**II. Quarterly Update Protocol**

Form Approved
OMB No. 0935-XXXX
Exp. Date XX/XX/20XX

To be administered by phone quarterly during implementation.

1. **BASIC BACKGROUND**
* *Interviewer to fill in prior to the interview.*
	1. Hospital Name [XXXX e.g., St. Elizabeth’s]
	2. Hospital System Name: [XXXX e.g., Trinity]
	3. Implementation Phase: [XXXX e.g., Quarter 1, Quarter 2, Quarter 3]
	4. Main AHRQ QIs targeted
		1. For hospitals that provide only pediatric care:
			1. Main AHRQ PDIs targeted: [XXXX e.g., neonatal mortality rate]
		2. For hospitals that provide pediatric and adult care:
			1. Main AHRQ PDIs targeted: [XXXX e.g., neonatal mortality rate]
			2. Main AHRQ PSIs or IQIs targeted: [XXXX e.g., CABG mortality rate]
	5. Intervention Strategy: [XXXX e.g. need intervention types here]
	6. Hospital Type: [XXXX e.g., freestanding children’s, children’s hospital nested within a larger healthcare system, general hospital with pediatric unit, academic versus community]
	7. Other important hospital selection characteristics: [XXXX e.g. rural, safety-net, etc]
	8. Date of last update: [XX/XX/XXXX]
1. **INFORMED CONSENT & INTRODUCTION**

***Read the following informed consent statement to the interviewee:***

This research is being conducted to learn how hospitals can work with the AHRQ Quality Indicators for quality improvement activities and how they may use the draft toolkit being developed in this project. This quarterly update will allow us to collect information on your progress in implementing improvements in real time, so we can develop the longitudinal story of your implementation process, its successes and challenges.

This quarterly update is voluntary and anonymous, and the information you provide is not linked to you. Your responses will be kept confidential to the extent permitted by law, including AHRQ’s confidentiality statute, 42 USC 299c-3(c). RAND will keep confidential the identities of those who participate in the interview and will not attribute any comments to any specific individuals. In the notes from the interview, we will not record individuals’ names associated with comments made. If you want to know more about this study, please call Peter Hussey, Ph.D., Principal Investigator, at 617-338-2059, ext. 8617.

Public reporting burden for this collection of information is estimated to average XX minutes per response, the estimated time required to complete the survey. 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.

1. **IMPLEMENTATION QUESTIONS**
	1. Where are you currently in the process of implementing [INTERVENTION]?
	2. Which of the tools in the QI toolkit have you used in the past three months?
	* *Probes:*
		+ How well have they worked?
		+ What suggestions do you have for modifying them?
		+ Are there any tools that you needed but were not included in the toolkit?
	1. How have your implementation approach or activities changed in the past three months, if at all?
* *Probes:*
	+ Have you made changes to the interventions themselves?
	+ Have you made changes to organization and staffing?
	+ Have you made changes to the tools being used?
	+ Have you made changes in the processes of applying tools?
	1. What type of monitoring, if any, have you performed in the past three months to assess the progress on [INTERVENTION]?
	2. What, if any, impact has the change from ICD9 to ICD10 coding affected your implementation of [INTERVENTION] in the past three months?
1. **EXPERIENTIAL QUESTIONS**
	1. What quality improvement successes have you seen in the past three months? Why did they occur? Any surprises?
	2. What implementation challenges arose? How well have they been managed? Any surprises?
		* Were there any challenges specific to children versus adults? (if applicable)
	3. How have your expectations for achieving desired outcomes changed in the past three months, if at all?
	4. How has [INTERVENTION] affected your work or actions?
* *Probes:*
* Has it affected your daily workload?
* Has it affected your interaction with other staff?
* Has it affected your interaction with patients?
	1. How has [INTERVENTION] affected [KEY STAKEHOLDERS NAMED IN INITIAL INTERVIEW]?
1. **WRAP-UP QUESTIONS**
	1. What key lessons have you learned that would be helpful for others to know?
	2. What next steps are planned?
	3. We’re at the end of the interview. Do you have any questions or any other comments?

Thank you very much for your time. We appreciate it.