Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/20XX

## Attachment D. Baseline key contact semi-structured interview guide

Ci	to:
ฉาเ	LC.

## *Key contact:*

- 1. Introduce RED leadership team and the study hospital implementation team present during call
  - Implementation team, those people representing the various constituencies (nursing, case management, hospitalists, etc).

## Possible participants:

ReEngineered Discharge Executive Sponsor: [Insert Name] ReEngineered Discharge Project Manager: [Insert Name] QI and Safety Organization Contact: [Insert Name]

Nursing Contact: [Insert Name]
Social Worker Contact: [Insert Name]

Outpatient Care Management Contact: [Insert Name]
Trainee Representative Contact: [Insert Name]

Others:

- 1. Discharge planning process review
  - What did you learn about the current discharge process at your hospital?
  - Did anything surprise you?
  - What are the highlights you found while conducting a process mapping plan for your hospital discharge?
  - What major root cause issues did you identify by reviewing readmission events?

- 2. Re-engineered Discharge project goals, deployment timeline, and planning
  - What are your project goals? Success criteria?
  - What is your projected timeline?
  - Where in hospital do you plan to implement?

By how much would you like to reduce the readmission rates at your hospital? What are anticipated potential barriers to implementation? Discuss possible actions that could be taken during the implementation visits to overcome potential barriers. What mechanism do you plan to use to collect the required patient outcome data? 3. IT Implementation plan Discuss how the workstation can be implemented and/or integrated into your EMR. What adaptations are needed? What specific hospital branding would you like made? 5. Staff Training Identify who will be conducting RED discharge process, both at hospital discharge and postdischarge phone call

> Existing staff or hire new staff How many staff necessary

Training timeline

Public reporting burden for this collection of information is estimated to average 1 hour 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.