

**Appendix 2  
Safety Lab Project 1  
Semi-structured Interview Guide**

**Below are general questions for all types of hospital staff. This is a semi-structured interview guide, meaning that the interview questions will be tailored to the individual interviewee. Questions are open-ended. Some questions may be asked of one type of staff member, and not another. Follow-up questions will be asked based on what responses the interviewee provides. Some possible probing questions are listed under the main questions. This guide may be modified based on feedback from the Nursing Research & Translation Committee.**

**Instructions to begin the interview:**

- Introduce team (whoever is present)
- Review the information letter with each participant; make sure they understand and answer any questions.

**[Interviewers please make a note to probe for the title of any person mentioned by the interviewee but discourage the use of individual names. Avoid recording any personal identifying information in the interview notes].**

**Semi-Structured Interview Guide:**

**Leadership Questions:**

1. Can you describe your unit or service for us?

*Probes:*

- a) Size
- b) Number of patients (or number of beds on the unit)
- c) Types of patients cared for
- d) Number of nurses/physicians
- e) Average length of stay of patients

**All Clinician Questions:**

2. Can you please describe your position at the hospital?

*Probes:*

- a. How many years have you been in this position?

**[Current Workflow]**

3. We're interested in how you monitor and communicate about indwelling urinary catheters (commonly known as Foley catheters).

*Interviewer Questions:*

- a) Is there a process currently for monitoring who has a catheter and how long they've been in place? Please describe.

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- b) How do you decide if a patient's urinary catheter is being used for an appropriate reason? (If they ask what appropriate means, it means providing the patient more benefit than risk of harm.)
- c) Who usually recognizes that a urinary catheter is no longer needed?
- d) Who decides when to remove them?
- e) Is communication between nurses and physicians needed to remove a catheter? If so, what does that look like?
- f) How well does the process work?

4. Now let's talk about monitoring venous catheters (CVCs or PICCs).

*Interviewer Questions:*

- a) Is there a process for monitoring who has a CVC or PICC and how long the catheter has been in place?
- b) Who decides when it's time to remove a CVC or PICC?
- c) How did you usually communicate with the nurse/physician about removing a CVC or PICC catheter? When in your daily workflow?
- d) How well does the process work?

**[New Technologies - Catheters]**

5. Would you find a report on presence and duration of catheters (either urinary or venous) helpful?

- a) Why or why not?
- b) If yes, when in your day would you find the report useful?

6. What type of information on urinary or venous catheters would you like to receive?

*Probes:*

- a) Insertion date or number of days in place?
- b) Information on why the catheter was placed or currently being used (as last documented by the nurse or physician who ordered the catheter)?

7. How would you like to receive this information about urinary and/or central catheters?

*Probes:*

- a) Display inside the room? For example, on the head of bed, window of room so viewable when walk in room, IV pole, near monitor displaying heart rate, blood pressure, pulse ox?
- b) Display outside the room? For example, on the dashboard across from clerk desk?

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- c) In the EMR? Where in the EMR would you find it most useful to see a report of the patient's status of having certain catheter types and how long they've had each kind of catheter?
8. How would you use this information?
- a) What are the barriers to using this information?
  - b) Do you think this type of automatic detection of catheter data (presence, how long in use) could improve patient safety?
9. (If inside room): How do you think patients and families would react to having this information posted?
10. Do you have any concerns with how new technology like monitors for catheters would affect your job tasks?

**Wrap-up**

11. Do you have any other suggestions for ways to improve device awareness and care of patients to prevent hospital acquired complications like catheter-associated infections?
12. Are there other types of devices that you think would be helpful to monitor more automatically? (Examples: arterial lines, whether compression devices are on or off the legs?)
13. Is there anything else that you would you like to tell us?

**That is the end of the questions that we have for you. Now do you have any questions for me or any other comments on anything that we have discussed today?**

**Thank you very much for taking the time to participate in this interview. We greatly appreciate you making the effort as we know your time is very valuable.**