**Base Draft Interview Guide**

*This interview guide will be refined to reflect differences between frontline healthcare workers and Antibiotic Stewardship Leads. It will also be refined to reflect differences between acute, long-term care and ambulatory settings. These are the core domains. This can also be amended for length and comprehensibility of questions.*

**Warm Up/Demographics**

* What is your job title?
* How long have you been working at this hospital?
* What is your background education and training in?
* What year did you start practicing independently (post-training, i.e. residency and/or fellowship)?
* In your own words, what is antibiotic stewardship? Have you heard this phrase before? If yes, what does it mean to you?

**Implementation of CUSP-Antibiotic Stewardship Intervention**

*To be asked in Baseline Period*

* Does your facility have any antibiotic stewardship efforts underway? If yes, what are they?
* How ready do you think your facility is to implement the AHRQ Safety Program for Improving Antibiotic Use?
* Do you anticipate that there will be any challenges to implementing the Antibiotic Stewardship Intervention? If yes, what are they?
* Do you think it is necessary for your facility to implement this intervention? Please explain.
* What other patient safety and quality improvement initiatives are going on at your facility?
* How much leadership support do you feel that you have for improving patient safety and quality?
* What could leadership be doing better, if anything, and what do you think the barriers are to getting them involved?

*To be asked at end of Intervention Period*

* What are the greatest successes and/or challenges you have experienced in implementing the AHRQ Safety Program for Improving Antibiotic Use?
  + *ADD SPECIFIC QUESTIONS HERE ABOUT DIFFERENT ELEMENTS OF INTERVENTION – EDUCATIONAL MODULES, FAMILY EDUCATION MATERIALS, “NUDGE” POSTERS, TIME OUTS, CHECKLISTS, POCKET CARDS, ETC.*

**Prescribing Etiquette, Social Norms and Decision-Making Around Antibiotics**

*To be asked in Baseline and end of Intervention Periods*

* What are the biggest barriers to the more judicious use of antibiotics in your practice?
* What are the biggest facilitators of more judicious use of antibiotics in your practice?
* How do you view your own antibiotic prescribing levels and patterns in relation to others?
* Would you characterize yourself as liberal or conservative when it comes to using antibiotic prescribing? (*Need to discuss this concept with the team so it is meaningful to respondents – it is an area I’m interested in and can explain more)*
* Do you feel you have had sufficient education and training on antibiotic prescribing and management?
* Do you feel that you can comment on the antibiotic prescribing decisions of your colleagues?
* Who, in your view, is responsible for making sure the prescribing and management of antibiotics is optimal?
  + How clear do you think this responsibility is?
* What do you think could be done on an organizational level to improve antibiotic prescribing?
* How do you decide what type of antibiotics to prescribe?
* Are there specific patient groups that you are more likely to prescribe antibiotics to than others?
* If you decide not to prescribe an antibiotic, what are the alternatives you consider?
* How do you keep up to date on new information about antibiotics? What sources do you consult?
* What are your thoughts about the future of antibiotics?

**The Role of Nursing in Stewardship**

*To be asked in Baseline Period and at end of Intervention Period*

* What role do you think nurses can play in improving antibiotic prescribing? How, specifically, might they impact the use of antibiotics in your facility?

*To be asked at end of Intervention Period*

* Did participation in the intervention change your opinion about how nurses and others who are not directly responsible for prescribing can contribute to improving antibiotic use?