

AHRQ PFE Guide Individual Interviews

Post-Implementation Protocol– Health Professionals

July 1, 2010

Research design

- AIR staff will conduct interviews with a total of 24 health professionals during the post-implementation period (8 health professionals at each of 3 hospitals)

Recruitment criteria

- Physicians and nurses who work on the units where the intervention has been implemented

Testing materials

- Audio recording equipment, speaker phone
- Interviewer clock
- Materials emailed to health professional 1 day before interview:
 - o Consent form
- Packet of testing materials for interviewer
 - o Informed consent form

Procedures for obtaining informed consent

Clinician will be sent an informed consent form before the interview. At start of interview, interviewer will ask clinician if they have any questions about the consent form and if they agree to be interviewed and audiotaped. A waiver of signed informed consent has been obtained from AIR's IRB.

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 (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

Interview goals

The purpose of this interview is to collect data from health professionals (i.e., physicians, nurses) to obtain information about:

- The hospital’s experiences implementing the Guide interventions, including how easy or difficult it was to implement and why;
- Perceived effects of the Guide implementation; and
- Sustainability of the Guide interventions.

Health professional interviews

Topic
Introduction (welcome; background; ground rules; warm-up)
Guide Implementation
Communication Packet
Bedside Change of Shift
Discharge Plan
Long-Term Goals and PFE
Closing

Introduction

Welcome and Background—explain purpose of the interview

- Thank you for agreeing to do this interview. My name is {NAME} and I’ll be talking with you today. I work for a company called the American Institutes for Research, which is an independent non-profit research organization.
- As you know, the interview that you’ll be doing today is part of a project being funded by the Agency for Healthcare Research and Quality to develop a guide to patient and family engagement around the issues of hospital safety and quality.

- The purpose of this interview today is to talk about your hospital’s experiences with the implementation of the Guide.
- The interview will last about 60 minutes.
- Did you read the consent form that was sent to you? Do you have any questions?

Go over ground rules.

- Everything you tell us will be kept confidential to the extent permitted by law, including AHRQ’s confidentiality statute, 42 USC 299c-3(c). To protect your privacy, we won’t connect your name with anything that you say, unless you give us permission to do so.
- Is it OK if I audiotape this interview today? **{Turn on recording equipment.}**

Guide Implementation

As you know, your hospital is one of three organizations that participated in a pilot test of the Guide to Patient and Family Engagement in Hospital Safety and Quality (which I’ll refer to as the Guide). Now I’d like to talk a bit about your experiences implementing the Guide in your organization and in your specific unit/department.

Your organization implemented the following components of the Guide [LIST AND BRIEFLY DESCRIBE].

1. Who was involved in the decision to implement these components? What influenced the selection of these components? How did you decide which strategies and elements of the Guide to implement?
2. How did/do you see these components relating to your hospital’s goals and priorities?
3. What were your goals and expectations related to the Guide implementation? What were your expected or hoped-for outcomes (personally, for other staff or groups, for patients and family members, organizationally)?
 - a. To what extent were these goals and expectations met?
 - b. What progress have you made with regard to the expected outcomes you hoped for after implementing the Guide?
4. How easily did the Guide components and interventions that you implemented fit into your current practices within your unit/department?

- a. Did the Guide fit in with other quality and safety initiatives that your organization has implemented? Why or why not?
 - b. Were there changes that needed to be made at an organizational level to ensure successful implementation of the Guide? What were these changes?
5. How would you define success of the implementation or roll-out of the Guide interventions?
6. Overall, how successful was the roll-out of the Guide interventions?
 - a. If SUCCESSFUL, what went well? What could have been improved?
 - b. IF NOT SUCCESSFUL, what went poorly? Why? In your opinion, what could have been done differently?
 - c. In your opinion, how effective was communication around the roll-out? Were staff and hospital leaders involved as much as they wanted to be in this process?
 - d. How receptive were staff and clinicians to this effort?
 - e. Did anything go poorly or was not as successful as you had hoped? How did you overcome this?
7. What do you think were the critical factors in successful roll-out and implementation of the Guide in your organization and units that implemented the Guide?
 - a. What were the barriers, if any, that you experienced during the implementation process?
 - b. How did your organization and unit address these barriers?
 - c. What were the motivators for staff? Barriers for them? How were they supported during this implementation period (resources, training, etc.)?
 - d. To what extent was the Guide helpful in identifying facilitating factors (and addressing barriers) up front?
 - e. What or who were the key factors influencing whether or not efforts to implement the Guide succeeded?
8. In implementing the interventions in _____ unit, was there any “bleed through” to other units/department? To what extent did the efforts of the Guide filter through to other units/departments?
9. What has been or will be communicated to staff/clinicians/leaders/Board about the outcomes of the effort? How have you communicated this information to them?

