

ATTACHMENT D:

Pre-Implementation Interview Discussion Guides

Pre-Intervention Interview Discussion Guide Administrators

Pre-Intervention Interview Discussion Guide Health Care Supervisors

Pre-Intervention Interview Discussion Guide Physicians

**PRE-IMPLEMENTATION DISCUSSION GUIDE
ADMINISTRATORS**



Pre-Intervention Discussion Guide

Intervention Facility Administrators (n=6)

Begin the call by introducing yourself and each participant. After introductions are complete, obtain verbal consent for participation and for recording the call. Consent must be obtained before the group discussion begins.

Review of ground rules:

- **Each person will be given the opportunity to respond to a question.**
- **Anything shared during the call is considered confidential information.**

We'd like to thank each of you for agreeing to participate in the Optimizing Antibiotic Use in Long-Term Care quality improvement (QI) project. Hopefully, each of you has had a chance to review the packet of draft materials that we sent to you. Based on your feedback today, we will make further revisions to these materials. Once these revisions are completed, we plan to schedule meetings with each of facilities to obtain feedback from you and your staff that will enable us to tailor them to the needs of your particular community. Once you begin implementing the QI program, our UNC team will meet with you on a monthly basis to answer any questions you may have as you implement the program. This QI program will include a set of standard procedures for reporting infections or suspected infections to the physicians who care for your residents. The information included in the reports to physicians will be based on clinical guidelines for prescribing antibiotics to long-term care residents. The overall goal of the QI project is to reduce the number of inappropriately prescribed antibiotics and thus reduce the number of adverse events associated with antibiotic prescribing and the development of antibiotic resistant bacteria.

I would now like to ask you a few general questions and then a few related to how you would implement such a program in your facility.

IMPLEMENTATION

1. What is the best way to introduce new procedures related to patient health assessment and monitoring to nursing staff in your facility?

Probe: Are there any barriers to implementing new procedures?

Probe: Are there any barriers to implementing new procedures across all shifts?

2. Are there any policy issues that would impede the implementation of this kind of QI program?

CURRENT PROCEDURES

3. How does your nursing staff currently report changes in a resident's medical condition to a physician?

Probe: Do they talk directly to the physician? If not, to whom? (e.g., nurse, physician extender)

Probe: Do you send information via fax?

4. Where do you currently document communication to physicians about resident health changes?

Probe: In nurses notes in the chart? Special forms? Fax forms?

Public reporting burden for this collection of information is estimated to average 60 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.

QI TEAM

5. Which staff members should be included on the QI team involved in developing, implementing, and monitoring this new way of reporting suspected infections to physicians?
6. Which staff members are most likely to call a physician to report on a change in the medical condition of a resident?

Probe: If staff not mentioned in #2, ask: Should one of these individuals be included on the QI team?

QI MATERIALS

7. Do you have any general comments about the materials that were sent to you?

Probe: Do any of the procedures duplicate procedures that your community already follows?

Probe: Would any of these procedures difficult to implement?

8. The forms included in the information packet to record signs and symptoms of suspected infections will be needed to help the nursing staff know what specific information should be communicated to physicians. Is the information specified readily available to your staff?

Probe: Is there a difference in available information across shifts?

9. Would copies of these forms be available for your QI team to review each month?

Based on the information you have provided to us today, we will make revisions to the materials we sent to you.

Thank you again for your time and willingness to share your thoughts about implementing the quality improvement program.

**PRE-INTERVENTION DISCUSSION GUIDE
NURSES**



Pre-Intervention Discussion Guide

Intervention Facility Nurses (n=6)

Begin the call by introducing yourself and each participant. After introductions are complete, obtain verbal consent for participation and for recording the call. Consent must be obtained before the group discussion begins.

Review of ground rules:

- Each person will be given the opportunity to respond to a question.
- Anything shared during the call is considered confidential information.

We'd like to thank each of you for agreeing to talk with us about the Optimizing Antibiotic Use in Long-Term Care quality improvement (QI) project. Hopefully, each of you has had a chance to review the packet of draft materials that we sent to you. Based on feedback from you and your administrator, we will make further revisions to these materials. Once these revisions are completed, we plan to schedule meetings with each of your facilities to obtain feedback from you and other staff that will enable us to tailor them to the needs of your particular community. Once the QI program is underway, the UNC team will meet with your QI team on a monthly basis to answer any questions you may have as you implement the program. This QI program will include a set of standard procedures for reporting infections or suspected infections to the physicians who care for your residents. The information included in the reports to physicians will be based on clinical guidelines for prescribing antibiotics to long-term care residents. The overall goal of the QI project is to reduce the number of inappropriately prescribed antibiotics and thus reduce the number of adverse events associated with antibiotic prescribing and the development of antibiotic resistant bacteria.

