

5/8/17

## Attachment A7. Support Staff Telephone Interview Guide

Form Approved

OMB No. 0920-XXXX

Expiration Date: XX/XX/XXXX

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

#### Support Staff Protocol

(Individuals who are familiar with or involved in implementing PCNASP efforts and are knowledgeable about how these efforts impact the transitions of care from EMS to hospital settings.)

Roles may include:

- Post-hospital staff participating in PCNASP,
- Head of state EMS, and
- EMS responders

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. On behalf of the Centers for Disease Control and Prevention (CDC), we are conducting phone interviews with the [state] (specific Coverdell program name) program staff and their partners as part of an evaluation of the CDC Paul Coverdell National Acute Stroke Program.

As indicated in your invitation email, [State POC] recommended that we interview you about your role and contributions to the [specific state Coverdell program name] from 2015 until now. We are interested in your perspective on Coverdell-initiated quality improvement activities, systems changes, data linkages, and key accomplishments to date, particularly with regard to [*the transitions of care from EMS to hospital settings OR the transitions of care from hospitals to post-hospital care settings*]. We'd also like your perspective on the challenges, facilitators, and lessons learned in implementing [*pre-hospital care OR post-hospital care*] for suspected stroke patients as it relates to the Coverdell program. Given your role as [role], you have a unique perspective on the Coverdell program and we believe you will be able to provide a deeper level of detail to enrich existing information.

As a little background on the Coverdell national evaluation, we aim to learn about various aspects of program implementation as well as the achievement of any outcomes for each of the 9 currently funded Coverdell grantees. Learnings from our evaluation will inform future work conducted by Coverdell grantees, CDC leadership and program staff, and other Coverdell stakeholders. This evaluation also contributes to the public health evidence and knowledge base on acute stroke systems of care. The national evaluation is being funded by the CDC. The CDC is grateful for your participation in the evaluation 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.

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

- improve the Coverdell 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] and you contribute to the implementation of the Coverdell program. Can you please describe your responsibilities as [role] in implementing the Coverdell program?
2. *[Washington State only]* What was [the state/health department/EMS/hospital] doing to improve stroke care transitions prior to the state health department receiving the Coverdell grant?
3. Can you briefly describe the 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?
4. What specific support and guidance have you received from the state Coverdell program to carry out these goals?

**Linking and Using Data Across the Stroke System of Care:**

5. ***[Pre-Hospital/EMS Staff Only]*** Focusing on **EMS and Hospitals**, to what extent have you developed the infrastructure to support collection and sharing of stroke data between EMS and hospitals? (i.e., are data shared electronically?)
  - **Probe:** To what extent are data being shared AND used in real time to make care decisions?
  - **Probe:** Are data completely or partially shared?
  - **Probe:** What specific data elements are shared?
  - **Probe:** What steps have you taken to establish 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. ***[For Post-Hospital Staff Only]*** Focusing on **post-hospital care**, to what extent have you developed the infrastructure to support data collection and data sharing between hospitals and post-hospital settings? (i.e., are data shared electronically?)
  - **Probe:** To what extent are data being shared AND used in real time to make care decisions?
  - **Probe:** Are data completely or partially shared?
  - **Probe:** What specific data elements are shared?
  - **Probe:** What steps have you taken to establish 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?

7. **[Ask only if respondent answered Q5-Q6.]** 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:**

8. How has [your EMS agency/the Coverdell program/your post-hospital agency] in [state] used data to improve the quality of stroke care for the [pre-hospital **OR** post-hospital] component of the Coverdell program? (E.g., dysphagia screenings, door-to-needle time)

- **Probe:** What types of data are you monitoring for the [pre-hospital/hospital/post-hospital] component of the Coverdell program?
- **Probe:** What types of reports have been developed or used to inform efforts to improve quality of stroke care?
- **Probe:** What types of QI methods/ interventions have been implemented by [your EMS agency/the Coverdell program/your post-hospital agency]?

**Stroke Systems of Care:**

9. 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:**

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**