

Topic guide interview ERATS

Introduction

The care for the more than 2,200 patients who undergo a lung resection every year in the Netherlands varies greatly and also has clinically important effects on outcomes, such as admission duration, complications, perceived quality of care and costs. Based on a recently published international guideline, a Dutch multidisciplinary working group, in collaboration with the patient organization, has developed a care protocol. Through optimization and standardization of care, this Enhanced Recovery After Thoracic Surgery (ERATS) protocol aims to help patients recover faster from lung resection, with less risk of complications and readmissions, and with an increased perceived quality of care.

In this protocol, among many other things, describes the patient information process and physical preparation before the lung resection. Perioperative methods of pain relief, rules for the removal of drains and early mobilization of patients are described in detail.

However, implementing such a protocol sometimes proves difficult. That is why we would like to talk to you in the context of an interview study, to find out which things could possibly help or hinder the input of research results. Both patients and professionals will participate in this study. The results will be published in a scientific article.

The interview will last a maximum of one hour.

Before we start the interview, I would like to ask you to sign a consent form. By signing this form you consent to participate in the study, that this conversation will be recorded and typed out later and that we may also use the information you provide today for research into the implementation of ERATS. *<have permission form signed>*

Now, I will turn on the audio recorder and we can start. *<turn on recorder>*

Demographic characteristics *[prior to the interview, the researcher fills in details where possible and checks these during the interview together with the interviewee] To start with, I would like to ask some general questions about your position (if any items have not yet been completed).*

What is your age?	Years:
What is your gender?	
Where do you work/what organisation do you work for?	
What is your job description?	
How many years have you worked in your current position?	Years:

INTERVIEW TOPICS Stakeholders

Based on of Measuring Instrument for Determinants of Innovations (MIDI) TNO 2012; based on Fleuren MAH et al. *Int J Qual Heal Care.* 2014; 26 (5): 501-510.

DOMAIN: Current method (MIDI; Determinant 5),

- How many anatomical lung resections does your hospital perform per year?
- What does the current perioperative care for lung sections look like at the moment?
- In your experience, what are the most important parts of good perioperative care in pulmonary resections?
- Which factors play a role in your choice of the current approach? What are the considerations for this? This includes the type of patient (age, gender, etc.), preference for patient treatment, advantages and disadvantages of approaches, doctor's knowledge and experience, etc.
- Which other professionals are involved in this?
- What advantages do you have as a doctor with the current working method?

Prompts:

- time savings
- shift workload
- cost savings, etc.
- Are standard data currently registered to monitor your working method? What data do you collect? How does the registration work? How is this perceived?
- Are there other factors at the organizational level, ie within the hospital / or your department, that play a role in the choice of this method?

prompts:

- policy
- support / support by colleagues in the same discipline or other discipline
- support / support by supervisor / higher management
- cooperation between other departments
- finances, etc.
- Are there other factors in the broader context that influence?

prompts:

- reimbursement from health insurer, etc.).

DOMAIN: Implementation ERATS**Oral explanation ERATS.**

- Do you expect added value from the implementation of ERATS?
Prompts:
 - Is ERATS right for your patients? (MIDI D7)
 - Will Patients generally be satisfied with the implementation of ERATS? (MIDI D11)
 - To what extent does ERATS offer you a personal advantage / disadvantage? (MIDI D8)
 - Is it important for you to gain profit in LOS, complications, readmissions and patient satisfaction with ERATS? Is that likely to work? MIDI D9)

- Which things in your current working method / procedures need to be changed to implement ERATS? (MIDI D5)

- What is necessary for a good implementation? What can support implementation?
Prompts:
 - What are the requirements for implementation plan (MIDI D1, clear, D3 complete)
 - What are the requirements for the substantiation of ERATS (MIDI D2)
 - Have sufficient knowledge to use ERATS (MIDI D17, D18)
 - Is there a coordinator for ERATS implementation available in your organization (MIDI D25)

- Will patients generally cooperate if ERATS is implemented? (MIDI D12)
- Which professionals / other departments should be involved in this? And what is needed for this?
Prompts:
 - Adequate support from colleagues (MIDI D13)
 - Will all colleagues work according to ERATS? (MIDI D14)
 - In addition to the introduction of ERATS, are there any other changes that you are currently or will soon be dealing with? (MIDI 26)

- How does the decision-making process for these types of innovations proceed: central (top management) or decentralized (professionals)?
Prompts:
 - Has there been formal support from management for ERATS implementation? (MIDI D19)
 - Are there enough personnel to implement ERATS? (MIDI D21)
 - Do you have enough time to integrate ERATS into your daily work? (MIDI D23)
 - Do you have sufficient resources (folders / website)

- Are there conflicting goals between different professional groups? If a professional group does not want to work in accordance with ERATS, are there financial consequences? For example, professional groups benefit from longer admission / or more invasive treatments (ICU? Anesthesia?).
- How do you think we can best fit ERATS into daily practice? What is needed for incorporation into daily practice?

Prompts:

- Do you consider it part of your task to follow ERATS? (MIDI D10)
- Do you think you can manage your ERATS tasks? (MIDI D16)
- What information do you need to be able to implement ERATS properly? (MIDI D27)
- Who expects you to work according to ERATS? (MIDI D15)
- Whose opinion is important to you (MIDI D15)
- What is the role of feedback on the results achieved with ERATS? What data do you need? How should this data be collected? (MIDI D6)
- What is the role of feedback on the progress of ERATS implementation in your organization? (MIDI D28)

CLOSING

This was my last question. Are there any other things that we have not discussed that you think are relevant to this project?

- Are there any other colleagues or stakeholders that you think could be helpful if we speak to them?

Thank you! *<turn off audio recorder>*