

Attachment E: EDT Implementer's 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 Dr __insert name__, who is on the study team and will be taking notes during the discussion.

As you know, discharge from the ED can result in a successful transition back to the community, or in one or more kinds of failure that result in the return of the patient to the ED, hospitalization, or worsening health. We have designed a tool, the ED Discharge Tool (EDT) to proactively identify potential barriers to successful discharge. We are holding this discussion to find out how you think the screening tool and user guide works in your ED, and what modifications would make it more useful.

Each of your opinions is important to hear. 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:

I. 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 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.

One clarification regarding nomenclature for our discussion. We use the term EDT --- Emergency Department Discharge Tool-- to refer to the entire approach that we developed, which includes:

- the *Screening Tool*, administered by the Research Assistants;
- The *User's Guide*, which you used to identify and shape the interventions that you used for the patients that screened positive with the ST; and
- The *interventions* that you used for these patients

1. Your Role and Your Initial Impressions

- Please briefly describe your role with regard to implementation and use of the EDT that was tested in your ED.
 - What did you understand the overall purpose of the EDT to be?
 - i. (also ask about the ST and UG separately)
 - What did your use of it involve? (ask each to briefly describe which components they used)
- Thinking back to the first time you were introduced to the EDT -- what were your first initial impressions of it?
 - Were the purposes and expected benefits of each of the components of the EDT immediately evident?
- Did you anticipate any challenges in implementing the EDT in your ED?
 - In what ways did you expect it to change the way you worked with patients prior to discharge (OR: the way you prepared patients for discharge)?
 - i. Did you expect to change your routines/work processes?
 - ii. If so, how easy or difficult did you expect it to be to make these changes
 - Based on your initial impression, what were the specific improvements (in the discharge process) you expected would result from use of the EDT? what benefits (to patients) did you anticipate?

2. Roll out/ Preparation for Initial Launch

- How were you and other staff in your unit first told about the plan to serve as a test site for the EDT?
- Please describe the information or training you received prior to implementation (probe for what topics were covered e.g. purpose of EDT; description of components; staff roles/ responsibilities)
 - How well did the training/information prepare you for your role?
 - Was there any confusion about what had to be done or who was responsible for specific tasks?
 - In hindsight, is there anything that might have been done to better prepare you for using the tool?
- Were any work processes or staff assignments re-configured to accommodate the screening process and associated interventions?
- Was it necessary to make any modifications User Guide prior to implementation to accommodate specific characteristics/needs of your ED? In other words, did the UG have to be customized in any way prior to use?
 - Did you or someone on your unit use the decision trees in selecting the interventions that your unit would develop/ use for identified patients? If so, how helpful were they?
 - Did you or someone on your unit customize, enhance or modify the interventions outlined in the User's Guide? What did that involve?
- How ready do you feel your unit was for the rollout of the tool?

- Are there any things that could have been done to increase readiness?
 - Are there any characteristics of your ED that you feel made it more or less prepared to support tool implementation?
3. Your experience with use of the User's Guide
- How did you use the User's Guide to help develop the interventions?
 - Please describe the actual steps you took/activities you engaged in
 - How many people were involved in this effort (and who were they)?
 - How long did it take?
 - Did you or other staff need/receive any protected time to support this effort?
 - How helpful was the User's Guide was in developing your interventions?
 - PCP Appointments
 - Medication Voucher
 - Outpatient Psychiatry Appointment
 - Detox Center Appointment
 - Transportation to Detox Center
 - Referral to Substance Abuse Rehabilitation Center
 - Post-Discharge Phone Call
 - Care Coordination
 - Did you look at the section on resources for specific risk factors?
 - How helpful were resources for specific risk factors?
 - Health literacy
 - Homeless
 - Underinsured
 - Home care
 - Care coordination
 - Are there any specific changes to the content or structure of the *User's Guide* that would you suggest? How might you modify the User's Guide to make it more helpful?
 - Are there other improvements or enhancements you would recommend (e.g., Are there interventions your unit uses that you would recommend including? Any other interventions/resources you suggest including in the Guide?)
 - Any information/resources incorrect or irrelevant?
4. Your experience with implementing the interventions
- How were you made aware of the patients that were in need of the intervention? Who made the determination about which intervention to provide to a particular patient (the screener or the care coordinator/social worker)?
 - How smoothly did this process work?
 - How many people in your unit were involved in implementing the interventions for patients?
 - What interventions did you implement for each risk factor?
 - Uninsured/underinsured

- Lack of Primary Care Physician
 - Psychiatric disease
 - Substance Dependence
 - Difficulties for Self-care
 - Please tell me about actual steps you took, including how and when during the patient visit you implemented the interventions.
 - How did this differ from what you used to do or how you used to do it (before the implementation of the EDT)?
 - How easy or difficult was it to integrate the interventions into your existing work processes/routines?
 - Please describe any changes in your roles that arose over the course of the pilot period and what led to those changes
 - Over the course of the period of implementation/use, did you have to make any formal or informal changes to work processes to accommodate any aspects of implementing the interventions?
 - Did you make any changes to the content or structure of the interventions during the project to accommodate specific characteristics/needs of your ED?
 - Did implementing the interventions change your decision-making about your patients?
 - What different interventions were provided to patients enrolled in the study as compared with non-participants?
 - What were the most positive/ satisfying aspects associated with implementing the interventions?
 - Were there any challenges associated with implementing the interventions that have not already been mentioned?
5. Your assessment of Impression of the Value, Strengths and Weaknesses of Tool and Guide
We would like to hear your sense of whether or not the EDT (or either of its components) provided value to the care you provide.
- Consider the Screening Tool:
 - What did you think of the overall value of the screening tool?
 - Prior to implementing the EDT, did you / your department try to identify patients at greatest risk of revisits? If so, what method did you use
 - To what degree did the Screening Tool improve your ability to efficiently identify those at greater risk of revisits?
 - With regard to the implemented interventions:
 - What did you think of the overall value of the implemented interventions? How well did they reflect the needs of your patient population?
 - Do you feel that the implemented interventions provided any added value to the care you provide? if so what is the nature of the value that it added?
 - Prior to implementing the EDT, did you target specific interventions to patients who appeared to be at high risk of frequent revisits?

- Overall, how well have the implemented interventions meet the needs of patients seen in your ED?
- What is your overall sense of how effective the EDT is likely to be in reducing ED use by frequent users?
- Were there any unintended consequences of using the EDT?
- Have there been/might there be any long term changes in what you do that result from use?

6. Suggestions for Improvement

We are interested in hearing about any modifications to the EDT that you would suggest to improve the value or usability of the tool? We are interested in suggestions that might increase benefits to patients and/or utility to hospitals. Consider both structure and content.

- Are there any specific changes to the content or structure of the *Screening Tool* that would you suggest?
 - Would you modify the risk factors that are captured?
 - Were there particular risk factors for which the tool was more/less helpful?
 - Any changes to improve ease of use? Integration into existing work processes/routines? Staff acceptance?
- Which components of the tool would you recommend using on a permanent basis in your ED?

7. Suggestions for Possible Future Adopters

- What advice might you have for Directors and Staffs of other EDs that might be interested in using the tool to help them assess:
 - The appropriateness of the EDT to their specific site
 - their readiness for use of such a tool
 - Resources or capacities they might need to have in place