

Attachment G: Post-Implementation Semi-Structured Interview Protocol

Post-Implementation Semi-Structured Interview Protocol

Approach

When selecting participants, individuals will be categorized (1) leadership and champion staff; (2) frontline nursing staff (e.g., RN's and LPN/LVNs), and (3) attending in-house clinicians.

We have assumed 60 minutes for each interview.

Objectives

The purpose of these interviews is to obtain information on the following:

- The impacts of the Loeb Criteria Communication and Order Form implementation to date
- The sustainability of the Loeb Criteria Communication and Order Form implementation to date
- The dissemination of information about Loeb Criteria Communication and Order Form implementation or impacts
- Lessons learned from Loeb Criteria Communication and Order Form implementation

Public reporting burden for this collection of information is estimated to average 60 minutes per response, the estimated time required to complete the interview. 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 (XXXX-XXXX) AHRQ, 540 Gaither Road, Room #5036, Rockville, MD 20850.

Purpose

The purpose of this interview is to gain information on the impact of Loeb Criteria Communication and Order Form. Specifically, we would like to know about both anecdotal information and systematic data collected on the impacts of Loeb Criteria Communication and Order Form. Similarly, we hope to gain a better understanding of the facility’s view on the business case for Loeb Criteria Communication and Order Form.

For Site Visits

Nursing home name:	
Name	Title

Testing materials checklist

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

I. Introduction [use this intro for all staff]

Welcome

Hello. My name is {FIRST NAME} and I work for the American Institutes for Research, or AIR, which is a non-profit research organization in Washington, DC. I am here with {NOTE TAKER} who will be taking notes.

Background and Disclosures

Background. Our discussion today is part of a research project sponsored by the Agency for Healthcare Research and Quality, or AHRQ. AHRQ is the federal government agency charged with improving the quality and safety of health care for all Americans. AHRQ is funding two projects that seek to standardize antibiotic use in long-term care settings.

Purpose. We are here today to learn about your nursing home's implementation of the Loeb criteria communication and order form.

Confidentiality. When we write our report, we will not include your name or the nursing home's name.

Consent. Before we begin, here are two consent forms, one for you to sign and give back, and one for you as a copy.

[GO APPROPRIATE SECTION AND BEGIN RECORDING]

I. Leadership Questions

1. In your opinion, how successful or unsuccessful was the implementation of the Loeb Criteria Communication and Order Form in your facility?
 - a. How do you define “success” for Loeb Criteria Communication and Order Form?
 - b. Would others in facility describe Loeb Criteria Communication and Order Form as a success or not? Please tell me about this.
2. Has the implementation changed from it started? Please describe the reasons for these changes.
3. What additional training and/or resources were provided to staff after the initial training? Resources might include team meetings, IT support, consultation with the trainer, etc.
4. Thinking back on the initial implementation of the Loeb Criteria Communication and Order Form projects, what were the 2 or 3 greatest challenges? [FOR EACH CHALLENGE ASK:]
 - a. Did you or your staff anticipate these problems? If so, please describe.
 - b. Who tackled these challenges? Was a particular staff member assigned to address the challenge?
 - c. How did you seek overcome these challenges? What did you do specifically? How successful were these efforts? Please describe the issue.
5. [IF NECESSARY] Did you have any challenges at the facility level, such as lack of visibility and resources, lack of leadership, challenges of implementing in a nursing home, disruption of patient care?
6. [IF NECESSARY] Did you have any challenges at the floor-level, such as competing demands?
7. [IF NECESSARY] Did you have any challenges at the staff level for example, resistance to the intervention?
8. [IF NECESSARY] Did you have any challenges at the individual clinician or for example, resistance to the intervention or resistance to the Loeb Criteria?
9. [IF NECESSARY] Did you have any challenges at the patient level for example, lack of infections?

10. Thinking back on the initial implementation of the Loeb Criteria Communication and Order Form, what were the 2 or 3 greatest facilitators?
 - a. What helped you and/or your department implement and/or make progress with your Loeb Criteria Communication and Order Form project? POSSIBLE PROBES (for each facilitator):
 - b. What resources made Loeb Criteria Communication and Order Form easier to implement on the organizational/departmental/or project level?
 - c. How was it that you had access to this / these resources?
11. [IF NECESSARY] Did you have facilitators at the project team level such as infection expertise, coaching, interest in championing?
12. [IF NECESSARY] Did you have facilitators at the department level such as leadership, type or size of practice?
13. [IF NECESSARY] Did you have facilitators at the individual staff level such as enthusiasm about intervention?
14. [IF NECESSARY] Did you have facilitators at the individual clinician such as interest in the intervention?
15. Please describe any surprises or unintended consequences (positive or negative) of the intervention and its implementation (e.g., staff morale improved or got worse, found new ways to utilize advanced practice nurses) surfaced during the implementation process? If so, please describe.
16. Please describe the impacts or outcomes of the Loeb Criteria Communication and Order Form implementation. What has changed since Loeb Criteria Communication and Order Form implementation? Have these changes been positive or negative? Please describe these impacts.
17. In your opinion, is there a business case for using the Loeb Criteria? Why or why not? By business case, we mean whether Loeb Criteria Communication and Order Form works and results in enough benefits to the facility in a sufficient time frame for this facility and others to continue to pursue it.
 - a. How could you know if there is a business case for Loeb Criteria Communication and Order Form implementation?
18. To date, is Loeb Criteria Communication and Order Form still being implemented in your facility?

19. What do you think are the challenges to the sustainability of Loeb Criteria Communication and Order Form in both the department and the facility? What about things that facilitate sustainability?
20. How, if at all, have you been involved in the sharing of information about Loeb Criteria Communication and Order Form work and spread of Loeb Criteria Communication and Order Form techniques? Please consider dissemination to other staff, other departments within your facility, other facilities, and/or the general public. POSSIBLE PROBES:
 - a. How, if at all, did individuals or other facilities react to what you told them about Loeb Criteria Communication and Order Form? Please tell me about this.
 - b. Have other departments or facilities adopted the information you have disseminated? Have the practices been spread and implemented?
21. Based on what the project team has learned to date, what are the insights and/or lessons learned for your own facility and practices as well as others? If you were advising others about the Loeb Criteria and its implementation, what would you most want them to know? What should they be aware of, what should they do, what should they NOT do?
22. Do you have any additional thoughts you'd like to share with us about Loeb Criteria Communication and Order Form in your facility? Decision to pursue, implementation, sustaining it?

Thank you for your time.

II. RN/LPN Questions

23. What additional training and/or resources did you receive after the initial training? Resources might include team meetings, IT support, consultation with the trainer, etc.
24. Has the implementation changed from when it started? How so? What happened?
25. In your opinion, how successful or unsuccessful was the implementation of the Loeb Criteria Communication and Order Form in your facility?
26. During the course of using the Loeb Criteria Communication and Order Form projects, what were the 2 or 3 greatest challenges? [FOR EACH CHALLENGE ASK:]
 - a. How did you seek overcome these challenges? What did you do specifically? How successful were these efforts? Please describe the issue.

b. [IF NECESSARY] Did you have any challenges at the floor-level, such as competing demands?

27. During the course of using the Loeb Criteria Communication and Order Form, what were the 2 or 3 greatest facilitators?

III. Clinician Questions

28. Do you remember seeing the form?

29. Did you use the criteria to determine whether to initiate antibiotics or not?

Were there times where you did not use the criteria? For what reasons?