SUPPLEMENTAL MATERIAL: INTERVIEW GUIDE

Searching for Management Approaches to Reduce HAI Transmission (SMART)

HOSPITAL SITE VISIT STRUCTURED INTERVIEW GUIDE

BACKGROUND

First, let us THANK YOU for agreeing to participate in our research project. We are (NAMES) and we are researchers from The Ohio State University. Our five-year study has been funded by the Agency for Healthcare Research and Quality (AHRQ) and is entitled "Searching for Management Approaches to Reduce HAI Transmission" (SMART).

As background, this study emerged from prior research into prevention and reduction of central line-associated blood stream infections (CLABSIs) in U.S. hospitals. In that work, we found little management guidance to accompany clinical practice "bundles" that were being implemented. Our SMART project is now focused on increasing our understanding of management techniques that can influence an organization's ability to reduce and prevent Healthcare Associated Infections (HAIs). We are specifically interested in prevention of CLABSIs and catheter-associated urinary tract infections (CAUTIs), and we are interested in learning from both intensive care unit and medical/surgical unit settings.

You have been identified as someone who would provide invaluable information about this topic. In this interview, we will ask you several general and open-ended questions about your perspectives and experience with CLABSI and CAUTI prevention.

OVERVIEW OF INTERVIEW TOPICS

In this interview, I will ask you a series of questions to get your perspectives. These questions cover several different areas:

- **Section 1: Goal Setting and Support**
- **Section 2: Leadership**
- **Section 3: Policies and Procedures**
- **Section 4: Strategic Alignment/Communication and Information Sharing**
- **Section 5: Use of Information Technologies**
- **Section 6: Systematic Education**
- **Section 7: Inter-professional Collaboration**
- **Section 8: Meaningful Use of Data**
- **Section 9: Recognition for Success**

INTRODUCTION TO INTERVIEW

We have scheduled the next 30 minutes to discuss these topics with you. Before we begin the discussion, we need to take you through an informed consent process. In particular, let me make sure that you understand that:

a. Your participation is completely voluntary. If you do choose to talk with me, you may end the interview at any time.
b. We consider this discussion to be confidential. Your participation is confidential in the sense that your name will not be used in any reports or articles.
c. We would also like to record the interview for the purposes of data collection for our research. The recording will not be used to identify you in any way.
d. Do you have any questions about our study or this interview process?

KEY: All = ask everyone; Admin = ask to unit managers and administrators; RN = staff and charge nurses; IP = Infection preventionists and quality and safety adminstrators

Introduction: *Interviewee Background*

- To start, for our records, please tell us your name, your current role or title, and how long you have been in that position.

Section 1: Goal Setting and Support

Best Practice = A goal of zero

All: Does hospital leadership talk about getting to zero infections?

- Is zero ever discussed as a goal?
- What do you think about a goal of zero?

Best Practice = Specific goals for each unit

All: In your hospital do units have unit-specific goals?

- If yes, who sets the unit level goals?
- How do unit level goals roll-up to the hospital level goals?

Section 2: Leadership

Best Practice = Top level Leadership (the board) engaged in infection prevention

How does hospital leadership demonstrate that leaders have bought into HAI prevention goals?

- **RN**: visible presence on the unit, leadership rounds
- **Admin and IP**: board engagement in infection prevention, board communication and meetings
    - Do the CEO or other hospital leadership also communicate about infection prevention?

How does the leadership show their engagement? What makes you believe they buy in?

Section 3: Policies and Procedures

Best Practice = Tracking of line maintenance and necessity

Audit tool standardized across the hospital

All: Does your hospital have any tool for tracking lines that is standardized across units? The tool could be a printed or electronic spreadsheet or a checklist)

- Is this tool used consistently?
- Who uses this tool? (frontline nurses, unit management, IPs)
- When is the tool used? (daily, weekly, monthly)
- Is the tool used for both central lines and foleys?
- Who is the tool reported to?

All: If no, do you know of any units using a tool to track lines?

- Who uses this tool? (frontline nurses, unit management, IPs)
- When is the tool used? (when in the day and how frequently - daily, weekly,)
- Is the tool used for both central lines and foleys?
- Who is it reported to?

