Appendix E – Field Test Evaluation Protocol for Practice Staff

AHRQ Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

Practice Staff Focus Group Script – Guide Field Test Evaluation

MedStar Health Research Institute (MHRI) will conduct twelve (12) focus groups (one per practice) with practice staff during field testing. We will aim to recruit practice staff in the following manner:

- Up to 6 practice staff members per primary care practice.
- Staff members who were involved in the implementation of the Guide and/or has experience using the interventions within the Guide.
- A diverse group of providers in terms of roles and responsibilities.

Recruitment Criteria

Primary care practice staff who have been exposed to the intervention (i.e. employed within the primary care practice during the period of Guide implementation) will be eligible to participate in the focus group. MHRI team members will work with the practice coordinators to identify and recruit practice staff to participate in the focus groups.

Focus Group Goals

The goals of the focus groups will be to:

- Obtain feedback on the intervention **Guide** materials
- Obtain feedback on the barriers and facilitators encountered for each intervention and completed Guide
- Obtain feedback on satisfaction with interventions and completed Guide instructions and materials
- Obtain feedback on receptivity and enhancements to interventions and Guide materials to improve adoption

Questions will focus both on the Guide in general and specific interventions that the practice managed to implement during the implementation period.

Focus Group Materials

- Copies of the Guide materials implemented by the practice during the period of implementation
- Informed consent documents
- Participant stipends and receipts
- Digital recorder

Focus Group Location

Focus groups will be conducted at a location within the practice's community. Locations may include libraries and/or community centers.

Participant Stipends

Upon arriving at the focus group location and after the completion of the informed consent process, all participants will complete the required paperwork to receive the stipend for participation.

Informed Consent Procedures

Participants will complete the informed consent process at the time of arrival to the focus group.

Proposed Agenda – Practice Staff Focus Group

Focus Groups will be planned for approximately 90 minutes each.

Agenda	
Introduction	5 minutes
Participant Introductions	10 minutes
Background	10 minutes
Review Materials	15 minutes
General Experience with Intervention (satisfaction/barriers/enablers)	20 minutes
Enhancements	15 minutes
Closing	15 minutes
Total	**90 minutes**

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Practice Staff Focus Group Script – Guide Field Test Evaluation

[bracketed text will depend on interviewee and topic]

WELCOME AND INTRODUCTION

- Thank you for agreeing to participate in the focus group about your experiences with the Guide to improving patient safety in primary care practice settings by engaging patients and families!
- My name is [INSERT NAME OF INTERVIEWER] and I am the facilitator for today's conversation. I am here with [INSERT NAME OF PROJECT STAFF and HE/SHE will be taking notes of our conversation.
- With your permission we will also be audio recording the session. This will help make sure that we don't miss anything that you say and can share with other people who are working on this project. The recording will be deleted immediately after we have the notes transcribed and are sure we have captured all your comments accurately.
- TODAY/TONIGHT we will be asking you questions about your experiences with Guide and its interventions.
- Nothing that you say or share today will be shared in an identifiable way with your practice but represented together along with nine other practices in a report to the Agency for Healthcare Research and Quality. We will not share your name or anything that you say with them in a personally identifiable way.
- Do you have any questions before we begin?

GROUND RULES

- We want to hear from everyone and want to hear your honest opinions. There are no wrong answers.
- If you have something to add to the conversation, please feel free to jump in. The more discussion we have the better we can make the Guide. We do have a lot to cover so we will try not to spend too much time on any one topic.
- It is important that when you do jump in that we try to make sure that we only have one person talking at any time. This will help us hear everyone's thoughts and opinions.
- Any questions?

So let's get started.

BRIEF INTRODUCTIONS

I would like to start with some brief introductions. We will go around the table. As we go around, please tell us all your first name and something about yourself like your favorite hobby or television show.

It is really nice to meet you and thank you again for joining us. I would like to begin by asking you all some questions about patient safety and patient engagement in your primary care practice.

