

# Attachment A

## Pre-Intervention Interview Protocol

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

## Objectives

The purpose of these interviews is to obtain information on the following:

- The role of the person being interviewed
- Description of managing infections
- Reactions to the Guide
- Organizational culture

## Recruitment

- We plan on recruiting two nursing home leaders (administrator, director of nursing, and assistant director of nursing)

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.

## Purpose of the Interview(s)

The purpose of these set of questions is to gain an understanding of the role and perspective of the person who is being interviewed and of how this individual and the department(s) and/or wider facility manage infections, reactions to the Guide, and understanding their organizational culture. We also hope to gain a better understanding of the processes for handling infections, how to improve the Guide, and identify nursing homes that will likely adopt a tool successfully.

### Testing materials checklist

- Interview guide
- Interviewer clock
- Audio recording equipment (2)
- Batteries
- Verify audio recording equipment
- Pens
- Informed consent forms (1 copy for participant to sign, plus 1 copy for participant to keep)

## I. Introduction [use this intro for all staff]

### Welcome

Hello. My name is {FIRST NAME} and I work for the American Institutes for Research, or AIR, which is a non-profit research organization in Washington, DC. I am here with {NOTE TAKER} who will be taking notes.

### Background and Disclosures

- **Background.** Our discussion today is part of a research project sponsored by the Agency for Healthcare Research and Quality, or AHRQ. AHRQ is the federal government agency charged with improving the quality and safety of health care for all Americans.
- **Purpose.** We are here today to learn about your nursing home’s infection processes, reactions to the Guide, and your organizational culture.
- **Confidentiality.** When we write our report, we will not include your name or the nursing home’s name.
- **Consent.** Before we begin, here are two consent forms, one for you to sign and give back and one for you as a copy.

[GO TO APPROPRIATE SECTION AND BEGIN RECORDING]

## II. Leadership Questions

*Questions for the Administrator, the Director of Nursing, the Assistant Director of Nursing, or the Champion of the Tool.*

1. Please tell me about your current position.
  - a. What is your title?
  - b. How long have you been in this position? At this facility?
  - c. What are your main / primary roles and responsibilities?
  - d. What types of experiences have you had with quality improvement initiatives?
2. First, tell me a little bit about your nursing home. How many beds? How would you describe it to someone asking about the nursing home?
3. We would like to understand how your facility documents and manages infections.
  - a. How does your home document infections? Is it in a hard copy or electronic format?
  - b. Is there an infection log? Where is it located?
  - c. How often do you review the infection log? Who reviews it?
4. Now I would like to talk about infections specifically. How are decisions made regarding identifying an infection and treating an infection?

- a. For example, tell me about urinary tract infections. How do you typically identify one? Does the nursing home have an established protocol for initiating antibiotics?
  - b. What about respiratory infections—how do you typically identify one? Does the nursing home have an established protocol for initiating antibiotics?
  - c. What about gastro intestinal infections—how do you typically identify one? Does the nursing home have an established protocol for initiating antibiotics?
5. I would also like to understand any quality improvement activities you may have done in the past year or so regarding infections. Please give me an example of a quality improvement effort that your facility has implemented recently.
  - a. Does your facility have a system-wide or facility-wide quality improvement initiative?
  - b. What prompted your initiative?
  - c. What are the broad goals of the initiative?
  - d. How well is it working?
6. Now I would like to talk about the Guide to Nursing Home Antimicrobial Stewardship, or the Guide.
  - a. Have you selected a tool or toolkit to use from the Guide?
  - b. What prompted your organization to participate in using the Guide?
  - c. Who made the decision?
  - d. Who are the champions? What are their titles? What do they do?
7. I would like to find out your early thoughts about the Guide.
  - a. Thinking about other quality improvement resources, what did you think about the organization?
  - b. How did you decide on a tool or toolkit?
  - c. Who was involved in the decisionmaking process?
  - d. How easy or difficult was it to make the decision?
  - e. What would make it easier to select a tool or toolkit?
  - f. Was there anything you would have liked to add to the Guide that you felt was missing?
  - g. Was there anything you would have liked to have removed or that you found unnecessary?
  - h. How could the Guide be improved?
8. How do you plan to implement it at the facility level?
  - a. What were the overall facility goals and time frame for the implementation of the communication and order form?
  - b. How will you train new staff?

- c. Who are the champions of the Tool on the floor(s)?
  - d. Will the tool be a standalone form, integrated into another currently used form, part of an electronic form, or something else? If you have a new form, can you give us a copy?
9. Now I would like to ask you a few more questions about the culture of your nursing home in general. We are testing this questionnaire and some of the questions may need to be refined. It would help us if you would answer as honestly as possible. We will create a summary and we will not show who said what.

<b>ADMINISTRATIVE TECHNOLOGIES</b>					
<i>Administrative technologies address the proper administrative auspices, structures and processes for innovations including design, staffing, training, financial support and evaluation, and coordination with other units—build versus buy, costing, contracting, cost allocation, return on investment are illustrative issues.</i>					
	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE
1. Direct care staff feel that decision making is timely and fair and based upon consistent objective indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Direct staff are empowered by an effective decision-making context in and around their teams.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Leadership clearly describes what is expected of each care staff division and how this fits into the nursing home's overall efforts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The business office and administration are considered to be a very important part of your nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Our administrators care about us.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There is a high degree of organizational trust in this nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CLINICAL TECHNOLOGIES</b>					
<i>Clinical/work technologies target the use of proper diagnosis and treatment methods technologies, application of agreed upon standards of care, engaging patients in their treatment, and ensuring effective work process in support of effective care.</i>					
	STRONGLY AGREE	AGREE	NEITHER	DISAGREE	STRONGLY DISAGREE
7. The quality of the resident care performed in my nursing home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

is high.					
8. We always engage residents in their care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. We apply agreed upon standards of care when caring for residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. We ensure effective work processes in support of effective resident care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. We have the proper preparation/training to provide quality care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>TRANSFORMATIVE LEADERSHIP</b>					
<i>Leadership that supports transformative change. Transformative is defined as “radical and profound change”</i>					
	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>NEITHER</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>
12. We have an incentive/compensation system that encourages innovation in our nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Risk taking in adopting innovation in residents care is encouraged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Our senior leaders have encouraged all of us to embrace change in our nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. This organization's most senior leader is committed to change in this nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Management has sent a clear signal this nursing home is going to change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>RATIONAL CULTURE</b>					
<i>Rational culture is a results-oriented and aggressive work place or organizational culture. This does not typically match the nursing home culture, but data from this could be used to compare against other health care types, such as hospitals.</i>					
	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>NEITHER</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>
17. The management style in my nursing home is characterized by hard-driving competitiveness, high demands, and achievement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Our nursing home emphasizes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

hitting stretch targets and winning in the marketplace.					
19. Our nursing home is a very competitive and achievement oriented place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. The glue that holds our nursing home together is aggressiveness and winning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. The leadership in our nursing home has a no-nonsense, aggressive, results-oriented focus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ORGANIZATIONAL TECHNOLOGIES INFORMATION</b>					
<i>Organizational technologies are means and processes for converting resources (e.g. supplies, knowledge, and skills) into products and services of value to recipients and/or purchasers. Information technologies provide information entry, organization, access, exchange, and reporting activities for effective service and organizational support.</i>					
	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>NEITHER</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>
22. Medical records here are well maintained with accessible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The current medical records system and processes are effective and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. The current systems used for nursing home admissions and billing are effective and up-to-date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. The information in the medical records is relevant and supports effective resident care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>