry that you do not feel as though you can participate at this time. Would it be more convenient for you to respond to a telephone interview rather than a web-based survey?

[If YES, physician agrees to participate in a telephone survey]

That's great, thank you. Can we determine a date and time that would be most convenient for us to conduct the survey with you?

At what telephone number would it be most convenient for us to contact you for the interview?

Thank you very much for agreeing to participate. If you have any questions, please feel free to call me; again, my name is _____ (NAME) and my phone number is _____

_____ (PHONE NUMBER). You can expect to a call on _____ (REPEAT SCHEDULED DAY AND DATE) at _____ (REPEAT SCHEDULED TIME).

[If NO, physician DOES NOT agree to participate in a web-based OR telephone survey]

I am sorry that you do not feel as though you can participate at this time, but I do understand time restraints. Thank you for taking the time to talk with me today. At the end of this study, in approximately seven months, we will be conducting similar follow-up surveys. Can we give you a call then to see if you are interested in participating?

[MAKE NOTE OF RESPONSE]

Thank you again, and have a great day.

[If physician DID NOT receive the letter, read the following section]

In brief, the letter informed you that we are surveying all physicians who are affiliated with on of twelve long-term care facilities participating in the study. Our expectation is that the resulting information will provide a better understanding and perhaps improve antibiotic prescribing practices in long-term care settings. At the end of the study, we will compile the findings and present them in a manuscript that we will share with you. Because you have a patient in _____ (FACILITY NAME AND ADDRESS), your thoughts on the matter are especially important.

Are you interested in completing a brief web-based survey (approximately 15 minutes) related to this recent prescription, as well as to answer a few additional questions related to this topic?

[If YES, physician agrees to participate in the web-based survey]

That's great, thank you. After this call, I will send you an email invitation to participate in the survey. It will contain a brief statement of informed consent, instructions for how to access and navigate the program, and contact information in case you have questions.

Can I please have you email address?

Thank you very much for agreeing to participate. If you have any questions, please feel free to call me; again, my name is _____ (NAME) and my phone number is _____ (PHONE NUMBER). You can expect to receive the email invitation in the next day or two.

[If NO, physician declines participation in the web-based survey]

I'm sorry that you do not feel as though you can participate at this time. Would it be more convenient for you to respond to a telephone interview rather than a web-based survey?

[If YES, physician agrees to participate in a telephone survey]

That's great, thank you. Can we determine a date and time that would be most convenient for us to conduct the survey with you?

At what telephone number would be most convenient for us to contact you for the interview?

Thank you very much for agreeing to participate. If you have any questions, please feel free to call me; again, my name is _____ (NAME) and my phone number is _____ (PHONE NUMBER). You can expect to a call on _____ (REPEAT SCHEDULED DAY AND DATE) at _____ (REPEAT SCHEDULED TIME).

[If NO, physician DOES NOT agree to participate in a telephone survey]

I am sorry that you do not feel as though you can participate at this time, but I do understand the time restraints. Thank you for taking the time to talk with me today. At the end of this study, in approximately seven months, we will be conducting similar follow-up surveys. Can we give you a call then to see if you are interested in participating?

[MAKE NOTE OF RESPONSE]

Thank you again, and have a great day.