PATIENT SAFETY

1. How would you describe the impact of the [INTERVENTION] on the safety of the care that your practice was able to provide?
     a. Why do you think that it was improved?
     b. Can you share with me any thoughts on what could be improved as part of the [INTERVENTION] that could make it more effective?
2. In your opinion as a **practice staff member**, what would you say are the most important things for patients to know or think about when it comes to patient safety?
     - Can you describe how this [INTERVENTION] helped to achieve this?
     - What could or should we do differently to make this more effective?

Thank you for sharing. I now want to speak with you a little more about patient engagement.

PATIENT ENGAGEMENT

3. From your experience, how did the [Guide/INTERVENTION] support engagement from the patient and or their family?
     - What may have prevented better engagement?
     - How would you describe the level of engagement you had with patients and families after you implemented the [Guide/INTERVENTION]?

4. What do you think is needed to get patients more engaged with their health care?
     a. What about those that are reluctant to engage? Any suggestions?
     b. Did the Guide interventions help specific groups of patients engage with their care better than others? Can you describe that experience?

FEEDBACK ON MATERIALS

Now I would like you to consider the materials that you have in front of you for this next series of questions.

5. What is the first thing that comes to mind when you see this [BROCHURE, DOCUMENT, ETC – THIS WILL BE INTERVENTION SPECIFIC]?
     - Have you seen these before?

- Did you think they were helpful? Why/Why not?
- What could have made them more useful?

6. Can you describe for me how you used the [BROCHURE, DOCUMENT – INSERT INTERVENTION SPECIFIC INFORMATION]
   - Did you find it helpful?
   - Was the process difficult to follow?
   - Was the training and education about how to use the [TOOL] appropriate? Would you suggest any changes to that?
   - Did you feel like you needed more information about why you should use it?

7. What about the format of the guide and the interventions? Is there a better way for us to think about presenting the materials?
   - What about an electronic version? If you had this on your phone or another electronic mobile device would that help?

Is there anything else you would like to share about your experiences with the materials? If not, let's move on to learning more about your experiences with the guide.

FEEDBACK ON EXPERIENCE WITH INTERVENTION

8. When you were first given the [GUIDE/INTERVENTION] what did you think?
   - How did you feel about using it?
   - How did you end up using the [GUIDE/INTERVENTION], or did you end up not using it after all?
   - If not, can you tell me why you chose not to use it?
   - Were there challenges to using the [GUIDE/INTERVENTION]?
   - Are you planning on continuing to use the [GUIDE/INTERVENTION] in the future? Were there other [INTERVENTIONS] within the Guide that you were more interested in or eager to adopt?

9. How easy or challenging did you find [GUIDE/INTERVENTION] to be?

10. What was the best thing about the [GUIDE/INTERVENTION]?

11. What was your least favorite thing about the [GUIDE/INTERVENTION]?

12. What would you have changed about the [GUIDE/INTERVENTION]?

13. What about costs of implementing the [GUIDE/INTERVENTION]? Was that a challenge at all for you?

    a. Can you describe how much the time and/or effort it took from yourself or your staff to implement?
    b. Was this a barrier?

      c. Do you believe that this is sustainable for your practice?
           i. If yes. Can you describe what makes this approach important enough for you to continue using it?
           ii. If no. Can you describe why you wouldn't consider continuing to use it?

14. Specifically thinking about patient safety the way we discussed it earlier: how did you think this [GUIDE/INTERVENTION] addressed safety for you? For your patients?
15. Do you have any tips or lessons learned from your experience with the [GUIDE/INTERVENTION] that you can share that might help another practice or provider considering using it?

CLOSING

15. Those were all the questions I had today. Are there any questions that I should have asked that I did not?

16. Is there anything else you would like to add on any of the topics we discussed today?

Thank you for your time and participation in this interview. Your comments will be very helpful to this project and will help us to make important improvements to the Guide!