

ATTACHMENT A

Information Needs Identification Focus Group Guide:

1. Meet and greet participants
2. Introduction
 - a. Thank everyone for taking time to participate, explain that thoughts and opinions will inform design for visual displays and interfaces for a decision-making tool related to multiple competing risks in acute care environments; specifically, CAUTI, Falls, HAPU
 - b. Introduce moderator names, roles, Heidi Wald as PI and briefly describe project
 - c. Have each participant give a brief introduction with name, healthcare role/position, and background
3. Setting ground rules
 - a. Attendance is voluntary and indicates willingness to participate in a group discussion. Anyone is free to leave at any time. We are going to discuss issues related to application design for navigation and visualizing patient information for decision-making. This information will be used to improve the design of prototypes that we will show you today.
 - b. We will be audio recording the focus group session for transcription purposes.
 - c. Transcriptions will have any personal identifiable information removed. Audio recordings will be deleted after transcriptions are verified.
 - d. Any participant can request a copy of the transcript or recording at any time. Any participant can request that any of his/her comments be removed. We will store this information on a secure access drive.
 - e. We want this to be a non-judgmental, relaxed environment to discuss your thoughts about the care of patients and the role of technology and information. There are no right or wrong answers. Please don't hesitate to ask questions or if you need any clarification please ask for it.
 - f. Obtain verbal consent of participation, request permission to start recording and then start audio recorders.

Public reporting burden for this collection of information is estimated to average 90 minutes per response, the estimated time required to complete the focus group. 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
5600 Fishers Lane, # 07W41A
Rockville, MD 20857.

4. Background

- a.** Provide additional information regarding the project
- b.** Give an overview of the model for HAPU, CAUTI and falls
- c.** We are interested in finding out about contextual work factors related to care delivery for patients with multiple competing risk factors, barriers and facilitators to documenting, accessing and managing information for this purpose, the role of technology in patient care, and visual display preferences.

5. Role of technology

- a.** What are some of the ways you access and use patient-level information in your work, both paper- and computer-based (e.g. the EHR)?
 - i.** How do they fit into your work flow or support your work?
- b.** How do these technologies or information resources fit into your work environment and work flow?
 - i.** In what ways?
- c.** What are some of the barriers to using technology or information in your work?
 - i.** What do you think might be some of the reasons for these barriers?
- d.** What are some of the facilitators to using technology or information in your work?
 - i.** What do you think might be some of the reasons for these facilitators?
- e.** What are some of the routine tasks and activities you perform on a daily basis in caring for patients with an indwelling urinary catheter?
 - i.** Are these supported by technology or information resources?
 - ii.** If not, should they be?
 - iii.** Are patient assessment activities supported by technology or information resources?
 - iv.** If not, should they be?
- f.** What patient-level information would help you on a daily basis in caring for patients with an indwelling urinary catheter in making care-related decisions with a focus on preventing hospital acquired conditions (HACs)? Specifically, CAUTIs, falls and HAPUs?
 - i.** How do you think you would use this information?
 - ii.** Are you aware of technologies or information resources that could provide this information?
- g.** Can you think of ways that you would like to change the technologies or information resources you use to support your work in assessing and preventing patient risks of HACs?

6. Scenarios of use

- a.** Explain scenarios for each sketch or digital mockup of HAC Risk Dashboard Tool
- b.** Do the descriptions of the activities and patient-level information presented in this scenario of use accurately reflect your current work flow?
- c.** Does this scenario of use describe a work flow with the activities and types of patient-level information you would like to see supported in the future?
- d.** Where does this scenario of use differ from current work flow?
- e.** Do you think these differences are better or helpful?

Attachment A: HAC Risk Dashboard Tool Focus Group Guide

- f.** Are there ways that this scenario of use could be improved to better reflect your current work flow?
- g.** Are there ways that this scenario of use could be improved to better reflect a desired future patient-level information and work flow?