10. What sort of reactions did the implementation of the Guide elicit from hospital leaders? Board? Doctors? Nurses? Other medical staff? Patients and families?

Now let's discuss the specific strategies that your hospital has implemented as part of the Guide.

11. What were your impressions of the Guide interventions your hospital implemented?
 - a. How successful were they? Were some interventions more successful than others? Why?
 - b. How useful were the interventions?
 - c. How sustainable are they beyond this intervention period?

Communication Packet

[IF THE HOSPITAL ADMINISTERED THE COMMUNICATION PACKET AS A STRATEGY, PROCEED TO THIS SECTION]

I'd like to ask you some questions about the communication packet strategy that your hospital implemented.

12. What prompted your hospital/unit to take action in this area? What were the goals of this effort?
13. What resources were necessary for this effort (e.g., financial, staff expertise, etc.)?
14. What staff, or who, from your organization/unit was involved in this effort? Were there any key staff who should have been involved but were not?
15. How was information disseminated about this effort to clinicians? Leadership? Patients and family members? Others?
16. How, if at all, did this intervention change procedures and activities in the hospital?
17. In your opinion, how successful was this intervention? (Probe to determine definition of "success" and by what means participant is evaluating success.)
18. What were the key factors that influenced success of this intervention? (Staff, resources, other implementation considerations?)
19. What worked well? What didn't work well? How could it be improved?

20. What were some of the lessons learned?
21. What were the reactions to this effort from staff, leaders, patients and families, the community?

I'd like you to look at the Communication packet materials. [DESCRIBE THE MATERIALS.] These are materials that the hospital should have gave to health care professionals to train them on implementing this particular component of the Guide in your organization/unit.

22. Do you remember getting these materials?
23. What were your reactions to these materials? [FOR THOSE WHO DON'T REMEMBER OR DIDN'T GET THEM: Take a minute to review these materials now. What do you think of them?]
 - a. Did the information in the packet help you understand the purpose of the intervention? What patients and family members were being asked to do? What you were being asked to do?
 - b. Was the information helpful? What would you have changed or improved?
24. Describe the training you had to get familiar with these materials. What was it like? Who led the training? Did you participate? Did you find it helpful?

Bedside Change of Shift Report

[IF THE HOSPITAL ADMINISTERED THE BEDSIDE CHANGE OF SHIFT REPORT AS A STRATEGY, PROCEED TO THIS SECTION]

Now I'd like to ask you some questions about your hospital's experiences with the bedside change of shift report.

25. What prompted your hospital/unit to take action in this area? What were the goals of this effort?
26. What resources were necessary for this effort (e.g., financial, staff expertise, etc.)?
27. What staff, or who, from your organization/unit was involved in this effort? Were there any key staff who should have been involved but were not?
28. How was information disseminated about this effort to clinicians? Leadership? Patients and family members? Others?

29. How, if at all, did this intervention change procedures and activities in the hospital?
30. How, if at all, did involving patients and family members for the bedside change of shift report improve the quality of the care they receive at the hospital? The safety of the care?
31. In your opinion, how successful was this intervention? (Probe to determine definition of “success” and by what means participant is evaluating success.)
32. What were the key factors that influenced success of this intervention? (Staff, resources, other implementation considerations?)
33. What worked well? What didn’t work well? How could it be improved?
34. What were some of the lessons learned?
35. What were the reactions to this effort from staff, leaders, patients and families, the community?
36. FOR NURSES: Tell me a bit about your experiences conducting bedside change of shift report.
 - a. Tell me about what the shift change is like and what it involved.
 - b. What concerns did you have about bedside change of shift before implementation? How were these concerns addressed?
 - c. Did patients and family members want to be involved in the process?
 - d. How, if at all, did you encourage patients to participate in the process? How, if at all, did you encourage family members to participate in the process?
 - e. How, if at all, did involving patients and family members for the bedside change of shift report improve the quality of the care they receive at the hospital? The safety of the care?
 - f. How, if at all, did involving patients and family members for the bedside change of shift report harm or impede the quality they receive? The safety of the care?

