Attachment A5. Principal Investigator Telephone Interview Protocol

Form Approved
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Paul Coverdell National Acute Stroke Registry Program (PCNASP) Evaluation
INTERVIEW GUIDE

PI/PD Protocol

(Individuals who are involved in key PCNASP decision making including working with organizational leadership and defining the scale and scope of the program.)

Roles may include:

- Principal investigators, and
- Project directors

Questions in blue are designed to be probes that will be asked when needed.

Introduction

Thank you for making time to speak with us today. We are researchers from Research Triangle Institute (RTI), International evaluating the Paul Coverdell National Acute Stroke Registry Program on behalf of the Centers for Disease Control and Prevention. We are specifically interested in the 2015-2020 cooperative agreement.

In this discussion, we are interested in gathering your perspective on the objectives and context of your program, partnerships you've formed, implementation of system changes as a result of the Coverdell program. We'd also like your perspective on the challenges, facilitators, and lessons learned with regard to implementing the Coverdell program.

Please note that I have reviewed and am familiar with the program documents **[state]** has submitted to CDC. I realize that a few of my questions today may seem redundant with some of the information/data that you have already reported to CDC. However, part of our intention with these interviews is to be able to triangulate that information and build confidence, credibility, and validity of that information and data. We also believe that given your role as [**role**], you have a unique perspective on the program and may be able to provide a deeper level of detail that we can use to enrich existing information.

Our evaluation is being funded by the Centers for Disease Control and Prevention. As a condition of participation, CDC anticipates that state staff and program partners will cooperate with the evaluation team, but ultimately your decision to participate is voluntary. If you do not wish to participate in this interview or answer specific questions, please let us know immediately.

We believe there are minimal risks to you from participation, and every effort will be made to protect your confidentiality. We want to assure you that we will not quote you by name/or title. We will use some quotes in reports, but quotes will not be attributed to an individual or his/her organization.

While there are no direct benefits to you from participating in this study, your insights will be used by CDC to

- improve the program,
- build the evidence and support for other states' work in these areas by identifying facilitators and barriers to implementing stroke systems of care, and
- facilitate the development of tools and resources for implementation and evaluation of stroke systems of care.

RTI's Institutional Review Boards (IRB) has reviewed this research protocol.

Finally, we would like to record our conversation, to ensure our notes from today are complete.

Do I have your permission to audio record our conversation today? Are the remaining interview conditions OK with you? Do you have any questions before we begin?

Capacity:

1. I understand you're the [role] for the Coverdell program. Can you please describe your responsibilities as [role] in implementing the program?

2. Can you briefly describe your goals and expectations of the 2015-2020 Coverdell program, in your own words? Probe if necessary: What have you hoped to achieve through this program?

3. [*Washington State only*] What was [the state/health department/EMS/hospital] doing to improve stroke care transitions prior to receiving the Coverdell grant?

4. [Are you/Is the state] currently implementing any related stroke care initiatives that are not funded by the Coverdell program?
   - **Probe**: How do they align (or supplement) your Coverdell work?

Linking and Using Data Across the Stroke System of Care:

5. What have you accomplished so far in establishing data linkages and using data as part of this Coverdell program?

Stroke Systems of Care:

6. In what ways has [state] worked to improve stroke systems of care (SSoC) as a part of the Coverdell program?
   a. **Probe on SSoC infrastructure components:**
      i. Stroke designation center
      ii. Stroke destination protocol
      iii. Pre-notification
      iv. Training and technical assistance (pre and/or post-hospital settings)
   - **Probe for each example:** When did this effort begin (before or after Coverdell began in 2015)?
   - **Probe for each example:** How did your Coverdell partners contribute to the implementation of this activity?
   - **Probe for each example:** How did the Coverdell program facilitate this effort?
   - **Probe for each example:** What other non-Coverdell factors or programs contributed to this effort?
   - **Probe:** What other innovative ways did you improve SSoC as part of the Coverdell program?
   - **Probe:** What other non-Coverdell factors contributed to improving stroke systems of care since 2015?
   - **Probe:** What were some of the challenges?
   - **Probe:** What were key lessons learned?
   - **Probe:** How can CDC further support?

7. What resources or guidelines have most influenced or guided your work in building SSoC as part of Coverdell?
   - **Probe:** To what extent have your Coverdell efforts aligned with the ASA Task Force recommendations?

- **Probe on recommendations for each component:**
  - Primordial and primary prevention
  - Community education
  - Notification and response of EMS
  - Acute stroke treatment
  - Subacute stroke treatment and secondary prevention
  - Rehabilitation
  - Continuous QI activities

8. What has been the role of the state health department in convening partners and facilitating collaboration to improve statewide stroke systems of care as part of Coverdell?

- **Probe on the following topics:**
  i. Coordination of stroke prevention and care activities
  ii. Quality of care/guidelines
  iii. Pre-hospital transitions of care (e.g., optimal transportation and treatment)?
  iv. Post-hospital transitions of care (e.g., optimal transportation, treatment, and discharge for stroke patients)?

9. How else has the context in [state] influenced your state's stroke systems of care? (Examples: geography, demographics, pop density, incidence of stroke, leadership, supporting legislation, economics)

10. From your point of view, how has the Coverdell program facilitated improvements in stroke systems of care? **i.e.,** What has changed in the systems of care since implementing the 2015-2020 Coverdell program?

- **Probe:**
  i. How do you know those things have improved?
  ii. How have you assessed that?
  iii. What were the main factors?

Closing:

11. Earlier in the interview you had described your goals for the Coverdell program. What else would you like to have accomplished by now through the Coverdell program, but have not been able to?

- Probe: What are your next steps to accomplish those goals?
- Probe: What can CDC to do help future grantees accomplish this/these goals?

THANK YOU FOR YOUR TIME