

Attachment D - Exit Interviews Protocol

Exit Interview Protocol for Attritor Sites

Site information to be pre-filled prior to the interview by project team member

Date (Month Year):

Site Name:

Interviewee:

Respondent Type:

- Site Leader
- Site champion
- Clinician
- Clinical/Department leader
- Quality improvement leader
- Clinician, Other

Date of Site Attrition: (Month Year)

Thank you for agreeing to participate in today's interview. Your participation is very important to us. I'm [name] from the RAND Corporation and I'm joined by our notetaker, [name]. We appreciate the opportunity to understand your experience with [tool name].

This survey is authorized under 42 U.S.C. 299a. Your answers are voluntary, and the interview is expected to take about 10 minutes to complete. It has been approved for use under OMB Number 0935-XXXX. We could not conduct this survey without that authorization. We will protect your privacy to the extent allowed by law. [IF RESPONDENT ASKS ABOUT PRA, READ PRA STATEMENT].

Before we begin, I want to give some information about the interview.

- The interview will take 10 minutes or less.
- Your participation in this interview is completely voluntary.
- You can stop the interview at any time.
- If there is a question you don't want to answer, just tell me and we'll move on to the next one.
- We will not link anything you say here to your name or other identifiable information.
- I am going to audio record our conversation to help me remember what you say and with our notetaking. I'll destroy the recording once we finalize our notes.

Do you have any questions about this project or interview?

Do you agree to take part in this interview?

Do you agree to record the interview? IF YES: Ok great. Let me go ahead and start our recording.

This survey is authorized under 42 U.S.C. 299a. This information collection is voluntary and the confidentiality of your responses to this survey 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. Public reporting burden for this collection of information is estimated to average 10 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. The data you provide will help AHRQ's mission to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable. 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-xxxx) AHRQ, 5600 Fishers Lane, Room #07W42, Rockville, MD 20857, or by email to the AHRQ MEPS Project Director at MEPSPROJECTDIRECTOR@ahrq.hhs.gov.

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1. Before we get started, can we please confirm your name, site, and your role in implementing [tool name] at your site?
 2. We would like to know more about why you are unable to continue participating in the evaluation. Can you please tell me more about why your site is unable to continue on in the evaluation?

Optional probes: Challenges related to:

- a. Lack of leadership support or engagement
 - b. Lack of engagement or support from QI team members or other staff
 - c. Change in leadership/personnel (e.g., facility merger or leadership change)
 - d. Difficulties accessing available data
 - e. Difficulties processing or interpreting data
 - f. Legal/liability concerns
 - g. Competing priorities
 - h. Lack of resources
 - i. Lack of protected time
3. Of the things that we just discussed, what was the main thing that drove this decision?
 4. As a follow-up, can please you tell me about what would need to change for your site to continue on in this evaluation?

Optional probes: Changes with respect to:

- a. The tool itself
- b. Training/evaluation team support
- c. [tool name] training activities
- d. Evaluation data collection and reporting
- e. Leadership commitment at your site
- f. Other issues at your site

We understand and are sorry you cannot continue to participate in the evaluation. Thank you for your time.