

Attachment D

Interview Guide for Case Study Development -In-person

Interviews will be conducted by telephone and will be audio recorded with participant consent.

At the time of the interview, interviewer will ask if participant over the phone if he or she agrees to be interviewed and audio taped. A waiver of documentation of informed consent will be obtained from MedStar Health Research Institutes Institutional Review Board.

Interviews will take approximately 30 minutes each.

Interview Protocol for Content Experts

[bracketed text will depend on interviewee or topic]

INTRODUCTION

Thank you for agreeing to do this interview! My name is [Insert Name of Interviewer] and I will be asking you questions today about patient safety, health literacy and what you have done to improve these conditions in primary care settings.

As you know, this project is being funded by Agency for Healthcare Research and Quality, which is a federal agency that works to improve the quality, safety, efficiency and effectiveness of health care for all Americans.

The purpose of today's interview is to learn about your experiences with [the tool that you were involved in that helps patient safety in primary care settings.] We will take about an hour or so.

[Interviewer will read the key informant the study description and request an assent to participate in the interview. Oral agreement to audio record will be recorded. If consent submitted, ask if the individual has any questions about how their input will be used and that once the interview has been transcribed that the audiotape will be destroyed]

Thank you!

Public reporting burden for this collection of information is estimated to average 30 minutes per response, the estimated time required to complete the survey. 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 (0935-0179) AHRQ, 5600 Fishers Lane, Mail Stop Number 07W41A, Rockville MD 20857

The first couple of questions are about your work and professional experience [or patient experiences as appropriate].

1. How long have you been in your current position [or been a patient at the practice in question]?

2. What are your major responsibilities in your current position? [Not for patients]

PROBE: How does your current work relate to patient safety?
How does your current work related to patient engagement?

CONCEPTUALIZATION

As you know, a key goal of this project is to intersect patient safety with patient engagement in primary care settings. To that end, I would like to get your opinions about these key concepts.

3. First, patient engagement. What is the first thing that comes to your mind when you hear the words "patient engagement"?

PROBE: What are the most critical components of patient engagement?
What is the role of shared decision-making in patient engagement?

4. What are the benefits of patient engagement?

5. In your opinion, what barriers are there to patient engagement?

6. In terms of patient safety, how would you describe the state of patient engagement as it pertains to patient safety?

7. What does patient safety mean to you?

PROBE: What are its most critical components?

8. How do you think primary care practitioners and staff contribute to patient engagement in patient safety?

BEST PRACTICES

9. What would you say are some of the best ways to engage patients in patient safety?

PROBE: Who might be the best person to deliver information?
PROBE: How should information be delivered?

10. What would you say is the best way to get health care professionals involved in patient engagement practices?

11. To your knowledge, what organizations have successfully engaged patients in patient safety?
PROBE: What particular strategies have they used?

DESCRIPTION OF TOOL

Now I would like to talk about your own experience with patient engagement, and patient safety.

12. What opportunities, if any, have you had to work on patient engagement?

13. What is your experience with engaging patients specifically in safety?

PROBE: What experiences have you had with engaging patients in safety in primary care settings?

14. What examples are there of patient engagement for patient safety in primary care settings?

15. We know about the [tool summary?] and would like to find out more about it. Could you please describe it for me?

16. Who were the audiences or populations for [the tool]?

PROBE: Why did you select those populations?

BACKGROUND AND DEVELOPMENT

17. Please tell me a little about the planning of [this tool.]

18. Where did you go to look for information and resources when building or developing [the tool]?

19. Who were involved in the development phase?

20. What kind of formative research or piloting was done?

21. What kinds of barriers or challenges did you face in the development of [the tool]?

RESULTS OR FEEDBACK ON TOOL

22. What were the findings or results from the research or pilot test of [the tool]?

PROBE: What, if any, were qualitative or informal feedback you received about [the tool] from patients and families?

PROBE: What were other reactions or responses you received about [the tool]?

PROBE: Were there any differences between patients and how they reacted to [the tool]?

23. What aspects of [the tool] would you say resonated the most with patients?

24. What aspects resonated the least?

25. What about with health professionals, what aspects did they seem to like the best, and the least?

LESSONS LEARNED

26. Was there anything in particular that you did in developing or using [the tool] that you thought worked particularly well?

27. What would you have done differently in the development of the tool?

28. What would you have done differently specifically in terms of patient engagement?

RECOMMENDATIONS

29. As you know we are looking for tools to help primary care settings engage patients in patient safety. Your [tool] is something we wanted to know more about.

30. What would be your recommendations for a tool for patient safety in primary care settings?

31. What is needed to get different patients to buy in to the tool and use it?

32. What is needed to get health care professionals to see the value of the tool and suggest it for their clients?

CLOSING

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

34. Is there anything else you would add on the topic?

Thank you for your time and participation in an interview! Your comments will be very helpful to the project!