

SUPPORTING STATEMENT

Part B

**Phase II of a Longitudinal Program Evaluation of HHS Healthcare
Associated Infections (HAI) National Action Plan (NAP)**

January 15, 2014

Agency of Healthcare Research and Quality (AHRQ)

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B. Collections of Information Employing Statistical Methods

1. Respondent Universe and Sampling Methods

The universe of key informants comprises internal and external stakeholders who have extensive knowledge of and investment in HAI prevention and implementation of the *National Action Plan to Prevent Health Care-Associated Infection* (HAI NAP).¹ Internal stakeholders are representatives of federal agencies who have participated in the Action Plan Steering Committee and/or Work Groups, or who have important interactions with Action Plan activities. External stakeholders are representatives of private entities or state agencies who are knowledgeable about, involved in, and/or directly affected by national-level HAI prevention activities.

For the evaluation of Phase I of HAI NAP, evaluators obtained a complete listing of federal agency members of the Steering Committee and Work groups, in order to identify the universe of internal stakeholders. The resulting sampling frame encompassed more than 130 individuals from various federal agencies. AHRQ plans to employ the same procedures to develop the frame for this current Phase of the evaluation.

To ensure that sample members collectively represent the full range of healthcare settings and patient safety programs addressed in Phases I, II and III of HAI NAP, the sampling plan includes two strata: one for health care settings and one for patient safety programs. The health care setting stratum will include four substrata corresponding to the three phases of the Action Plan: acute care hospitals (Phase I), ambulatory surgical centers and end stage renal disease facilities (Phase II) and long term care settings (Phase III). The patient safety program stratum will include six substrata: CUSP, QIOs, HAI NAP, the Partnership for Patients, TeamSTEPPS and Value-Based Purchasing.

AHRQ will purposively select 31 individuals from the internal stakeholder frame to participate in the key informant interviews. As shown in Table 1, the majority of interviews will be dedicated to HAI NAP, since this program is the subject of the evaluation. Furthermore, the largest number of HAI NAP related interviews will focus on the Plan's implementation and progress in acute care hospital settings, since this setting was the first one targeted by the Action Plan, and has the largest number of engaged stakeholders.

For the other patient safety programs, our interest is mainly in how they interact with HAI NAP and therefore, the sampling plan includes fewer interviews for them. AHRQ plans to select one stakeholder representing each of the other five programs within the

¹ U.S. Department of Health and Human Services. HHS Action Plan to Prevent Health Care-Associated Infections. Retrieved from http://www.hhs.gov/ash/initiatives/hai/actionplan/hhs_hai_action_plan_final_06222009.pdf.

acute care hospital setting. Finally, because CUSP is the only other program that has been implemented in the ASC, ESRD and LTC settings, AHRQ plans to select one CUSP stakeholder to interview for each of those settings.

Table 1. Sampling Frame for Respondent Universe:

Program	Internal Stakeholders				Total
	Health Care Setting				
	Acute Care Hospitals	ASCs	ESRD Facilities	LTC Settings	
HAI NAP	11	4	4	4	23
CUSP	1	1	1	1	4
PfP	1				1
TeamSTEPPS	1				1
QIOs	1				1
Value-Based Purchasing	1				1
TOTAL	16	5	5	5	31

The respondent universe of external stakeholders includes representatives from the health care industry, healthcare professional associations, consumer patient and advocacy groups, payer and insurer groups, healthcare improvement and accreditation organizations, and academic or research institutions. AHRQ plans to use the previous external stakeholder sample frame as a starting point.

In consultation with OASH, AHRQ will purposively select individuals from the master sample frame who represent varying areas of expertise, using the same general sampling plan described above (i.e., healthcare setting by HAI program). AHRQ will select 33 sample members for the external stakeholder interviews, with the majority of them representing HAI NAP. As shown in Table 2, AHRQ plans to select 12 stakeholders who can speak about implementation, progress and any outcomes related to HAI NAP in Acute Care Hospital settings. To gather information on HAI NAP's implementation in each of the other healthcare settings, AHRQ will select 5 sample members per setting, based on the same rationale described above. Following initial sample selection, AHRQ will present our list of interview candidates to the Federal Action Working Group, and solicit their feedback, making additions or replacements as advised.

Table 2. Sampling Frame for Respondent Universe:
External Stakeholders (Private Entities and States)

Program	Health Care Setting				Total
	Acute Care Hospitals	ASCs	ESRD Facilities	LTC Settings	
HAI NAP	12	5	5	5	27
CUSP	2				2
PfP	1				1
TeamSTEPPS	1				1
QIOs	1				1
Value-Based Purchasing	1				1
TOTAL	18	5	5	5	33

2. Information Collection Procedures

A team of four health services researchers who are trained in semi-structured interview techniques will conduct the key informant interviews by phone. Each interviewer will be responsible for contacting and interviewing 16 sample members. In the event that any sample member declines to participate in an interview, that sample member will be replaced with another sample member having comparable expertise.

Interviewers will contact each sample member by email. The message will be personally addressed to the recipient, and interviewers will be given standard invitation text that they can tailor to the particular recipient to encourage the recipient's participation.

Within three days of sending the advance email, interviewers will follow up with each sample member to schedule a one hour interview. The interviewer and a note taker will be present for each interview. With the respondent's permission, the interview will also be recorded for transcription purposes.

Each interview will begin with a brief description of the study and review of IRB language to obtain informed consent. Upon receiving consent to continue, the interviewer will use the semi-structured interview protocol to gather information from the respondent.

If the respondent consents to the audio recording, a verbatim transcript of the audio file will be produced and uploaded into NVivo10, a software tool used for coding qualitative data. If the respondent refuses the recording, the note taker will prepare a detailed summary of the interview, which the interviewer will review for quality control purposes.

3. Methods to Maximize Response Rates

In an effort to maximize response rates, interviewers will send each sample member an advance email that explains the study and the importance of the sample member's

input. Interviewers will also attach to the email a letter of support from Jim Battles, the Task Order Officer. All interviewers will be key members of the research team, able to answer any questions that potential respondents may have about the study or their participation in it. Finally, interviewers will be prepared to schedule the interviews at times that are convenient for the respondents, thereby facilitating participation. During the last round of stakeholder interviews, only six out of 52 potential respondents declined to participate or could not be reached, yielding a response rate of 88%.

4. Tests of Procedures

There will be no official pretest for the interview protocols, given that they are closely modeled after the instruments used during the previous data collection effort, when no problems with the instruments were indicated.

5. Statistical Consultants

This data collection effort does not involve any statistical analysis.