

## SUPPLEMENTARY FILE 4

### Topic Guide: Surgeons

<b>Title</b>	Implementation of evidence and consensus-based perioperative care pathways
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The semi-structured interviews will be conducted retrospectively for key clinical and non-clinical hospital staff who were previously involved in the development of perioperative pathways for the elective hip and knee replacement surgical cohorts; and prospectively for staff currently involved in the development and implementation of new pathways. The aims of the interview are to:

- Determine the experiences of staff involved in implementing standardised peri-operative pathways.
- Explore the stakeholder knowledge of the care pathways within the hospital setting.
- Assess the integrity, fidelity to and feasibility of the intervention.
- To understand the key barriers and facilitators to implementation of standardised peri-operative pathways from the perspective of both clinical and non-clinical hospital staff.
- To synthesize data from both patient groups to gain a broader understanding of how standardised care pathways are implemented and the impact of these pathways.

#### QUESTIONS:

1. Demographic questions:
  - Can you please introduce yourself and your role at Macquarie University Hospital?
  - How long have you worked in healthcare?
  - How many of those have been at Macquarie University Hospital?

- *Can ask further about elements of their role as needed*
2. What was your experience/what has been your experience implementing the [SURGICAL COHORT] peri-operative pathway/s?
  
  3. How familiar are you with the particulars of the clinical pathway/s? Can you talk through some of the changes from previous practice?
    - What worked?
    - What didn't work?
  
  4. What are your views on the standardised clinical pathways that were implemented/are being implemented?
    - Strengths
    - Weaknesses
  
  5. What are your perceptions of why MQ health was looking to standardise pathways?  
Alternate question - What do you think about the organisation's approach to try to reduce clinical variation through standardising clinical pathways?

Prompt – do you see clinical variation as being an issue?

6. Option 1: What challenges, if any, did you encounter in implementing the clinical pathways?

Option 2: What challenges do you think clinicians would face when attempting to implement consensus-based clinical pathways?

Prompts;

- Workload and time

- Staffing
- Personal preference/views/autonomy
- Inter-professional collaboration
- Other

7. Option 1: What was important to facilitating the implementation of the clinical pathways?

Prompts;

- Organisation
- Resources
- Staffing/Inter-professional collaboration
- Support/Monitoring of fidelity/quality
- Other

8. What do you see as the effects and value of implementing standardised clinical pathways for [SURGICAL COHORT] surgery?

9. How would you measure the success of a clinical pathway of the [SURGICAL] clinical cohort?

10. Overall, how feasible is/was it to implement standardised clinical pathways for [SURGICAL COHORT] surgery at Macquarie University Hospital or private hospital settings more generally?

11. Is there anything else you would like to add that has not been covered here?