

Attachment C

Proactive Technical Assistance Discussion Protocol

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| Form Approved OMB No. 0935-XXXX Exp. Date XX/XX/XXXX |
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The purpose of this call is to check on your progress during the implementation period of the Guide and gather information on your successes and challenges thus far.

Implementation of the Guide

The Guide: Current Progress

1. To confirm, which tool or toolkits are you using?
2. Please describe what you have done related to the project over the past two months.
 - a. What components and strategies were you working on?
 - b. What tasks have you completed?
 - c. What materials from the Guide did you use? What part of the Guide were you focusing on?
 - d. *[IF TOOL INVOLVES NURSES]* How have nurses reacted to it?
 - e. *[IF TOOL INVOLVES PRESCRIBING CLINICIANS]* Have any of the prescribing clinicians reacted in any way? If so, how?
 - f. *[IF TOOL INVOLVES RESIDENTS/FAMILY MEMBERS]* Have you heard from residents or family members about their reactions to the tool or the use of the tool? How has that gone?
3. What were the goals or targets of the Guide implementation over the past two months? Were these goals or targets met? What happened? What were the reasons?
4. Did you make any changes to your plans for using the Guide during the past two months? If so, please describe the change(s).
 - a. What was the reason for the change?
 - b. What staff were involved in deciding on the change? Describe their roles and responses.
 - c. What are the implications, if any, that the changes will have on your efforts?

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5. Did you encounter any challenges? If so, please describe them.
[If necessary, provide information on the availability of resources]

(e.g., clinical champion), or patient/family level factors (e.g., types of patients seen, positive response to intervention overall or aspects of it)]

- a. To what extent did you anticipate these challenges, if at all?
 - b. How did you try to overcome the challenges described above? To what extent have you overcome these challenges?
6. What helped you achieve your goals during the past month? What other resources did you use?

[If necessary, provide information on the availability of resources]
(e.g., clinical champion, patient/family level factors)
response to intervention]

Unintended Consequences

7. Have any unintended consequences surfaced during the past month (e.g., staff morale improved or got worse)? If so, please describe.
8. Based on what you have learned over the past month, what improvements would you make to the Guide?
9. Based on what you have learned/experienced to date, what are the lessons learned for implementing this Guide in a medical-surgical unit? If you were advising others about the Guide and its implementation, what would you most want them to know? What should they be aware of, what should they do, what should they NOT do?

Next Steps/Closing

10. What do you have planned for the Guide implementation for the next month? Please briefly describe.
11. Please share anything else you think may be important for us to know about the Guide and its implementation and use.