

Attachment 3

Appendix 1: Semi-structured Interview Guide

1. How long have you been working in Urgent Care?
2. How long have you been working at Intermountain Healthcare?
3. Describe your medical training and what is your medical specialty.
4. Do you believe that respiratory tract infections such as sinusitis, otitis media, and pharyngitis warrant antibiotics?
<PROBE> Are there specific clinical parameters that help you determine the whether antibiotic treatment would be helpful?
<PROBE> If you decide to treat with an antibiotic, do you prefer using broad or narrow spectrum antibiotics? Why?
5. What do you think are the potential barriers are to adherence to evidence-based guidelines for antibiotic prescribing for respiratory tract infections?
6. Knowing these barriers, what kinds of strategies or activities should be included in a future initiative to improve adherence to evidence-based guidelines for antibiotic prescribing in respiratory conditions?
7. Your clinic was involved in an initiative to improve adherence to evidence-based guidelines for antibiotic prescribing for respiratory conditions (ex. Pharyngitis, sinusitis; or otitis media)
<PROBE > Can you describe some of the components that worked well? What components didn't make a difference?

<PROBE> What other strategies or activities may be beneficial to promote evidence based antibiotic prescribing?
8. In your view, what are the advantages of following evidence-based guidelines for antibiotic prescribing in respiratory conditions (ex. Pharyngitis, sinusitis; or otitis media)?

<PROBE> Community Resistance? Adverse drug events (ie. C Diff) for patients?
9. Also, are there disadvantages of following antibiotic prescribing guidelines for respiratory diagnoses?

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<Probe> Decreasing patient satisfaction?

10. To what extent do you believe patients/families are aware that antibiotics are often not required for upper respiratory infections?
 - a. <Probe> Do patients or families usually have an expectation to receive a prescription for an antibiotic? Even if it isn't warranted?

11. Are there any Intermountain policies that impact how you prescribe antibiotics for respiratory diagnoses (ex. Pharyngitis, sinusitis; or otitis media)?
 - a. <Probe> If yes, do policies incentivize you to prescribe in a certain way?
 - b. <Probe> Is this a quality goal for urgent care physicians this year? Is it part of the IMG value recognition program?

12. Do most of the clinicians in your clinic believe that following evidence-based guidelines for antibiotic prescribing in respiratory conditions is part of providing excellent care and service to their patients? Why?
 - a. <PROBE> If no, do current prescribing guidelines need changing?
 - b. <PROBE> If no, do certain tools need to change or be added?

13. In your clinic, are you aware of the practices of other providers as they relate to antibiotic prescribing practices for respiratory conditions?
 - a. <Probe> How do other physician practices impact your choice to prescribe antibiotics? Does it change by clinic or when you work with other clinicians?
 - b. <Probe> Do you feel like you over prescribe or under prescribe compared to your peers?

14. How confident are you that you will be able to follow evidence-based guidelines for antibiotic prescribing in respiratory conditions (ex. Pharyngitis, sinusitis; or otitis media)?
 - a. <PROBE> If you are not confident, what would make you more confident?

FINAL WRAP UP

15. Is there anything else I should have asked you about following evidence-based guidelines for antibiotic prescribing in respiratory conditions in the urgent care setting?

