

Interview Protocol

Target time: 60 minutes

NOTE: *Italicized* text provides stage directions for the interviewer. Non-italicized text provides sample wording to be used during the interview. Peer assessors are encouraged to customize the language as needed to better fit the context and the interviewee. However, it is important to try to get through each of the sections in the protocol.

Introduction

As you may know, your jurisdiction/community has asked for a peer assessment team to help you draw lessons learned from [name of incident]. I am a member of the peer assessment team. [*Provide brief personal introduction*].

We will be using a peer assessment process developed by HHS and a group of state/local. However, the report we generate will be handed over to your community and shared only if the community chooses to do so.¹

The goals of the process are to:

- Learn more about successes and challenges
- Understand better how federal guidance (e.g., HPP, FEMA) might be improved to better support your jurisdiction/community and others like it
- Identify innovative practices and other factors that other communities could benefit from

I will be taking notes, but you will not be quoted or referenced by name, and we will make every effort to assure that you cannot be identified through inference.

In a few minutes I'm going to ask you to fill out a short questionnaire.² Its only purpose is to help us triage topics for conversation. You may keep that if you prefer, in which case you will be the only one with it. The assessment team will use it only for internal purposes as we do our analysis and we will destroy it after the assessment is completed.

Finally, you can choose not to answer any questions you want, and we can stop at any time.

Do you have any questions or concerns? Do you want to proceed?

¹ For ease in exposition we are assuming that the "community" is a single, unitary actor. However, in most instances there will be several jurisdictions involved. These are issues that could be explored with the Advisory Workgroup and during the pilots.

² We are also considering the possibility of sending the short questionnaire before the interview to (a) allow more time to fill it out and (b) avoid interrupting the flow of the interview.

STEP 1: Basic Information

I'm hoping to spend most of our time today on in-depth discussion of some of the key success and challenges you faced during the incident. But first I'd like to ask some more general questions about the jurisdiction/community and the incident – information that will help my team and I better understand those successes and challenges.

1. Briefly, and at a general level, please describe what you know about the state of the community's regional healthcare system immediately before the incident.
 - a. Was the load on the system at T=0 typical?
 - b. Were there any other significant incident responses at the time?
 - c. Were hospitals on diversion? If so, approximately how many?
 - d. Were there any other ways in which the system was stressed immediately before the incident?
2. To what degree did this incident and the response conform to your planning assumptions and training? What, if any, were the most important differences?
3. Briefly and generally, who did you communicate/coordinate with during the response? Was this communication part of plans or protocols? (This will help us understand the degree of organizational complexity involved in the response)
4. How would you rate this incident – in terms of degree of difficulty – against others you have experienced? This community has experienced? Why did you give the incident this rating?

STEP 2: Questionnaire (see Appendix below) to help identify key successes and challenges

Next, the interviewer will ask the respondent to briefly fill out a questionnaire found in the Appendix. The specific items in the questionnaire seek to assess the extent to which a given preparedness, response, or other activity was a strength or improvement opportunity. Check to see if respondents have questions about the response options, and remind them that they have the option to check "don't know" (i.e., if they were not in a position to judge the impact of the factor) or that the item "wasn't important" in this response. The questionnaire can also be used by the interviewers as a checklist to ensure that nothing important has been missed.

As I mentioned earlier, the purpose of the questionnaire is to help identify high-priority topics for the remainder of the interview and you should not worry excessively about providing perfect answers. You may keep the completed questionnaire, if you prefer, in which case you will be the only one(s) with it. If you do choose to let us take it the assessment team will use it only for internal purposes as we do our analysis and will be destroyed after the assessment is completed.

After receiving the completed questionnaire the assessor should quickly identify items marked “success” or “improvement opportunity” and list these verbally for the interviewee. If there is time, briefly ask the respondent whether there are any other things that affected the quality of the response not represented in the questionnaire and consider adding one or more to the list of issues to discuss during the remainder of the interview.

STEP 3: Probe on high-priority issues in order to explore successes and improvement opportunities

Next, I’d like to probe a bit more deeply on some of the high-priority issues you just identified. During our initial review of documents we also noticed XYZ..... Are these important to discuss, too? [*If there are pre-identified successes/improvement opportunities from the Initial Report not reflected here then bring those up with the interviewee*]. Is there anything else we’ve missed?

5. What specific response objectives did this activity/factor affect? (e.g., timely patient transport, providing quality care to the injured, coordinating with response partners, etc.). Did it support or limit the accomplishment of that objective? That is, does it represent a strength or improvement opportunity?
6. What are some of the specific ways in which the activity/factor affected the speed, quality, appropriateness of the response?
7. Are there other things that led to this factor being present in the first place?
 - o Consider prompting the interviewee to distinguish between immediate and contributing causes.
 - o Consider prompting interviewees on causal factors related to:
 - Decision-making/leadership
 - Operational factors (e.g., materiel, space, facilities)
 - Organizational factors (doctrine, organization)
 - Human factors (training, personnel)
 - Population factors (e.g., prior health status)
 - Fiscal/funding issues

For successes only:

8. To which extent (if any) did *preparedness activities* contribute to the presence of this factor?
9. To what extent (if any) did the way your community *routinely* provides care contribute to the presence of this factor? Explain.

10. What might have happened had the factor not been present?

11. Would you expect the factor to be similarly present in other responses? Why or why not?

Repeat the same questions for the next issue.

STEP 4: Conclude the interview with some general questions

12. What lessons from this incident you think are *most* relevant to other jurisdictions?
Most important for federal officials to know about
13. If you had it do over again, would you do anything different? Explain
14. Are there relevant data not mentioned above you could point us to (e.g., patient flows, bed counts) that would help us understand what we have discussed today?

APPENDIX 1: SHORT PAPER-AND-PENCIL EXERCISE FOR IDENTIFYING HIGH-PRIORITY DISCUSSION TOPICS

The following is a quick paper-and-pencil exercise designed to help us identify high-priority topics for today’s discussion. Below is a list of factors (loosely based on the PHEP, HPP, and FEMA capabilities) that might potentially affect a response. For factor/activity please indicate whether it (a) was not important in this response, (b) was important but was neither a strength nor weakness, (c) represents a success or strength of the response, or (d) represents an opportunity for improvement. Also, feel free to mark “don’t know.”

Remember to focus on the relevance of each item to the *medical* aspects of the response. Keep in mind that the purpose of the exercise is to identify topics for today’s interview, so there is no need to spend a lot of time on this, or to get the answers “right”. The information will not be made public. You may keep the completed form, in which case you will be the only individual with a copy.

Note: We are currently considering the option of sending the questionnaire ahead of time so (a) respondents have more time to think about their responses and (b) it does not interrupt the flow of the interview.

Factor/Activity Related to the Response	Wasn't important	Important, but neither a strength or weakness	Success/ Strength	Improve-ment oppy/ weakness	Don't Know/Unable to Judge
Planning					
Community preparedness/resilience					
Emergency operations coordination					
Intelligence and information sharing					
Emergency public information & warning					
Fatality management					
Mass care/housing					
Medical countermeasure dispensing					

Supply chain					
Hospital surge					
Non-pharmaceutical interventions					
Public health lab testing, epi/surveillance					
Other situational assessment/awareness					
Environmental response					
Responder safety and health					
Volunteer management					
Threats and hazard identification					
Infrastructure					
Search and rescue					
On-scene security and protection					
Public and private services and resources					

Note: Items in the questionnaire are adapted from a condensed and combined list of capabilities from PHEP, HPP, and FEMA guidance.