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Attachment B5. Program Management 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

PM Protocol

(Individuals who are involved in key PCNASP decision making including working with organizational leadership and defining the scale and scope of the program.)

Roles may include:

Project/Program Managers

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 the objectives and context of your program, partnerships you've formed, implementation of system changes as a result of the Coverdell program, and sustainability. 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 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 have you hoped to achieve through this program?
3. [Washington State only] What was [the state/health department/EMS/hospital] doing to improve stroke care transitions prior to receiving the Coverdell grant?

Linking and Using Data Across the Stroke System of Care:

1. 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?
2. 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?
3. 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?
4. 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)

Coordinate Stroke Care QI Efforts

5. Among all of the Coverdell-initiated QI activities your state Coverdell program has implemented, which activities have been most instrumental in improving stroke care in the **EMS setting**? (limit to 3 activities/strategies)

- **Probe for each activity:** Did this activity begin or after starting the Coverdell program?
- **Probe for each activity:** How did Coverdell facilitate this activity?
- **Probe:** What other innovative ways to implement QI activities
- **Probe:** How has the Coverdell program facilitated QI activities?
- **Probe:** What challenges did you have to overcome, if any?
- **Probe:** What were key lessons learned?
- **Probe:** How can CDC support?

6. Among all of the Coverdell-initiated QI activities your state Coverdell program has implemented, which activities have been most instrumental in improving stroke care in the **hospital setting**? (limit to 3 activities/strategies)

- **Probe for each activity:** Did this activity begin or after starting the Coverdell program?
- **Probe for each activity:** How did Coverdell facilitate this activity?
- **Probe:** What other innovative ways to implement QI activities
- **Probe:** How has the Coverdell program facilitated QI activities?
- **Probe:** What challenges did you have to overcome, if any?
- **Probe:** What were key lessons learned?
- **Probe:** How can CDC support?

7. Among all of the Coverdell-initiated QI activities your state Coverdell program has implemented, which activities have been most instrumental in improving stroke care in the **post-hospital setting**? (limit to 3 activities/strategies)

- **Probe for each activity:** Did this activity begin or after starting the Coverdell program?
- **Probe for each activity:** How did Coverdell facilitate this activity?
- **Probe:** What other innovative ways to implement QI activities
- **Probe:** How has the Coverdell program facilitated QI activities?
- **Probe:** What challenges did you have to overcome, if any?
- **Probe:** What were key lessons learned?
- **Probe:** How can CDC support?

Stroke Systems of Care:

8. From your view, what are the top three accomplishments to improving stroke systems of care (SSoC) that were led by the Coverdell program?

- **Probe on SSoC infrastructure components:**
 - i. Stroke designation center
 - ii. Stroke destination protocol
 - iii. Pre-notification
 - iv. Training and technical assistance (pre and/or post-hospital settings)
- **For each accomplishment, probe:**
 - i. Implementation strategies (e.g., training, stroke action teams, pilots, reward systems)
 - ii. Key contributions from partners, if any
 - iii. How Coverdell program facilitated improvement of SSoC
 - iv. Lessons learned

9. What has been the role of the state health department in convening partners and facilitating collaboration to improve statewide stroke systems of care as part of Coverdell?

- **Probe on the following topics:**
 - i. Coordination of stroke prevention and care activities
 - ii. Quality of care/guidelines
 - iii. Pre-hospital transitions of care (e.g., optimal transportation and treatment)?
 - iv. Post-hospital transitions of care (e.g., optimal transportation, treatment, and discharge for stroke patients)?

10. In what ways has your state Coverdell program provided guidance and support to your partners working in the **EMS to hospital setting**?

- **Probe:** To what extent do you standardize your guidance to various partners you work with as part of the Coverdell program?
- **Probe:** What are the key strategies to promote a standardized approach in your guidance to coordinating, improving stroke systems of care in each setting?
- **Probe:** In what ways do you tailor your guidance to partners regarding Coverdell?

11. In what ways has your state Coverdell program provided guidance and support to your partners working in the **hospital setting**?

- **Probe:** To what extent do you standardize your guidance to various partners you work with as part of the Coverdell program?
- **Probe:** What are the key strategies to promote a standardized approach in your guidance to coordinating, improving stroke systems of care in each setting?
- **Probe:** In what ways do you tailor your guidance to partners regarding Coverdell?

12. In what ways has your state Coverdell program provided guidance and support to your partners working in the **post-hospital setting**?

- **Probe:** To what extent do you standardize your guidance to various partners you work with as part of the Coverdell program?

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- **Probe:** What are the key strategies to promote a standardized approach in your guidance to coordinating, improving stroke systems of care in each setting?
- **Probe:** In what ways do you tailor your guidance to partners regarding Coverdell?

13. 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?

14. How else has the context in [state] influenced your state's stroke systems of care? (Examples: geography, demographics, pop density, incidence of stroke, leadership, supporting legislation, economics)

Closing:

15. 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