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Attachment A8. QI Specialist Telephone Interview Protocol

Form Approved

OMB No. 0920-XXXX

Expiration Date: XX/XX/XXXX

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

Quality Improvement (QI) Protocol

(Individuals who are involved in consulting on, providing training on, or coordinating quality improvement activities for PCNASP.)

Roles may include:

- QI consultants, and
- QI coordinators

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

Public reporting burden of this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

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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, specifically the 2015-2020 cooperative agreement.

In this discussion, we are interested in gathering your perspective on your quality improvement activities, implementation of system changes as a result of the Coverdell program, data linkages, key accomplishments and patient health outcomes to date. 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. 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
- to facilitate the development of tools and resources for implementation and evaluation of stroke systems of care.

RTI's Institutional Review Boards (IRB) has reviewed and approved 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?
 - **Probe:** Which setting(s) are you responsible for conducting QI?
2. Can you briefly describe your goals and expectations of the 2015-2020 Coverdell program, in your own words? Probe if necessary: What do you hope to achieve through this program?

Linking and Using Data Across the Stroke System of Care:

3. **[Ask only if applicable per Q1 response]** Focusing on **within hospitals**, to what extent are data being shared AND used in real time to make stroke care decisions **between hospitals and the state health department?** (i.e., are data shared electronically?)
 - **Probe:** Are data completely or partially shared?
 - **Probe:** What specific data elements are shared?
 - **Probe:** What steps have you taken to establish or improve the infrastructure to support data sharing?
 - **Probe:** To what extent has the Coverdell program improved data collection efforts, including stroke data reporting?
 - **Probe:** What other innovative ways to set up data linkages, to move the needle?
 - **Probe:** What were key lessons learned?
 - **Probe:** How can CDC support?
4. **[Ask only if applicable per Q1 response]** Focusing on **post-hospital care**, to what extent are data being shared AND used in real time to make stroke care decisions **between hospitals and post-hospital settings?** (i.e., are data shared electronically?)
 - **Probe:** Are data completely or partially shared?
 - **Probe:** What specific data elements are shared?
 - **Probe:** What steps have you taken to establish or improve the infrastructure to support data sharing?
 - **Probe:** To what extent has the Coverdell program improved data collection efforts, including stroke data reporting?
 - **Probe:** What other innovative ways to set up data linkages, to move the needle?
 - **Probe:** How has the Coverdell program facilitated the establishment of these data linkages?
 - **Probe:** What other factors enabled the establishment of data linkages?
 - **Probe:** What were key lessons learned?
 - **Probe:** How can CDC support?
5. **[Ask only if applicable per Q1 response]** Focusing on **pre-hospital care**, to what extent are data being shared AND used in real time to make stroke care decisions **between EMS and hospitals?** (i.e., are data shared electronically?)
 - **Probe:** Are data completely or partially shared?
 - **Probe:** What specific data elements are shared?

- **Probe:** What steps have you taken to establish or improve the infrastructure to support data sharing?
- **Probe:** To what extent has the Coverdell program improved data collection efforts, including stroke data reporting?
- **Probe:** What other innovative ways to set up data linkages, to move the needle?
- **Probe:** How has the Coverdell program facilitated the establishment of these data linkages?
- **Probe:** What other factors enabled the establishment of data linkages?
- **Probe:** What were key lessons learned?
- **Probe:** How can CDC support?

6. What has been the impact of improving data linkages across the transitions of care? (i.e., more routine feedback to EMS, better management of emergency care, streamlined communication between paramedic working in ambulances and hospitals, increase in stroke alert pre-notification, greater number of stroke screens completed and recorded)

Coordinate Stroke Care QI Efforts

7. What types of data are [you/your hospital/your health department/the Coverdell program] in [state] using to improve the quality of stroke care? (E.g., dysphagia screenings, door-to-needle time)

- EMS setting
- Hospital setting
- Post-hospital settings

- **Probe:** # and type of systematic QI methods/ interventions implemented by:
 - EMS agencies as a result of quality of care data reports
 - hospital staff as a result of quality of care data reports
 - hospital staff as a result of quality of care data reports to improve transition of care from hospital to home

8. Among all of the QI activities and support your state Coverdell program has provided or implemented, which activities have been most instrumental in improving stroke care? (limit to 3 activities/strategies)

- **Probe if not already addressed:**
 - EMS setting
 - Hospital setting
 - Post-hospital settings
- **Probe:** How does the data that's being monitored demonstrate these improvements?
- **Probe:** What were other innovative ways to implement QI activities?
- **Probe:** How has the Coverdell program facilitated QI activities?
- **Probe:** What were key lessons learned?
- **Probe:** How can CDC support?
- **Probe:** Based on the data you're monitoring, what areas have been more challenging? (i.e., where do you see opportunities for improvement?)

Stroke Systems of Care:

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9. What are the key strategies to promote a standardized approach to coordinating, improving stroke systems of care in each setting?

- **Probe if not already addressed:**
 - i. EMS to hospitals?
 - ii. In Hospitals?
 - iii. Hospital to Post-Hospital Care?

Closing:

10. 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 do to help future grantees accomplish this/these goals?

THANK YOU FOR YOUR TIME