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#### **Base Draft Interview Guide**

This interview guide will be refined to reflect differences between frontline healthcare workers and Antibiotic Stewardship Leads. It will also be refined to reflect differences between acute, long-term care and ambulatory settings. These are the core domains. This can also be amended for length and comprehensibility of questions.

# **Warm Up/Demographics**

- What is your job title?
- How long have you been working at this hospital?
- What is your background education and training in?
- What year did you start practicing independently (post-training, i.e. residency and/or fellowship)?
- In your own words, what is antibiotic stewardship? Have you heard this phrase before? If yes, what does it mean to you?

## **Implementation of CUSP-Antibiotic Stewardship Intervention**

To be asked in Baseline Period

- Does your facility have any antibiotic stewardship efforts underway? If yes, what are they?
- How ready do you think your facility is to implement the AHRQ Safety Program for Improving Antibiotic Use?
- Do you anticipate that there will be any challenges to implementing the Antibiotic Stewardship Intervention? If yes, what are they?
- Do you think it is necessary for your facility to implement this intervention? Please explain.
- What other patient safety and quality improvement initiatives are going on at your facility?
- How much leadership support do you feel that you have for improving patient safety and quality?
- What could leadership be doing better, if anything, and what do you think the barriers are to getting them involved?

#### To be asked at end of Intervention Period

- What are the greatest successes and/or challenges you have experienced in implementing the AHRQ Safety Program for Improving Antibiotic Use?
  - O ADD SPECIFIC QUESTIONS HERE ABOUT DIFFERENT ELEMENTS OF INTERVENTION EDUCATIONAL MODULES, FAMILY EDUCATION MATERIALS, "NUDGE" POSTERS, TIME OUTS, CHECKLISTS, POCKET CARDS, ETC.
- What is your opinion of the AHRQ Safety Program for Improving Antibiotic Use?
  - O Do you think it has impacted how you think about and prescribe antibiotics? If so, how?
- Do you think it has impacted the organization? If so, how?

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• What are your thoughts on the "The Four Moments of Antibiotic Stewardship?" Do you know what they are? Can you tell me them? [provide for respondent if they do not know what they are and probe for opinion]

## Prescribing Etiquette, Social Norms and Decision-Making Around Antibiotics

To be asked in Baseline and end of Intervention Periods

- What are the biggest barriers to the more judicious use of antibiotics in your practice?
- What are the biggest facilitators of more judicious use of antibiotics in your practice?
- How do you view your own antibiotic prescribing levels and patterns in relation to others?
- Would you characterize yourself as liberal or conservative when it comes to using antibiotic prescribing? (*Need to discuss this concept with the team so it is meaningful to respondents it is an area I'm interested in and can explain more*)
- Do you feel you have had sufficient education and training on antibiotic prescribing and management?
- Do you feel that you can comment on the antibiotic prescribing decisions of your colleagues?
- Who, in your view, is responsible for making sure the prescribing and management of antibiotics is optimal?
  - *o* How clear do you think this responsibility is?
- What do you think could be done on an organizational level to improve antibiotic prescribing?
- How do you decide what type of antibiotics to prescribe?
- Are there specific patient groups that you are more likely to prescribe antibiotics to than others?
- If you decide not to prescribe an antibiotic, what are the alternatives you consider?
- How do you keep up to date on new information about antibiotics? What sources do you consult?
- What are your thoughts about the future of antibiotics?

# The Role of Nursing in Stewardship

To be asked in Baseline Period and at end of Intervention Period

 What role do you think nurses can play in improving antibiotic prescribing? How, specifically, might they impact the use of antibiotics in your facility?

To be asked at end of Intervention Period

• Did participation in the intervention change your opinion about how nurses and others who are not directly responsible for prescribing can contribute to improving antibiotic use?

Public reporting burden for this collection of information is estimated to average 60 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 (0935-0238) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

The confidentiality of your responses is protected by Sections 944(c) and 308(d) of the Public Health Service Act [42 U.S.C. 299c-3(c) and 42 U.S.C. 242m(d)]. Information that could identify you will not be disclosed unless you have consented to that disclosure.