Section 4: Strategic Alignment/Communication and Information Sharing

Best Practice: Strategic Alignment through quality improvement programs such as Lean programs, high reliability organizations, etc.

Admin and IP: Has your hospital implemented a system-wide quality improvement program (e.g. Lean, High Reliability Organization, etc…)?

Best Practice: An RN driven foley removal protocol that each staff member is aware of and is empowered to use without MD consultation.

All: Does your hospital have a RN driven foley removal protocol?

- How long has this protocol been in place?
- What was the staff reaction to this protocol?
- Do you think all staff are empowered to enact this protocol without MD consultation?

Best Practice: On-unit staff member selected as a champion for each HAI leads education and practice change. ("Bee hive" with Queen/King Bee picture posted at Highland)

All: Do you have on-unit champions for infection control?

- If yes, tell me about what that looks like at your hospital/unit
- If no, have you ever tried this approach?

Section 5: Use of Information Technology

Best Practice = Line audit tools in the EHR to prompt staff discussion about line maintenance and necessity

All: Do you use your EHR to help monitor and track lines?

- If yes, how? (prompts: please describe what you track and the data fields you collect)
    - Would it be effective to have a tracking tool auto populated with maintenance dates, indication?
- If no, what are the barriers to using your EHR for tracking lines?

Best Practice = Line maintenance and removal electronic alerts built into the EHR

All: Does your EHR have electronic alerts for foley or central line maintenance or removal?

- If yes, tell me about the alerts you/the staff get?
    - Are these alerts helpful?
- If no, would you want these alerts?

Section 6: Systematic Education

Best Practice = Dedicated team/ individuals for line insertion and specific standardized training for physicians that can insert lines

All: Who in your hospital can insert central lines?

- Does this vary by type of line?
- Does your hospital have a dedicated line insertion team?
- Are there specific training qualifications required for physicians inserting central lines?
    - How do you train physicians to insert central lines?
    - Do you have a simulation lab that you use for line insertion training?

Best practice: A residency program for new nurses (under a preceptor for 6 months and off-unit trainings) – mentioned as a way to integrate a new RNs into the culture of safety

All: How are new nurses trained and integrated into a unit's culture?

Section 7: Interprofessional Collaboration

Best Practice = Infection Preventionist present on the units, visible collaboration

IPs and Admins: What is the balance between time on the units and desk work for IPs?

- data, surveillance versus facetime
- Are there ways surveillance tools in the EHR could free up your time? Or more data staff?

RNs and Admins: Do you know the infection preventionists?

IPs: What is the education level/credentialing process of your IPs?

- Is there a preference between clinical vs. technical vs. public health background? Why?
- Is there a preference for certified IPs?

Best Practice = Handoff of information among disciplines (morning safety huddles, multidisciplinary rounds)

All: Does your hospital have standard processes for facilitating interdisciplinary communication?

- For example, morning safety huddles, multidisciplinary rounds

Best Practice = Scripting of conversations between RNs and MDs (crucial conversations module, charge RN/leader training)

All: Has your hospital ever provided training to RNs or other staff about how to communicate with MDs?

- For IPs: Are the IPs provided any training about communicating with RNs or MDs?

All: Are there any scripts in use at your hospital to facilitate RN/MD conversations?

- For example, at one site the only acceptable response to a RN who notes a safety violation is “Thanks”

Section 8: Meaningful Use of Data

Best Practice = Infection rates and goals posted in units and/or emailed to staff; Prominent posting and frequent updating of infection rates in staff areas

- *Best practice = change data on a daily or weekly basis (people know what’s on it without checking)*

All: How is the infection rate provided to unit staff?

- Is it posted visually?
- How often is this information updated and discussed with staff?

- What format is the data provided in, for example a SIR, # of infections, # of days between infections
- Do units know about the infection rates of other units?

Section 9: Recognition of Success

Best Practice = Visible, frequent recognition of success (unit level rewards of pizza or a golden catheter)

All: Does your hospital recognize success with any rewards? At what level: unit or hospital wide?

- What types of rewards? Does the specific reward vary by unit?
- If no: What types of rewards would you like to see?

Anything else you want to share?