I would now like to ask you a few questions about implementing this program in your facility.

IMPLEMENTATION

10. What is the best way to introduce new procedures related to patient health assessment and monitoring to staff in your facility?

Probe: Are there any barriers to implementing new procedures?

Probe: Are there any barriers to implementing new procedures across all shifts?

11. Are there any policy issues that would impede the implementation of this kind of QI program?

CURRENT PROCEDURES

12. How do your staff members currently report changes in a resident's medical condition to a physician?

Probe: Do they talk directly to the physician? If not, to whom? (e.g., nurse, physician extender)

Probe: Do you send information via fax?

13. Where do you currently document communication to physicians about resident health changes?

Probe: In nurses notes in the chart? Special forms? Fax forms?

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QI TEAM

14. Which staff members should be included on the QI team involved in developing, implementing, and monitoring this new way of reporting suspected infections to physicians?
15. Which staff members are most likely to call a physician to report on a change in the medical condition of a resident?

Probe: If staff not mentioned in #2, ask: Should one of these individuals be included on the QI team?

STAFF TRAINING

16. What is the best way to train your nursing staff on these new procedures?
17. Would it be helpful to provide CEUs to nursing staff as part of the QI program training?

Probe: If yes, what is the best way to arrange to offer these credits at your facility?

QI MATERIALS

18. Do you have any general comments about the materials that were sent to you?

Probe: Do any of the procedures duplicate procedures that your community already follows?

19. The forms included in the information packet to record signs and symptoms of suspected infections will be needed to help the nursing staff know what specific information should be communicated to physicians. Is the information specified readily available to your staff?
20. Where would your staff file these forms?

Probe: the resident's chart, QI notebook, both?

1. Would copies of these forms be available for your QI team to review each month?

Based on the information you have provided to us today, we will make revisions to the materials we.

Thank you again for your time and willingness to share your thoughts about implementing the quality improvement program.

**PRE-INTERVENTION DISCUSSION GUIDE
PHYSICIANS**



Pre-Intervention Discussion Guide

Intervention Facility Physicians (n=6)

Begin the call by introducing yourself and each participant. After introductions are complete, obtain verbal consent for participation and for recording the call. Consent must be obtained before the group discussion begins.

Review of ground rules:

- Each person will be given the opportunity to respond to a question.
- Anything shared during the call is considered confidential information.

We'd like to thank each of you for agreeing to participate in the Optimizing Antibiotic Use in Long-Term Care quality improvement (QI) project. Hopefully, each of you has had a chance to review the packet of draft materials that we sent to you. Based on your feedback today and feedback from each of the participating facilities, we will make further revisions to these materials. Once these revisions are completed, we plan to schedule meetings with each facility's QI team to review the modifications and to obtain further feedback.

This QI program will include a set of standard procedures for reporting infections or suspected infections to the residents' physicians. The information included in these reports will be based on clinical guidelines for prescribing antibiotics to long-term care residents. The overall goal of the QI project is to reduce the number of inappropriately prescribed antibiotics and thus reduce the number of adverse events associated with antibiotic prescribing and the development of antibiotic resistant bacteria.

I would now like to ask you a few general questions and then a few about the QI materials.

When we refer to the facility, we are referring to the specific facility participating in this project where some of your patients reside.

CURRENT PROCEDURES

21. How do you currently receive information about changes in a resident's medical condition from the facility?

Probe: Do you talk directly to a facility nurse?

Probe: Do you receive information via fax?

Probe: Is this your preferred method of communication?

22. Do you receive information in a standardized format?

23. Does the quality of information you receive vary across shifts?

PHYSICIAN PARTICIPATION

24. We would like all physicians with patients residing in the facility to be involved. What are feasible strategies for engaging clinicians and getting buy-in?

Probe: Providing CMEs?

Probe: Providing monthly feedback on facility-level audit results?

Probe: Other strategies?

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LOEB CRITERIAL MATERIALS

25. Do you have any general comments about the materials that were sent to you?

Probe: Is there any additional information that would be useful in helping you determine if an antibiotic should be prescribed?

26. Are there any barriers that you are aware of that may impede the implementation of these new procedures by the facility?

27. Are there any barriers that you are aware of that may impede the implementation of these new procedures by your practice?

1. Any other questions or comments?

Thank you again for your time and willingness to share your thoughts about implementing the quality improvement program.