

5/8/17

Attachment A9. Data Analyst 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

Data Analyst/Evaluator Protocol

(Individuals who are involved in consulting on or providing data analysis or evaluation for PCNASP.)

Roles may include:

- Epidemiologists,
- Data analysts, and
- Evaluators

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 data linkages, data analysis, and evaluation activities as they support quality improvement, implementation of system changes, and demonstrate key accomplishments and improvements in patient health outcomes to date. We'd also like your perspective on the challenges, facilitators, and lessons learned with regard to establishing data linkages and using data to support 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?
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. Focusing on **EMS and Hospitals**, to what extent are data being shared and used in real time to make stroke care decisions? (i.e., are data shared electronically?)
 - **Probe:** Are data completely or partially shared?
 - **Probe:** What specific data elements are shared?
 - **Probe:** What types of data linkages are you using (e.g., probabilistic matching, unique identifiers, etc.?)
 - **Probe:** How has the Coverdell program facilitated the establishment of these data linkages?
 - **Probe:** What other factors enabled the establishment of data linkages?
4. Focusing on **within hospitals**, to what extent are data being shared and used in real time to make stroke care decisions? (i.e., are data shared electronically?)
 - **Probe:** Are data completely or partially shared?
 - **Probe:** What specific data elements are shared?
 - **Probe:** What types of data linkages are you using (e.g., probabilistic matching, unique identifiers, etc.?)
 - **Probe:** How has the Coverdell program facilitated the establishment of these data linkages?
 - **Probe:** What other factors enabled the establishment of data linkages?
5. Focusing on **post-hospital care**, to what extent are data being shared and used in real time to make stroke care decisions? (i.e., are data shared electronically?)
 - **Probe:** Are data completely or partially shared?
 - **Probe:** What specific data elements are shared?
 - **Probe:** What types of data linkages are you using (e.g., probabilistic matching, unique identifiers, etc.?)
 - **Probe:** How has the Coverdell program facilitated the establishment of these data linkages?
 - **Probe:** What other factors enabled the establishment of data linkages?
6. To what extent has the Coverdell program improved/facilitated data collection and reporting?
 - **Probe for Coverdell-specific improvements on the following areas** (confirm whether improvements are attributable to Coverdell):
 - i. quality of data
 - ii. timeliness of data
 - iii. completeness of stroke data reporting

- iv. data linkages across the transitions of care
 - **Probe:** What other factors enabled improvements in data collection and reporting?
 - **Probe:** What other innovative ways to set up data linkages, to move the needle
 - **Probe:** What challenges have you had to overcome?
 - **Probe:** What were successful strategies?
 - **Probe:** What were key lessons learned?
 - **Probe:** How can CDC support?

7. How have data linkages and data reporting facilitated the implementation of Coverdell activities/initiatives 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)

Use of Data to Support QI Efforts and Monitor Coverdell Outcomes

8. What types of data are [you/your hospital/your health department/the Coverdell program] currently monitoring to support and evaluate Coverdell-specific QI efforts across the transitions of care? (E.g., dysphagia screenings, door-to-needle time)

- i. EMS setting
- ii. Hospital setting
- iii. Post-hospital settings
- **Probe:** # of/ types of reports created using quality of care data from EMS and hospitals
- **Probe:** # and type of systematic QI methods/ interventions implemented by:
 - i. EMS agencies as a result of quality of care data reports
 - ii. hospital staff as a result of quality of care data reports
 - iii. hospital staff as a result of quality of care data reports to improve transition of care from hospital to home
- **Probe:** Based on the data you're monitoring, what have you found so far in terms of improving quality of care and/or health outcomes as a result of Coverdell? (I.e., where have you noticed improvements?)
- **Probe:** Based on the data you're monitoring, what areas have been more challenging? (i.e., where do you see opportunities for improvement?)

9. Based on the data you're monitoring, which QI activities have been most instrumental in improving stroke care? (limit to 3 activities/strategies)

- **Probe if not already addressed:**
 - i. EMS setting
 - ii. Hospital setting
 - iii. Post-hospital settings
- **Probe:** How has the data you're monitoring demonstrated this improvement?

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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