I am going to hand out some additional materials. These are materials that the hospital should have given to you to train you on conducting a bedside change of shift with patients and family members present.

37. Do you remember getting these materials?
38. What were your reactions to these materials? [FOR THOSE WHO DON'T REMEMBER OR DIDN'T GET THEM: Take a minute to review these materials now. What do you think of them?]
 - a. Did the information in the packet help you understand the purpose of the intervention? What patients and family members were being asked to do? What you were being asked to do?
 - b. Was the information helpful? What would you have changed or improved?
39. Describe the training you had to get familiar with these materials. What was it like? Who led the training? Did you participate? Did you find it helpful?

Discharge Plan

[IF THE HOSPITAL ADMINISTERED THE DISCHARGE PLAN AS A STRATEGY, PROCEED TO THIS SECTION]

I'd like to talk to you about the discharge process and intervention.

40. What prompted your hospital/unit to take action in this area? What were the goals of this effort?
41. What resources were necessary for this effort (e.g., financial, staff expertise, etc.)?
42. What staff, or who, from your organization/unit was involved in this effort? Were there any key staff who should have been involved but were not?
43. How was information disseminated about this effort to clinicians? Leadership? Patients and family members? Others?
44. How, if at all, did this intervention change procedures and activities in the hospital?
45. In your opinion, how successful was this intervention? (Probe to determine definition of "success" and by what means participant is evaluating success.)

46. What were the key factors that influenced success of this intervention? (Staff, resources, other implementation considerations?)
47. What worked well? What didn't work well? How could it be improved?
48. What were some of the lessons learned?
49. What were the reactions to this effort from staff, leaders, patients and families, the community?

I am going to hand out some materials you may have gotten to help coordinate your patients' discharge and to train you on new discharge activities and procedures.

50. Do you remember getting these materials?
51. What were your reactions to these materials? [FOR THOSE WHO DON'T REMEMBER OR DIDN'T GET THEM: Take a minute to review these materials now. What do you think of them?]
 - a. Did the information in the packet help you understand the purpose of the intervention? What patients and family members were being asked to do? What you were being asked to do?
 - b. Was the information helpful? What would you have changed or improved?
52. Describe the training you had to get familiar with these materials. What was it like? Who led the training? Did you participate? Did you find it helpful?
53. How, if at all, did you use the information in these materials to prepare patients for discharge? How if at all, did you use the information in these materials to prepare family members for a patient's discharge?

Long-Term Goals and PFE

54. Overall, how would you describe your experience with implementing the Guide?
 - a. What, if any, were the benefits of implementing the Guide?
 - b. What, if any, were the detriments of this effort?
55. What additional information needs to be incorporated into the Guide?
56. How did implementing the Guide affect your experience as a provider at the hospital?

57. How do you think implementing the Guide affected patients' and family members' experiences?
- a. How do you think implementing the Guide affected hospital leaders' experiences?
58. Within your hospital, what elements of organizational culture facilitate or challenge patient and family engagement in safety and quality? Hospital leadership? Policies or procedures? Team work?
59. Within your unit, what elements of organizational culture facilitate or challenge patient and family engagement in safety and quality? Hospital leadership? Policies or procedures? Team work?
60. What are your plans for sustaining the use of the Guide in your organization and unit's long-term future? How does the Guide fit into your long-term goals?
- a. What motivation is there to sustain the Guide interventions?
 - b. How, if at all, do you intend on building upon the Guide?
 - c. What changes, if any, might you want to make to the Guide and/or in its implementation?
 - d. How, if at all, do you plan on implementing the Guide to other units/departments?
61. How, if at all, has your perception of patient and family engagement changed since the implementation of the Guide?
62. What are some of the lessons learned from implementing the Guide that should be considered in the future for other quality improvement initiatives?
63. What advice would you give to other hospital leaders thinking about implementing the Guide or initiatives such as the Guide?
- a. What are important things to consider before the process? During the process? After implementation?

Closing

Before we end, I'd like to give you chance to share any additional thoughts or comments about the information we talked about today.

Is there anything else you would like to add that you didn't have a chance to say during our discussion today, or something that we didn't talk about that you wish we had?

Thank you very much for participating in this discussion today. We appreciate your time.