

Attachment F:

Research Assistants Focus Group Guide

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I would like to welcome all of you and thank you for coming. My name is _____insert name_____, and I will be leading the discussion today. I'd like to introduce _____insert name_____, who is on the study team and will be taking notes during the discussion.

You participated in the implementation of the ED screening tool and User Guide in each of the three hospital sites. We would like you to share your experiences with implementing these two tools in each of the hospital sites. To make sure that we don't miss anything, we will be audio recording this discussion.

Do you understand and agree? Are there any questions before we go ahead? This group discussion is scheduled to last for 1 1/2 hours. Before we start, I need to mention some ground rules:

Ground Rules and Confidentiality Statement

[5 minutes for this section]

I'd like to remind everyone that this discussion is to be private and confidential. Only the group participants, the leader, and members of the research team may be in the room. This will make it easier for you and others to discuss your opinions. I also would like to emphasize that you must agree to keep the discussion private.

For the remainder of the session we will use first names only. If you like, you can use a made-up first name. We need to be very strict about this since we are taping the discussion and we want to respect everyone's privacy. Everyone should feel free to participate. There are no right or wrong answers in this discussion. We are interested in everyone's opinion, so feel free to speak up! The more this is like a conversation, and the more open you are, the better.

Because we are taping, we need you to speak one at a time. If you do not understand or what someone has said, please ask him or her to clarify. Please try to keep your comments to a reasonable length so that everyone has an opportunity to be heard. Due to limited discussion time, there may be times when I need to move on to the next topic. If you would like to say something while someone else is talking, try to wait. If it is something that needs to be said right away, interrupt as politely as you can. Before I turn the tape on, let me mention that during the whole discussion, we need everyone to say their first name before they go on to say what they would like to say. This will help the person typing the report. Are there any questions?

Introductions and Introductory Remarks

[5 minutes for this section]

Let's begin by everyone stating his/her First Name (including moderator and observer). As I mentioned, the ED discharge process, like all health care transitions, is a time of increased risk for failure. We are here to discuss how well the EDT can detect and be used to help mitigate these risks. The yellow sheet of paper in front of you is an outline of the main topics we would like to cover today. There are spaces for you to write notes to help you remember thoughts while others are speaking, or if you want to tell us something but don't get a chance to say.

Warm-up:

What was your overall impression of the EDT?

1. Observations about the ED Discharge Tool (EDT)

- How well did the implemented interventions appear to meet the needs of the patients they were designed to assist?
 - Medication Voucher
 - PCP Appointments
 - Telephone followup
 - Outpatient Psychiatry Appointment
 - Referral to Outpatient Psychiatry
 - Detox Center Appointment
 - Referral to Detox Center
 - Care Coordination
 - Teachback
- Were there any particular patient-types that benefited more or less from the EDT?
 - Uninsured and Underinsured
 - Lack of Primary Care
 - Psychiatric Disease
 - Substance Abuse
- Inability to Care for Self
- How easy was it to administer the screening tool?
 - How easy was it to identify patients for recruitment?
 - Were the patients willing and able to answer all the screening questions?
 - Were there any sections of the tool that were more difficult to administer?
 - Were you able to easily identify the appropriate interventions for all of the patients you screened?
- How long per patient, on average, did it take to administer the Screening Tool?
 - Was this longer or shorter than expected?

2. Experience with Implementation

- Overall, how smoothly did implementation of the Screening Tool go?
 - How long did it take before everything was working as planned?
- What were the most positive/ satisfying aspects of the experience?
- Please describe any challenges you encountered in using the screening tool. For example, any problems with:
 - Patient recruitment?
 - Any confusion over your roles with other staff?
 - Any staff resistance to your activities or role?
 - How easily were your tasks and functions integrated into existing processes/routines/Any problems integrating your activities into the existing workflow

- o Did any hospital staff have to become involved in ways that had not initially been anticipated?
- Overall, how well did the tool fit within the work processes in each of the 3 EDs unit where you piloted it?

3. Variation Between EDs

- How did the discharge process vary in the three EDs where you used the screening tool?
- How did the patients you screened vary across the 3 EDs?

4. Looking Ahead: Areas for Improvement; Likelihood of Future Use

- Are there any modifications to the Screening Tool that you would suggest? Consider both structure and content. Specifically, modifications to improve
 - o effectiveness in identification of patients?
 - o Ease of use?
 - o Integration into existing work processes/routines?
 - o Staff acceptance?
- Are there any modifications to the User's Guide that you would suggest to improve
 - o Ease of use?
 - o Content?
- How likely is each of the hospitals to use the Screening Tool going forward? The User's Guide?
 - o Based on your experience, do you think the tool is more likely to be used in one than the others?
- Aside from the specific modifications you have already suggested, are there any other changes that you would suggest that would improve the likelihood of future use/uptake by these or other hospitals?

5. Your Role and Responsibilities

- Please describe your specific responsibilities at each of the three sites *and highlight any key differences across sites*; Address separately
 - o Use of the screening tool : Describe actual steps you took, including how and when during the patient visit you performed your required tasks
 - o Describe your role (if any) with regard to the User's Guide:
 - *in preparing for* implementation (e.g., did you help staff develop or refine the resources for the User's Guide at any of the sites prior to launch?)
 - *during* the test period (if applicable).
- Were the roles and responsibilities that you just described spelled out explicitly and clearly prior to implementation? Please describe any changes in your roles that arose over the course of the pilot period and what led to those changes.
- Were your tasks integrated into existing work processes/routines, or were they administered/performed entirely separately?
- Please describe your level of interaction with ED staff (with whom and how often did you interact?)

6. Conclusion

Do you have any concluding comments about the Screening Tool and the User Guide?
Do you have any feedback about how this session was run? You can either mention them to me in person, or write them down on one of the blank sheets of paper in front of you.