ICU SITE VISITS

EXTERNAL INTERVIEW QUESTIONNAIRE

HOSPITAL NAME: ___________________________
PERSON INTERVIEWED: ______________________
POSITION: ________________________________
SHIFT (IF RELEVANT): ______________________
PHONE # FOR FOLLOW-UP: ___________________
DATE: _________________________________
COMPLETED BY: __________________________

BACKGROUND

1. How long have you been associated with this hospital? ______ years
2. How long have you been working with this unit? ______ years
3. How long have you been in your current position? ______ years
4. How many years experience do you have working with ICUs? ______ years
5. What is your highest degree earned? ________
6. What is your specialty? __________________

7. FOR PHYSICIANS ONLY: (ASK AT END IF RESPONDENT APPEARS TO BE FOREIGN)
   Where did you receive your medical school training? ____________
   Where did you do your residency? _____________________________
1A. What are some of your primary responsibilities associated with this ICU? What are some of the more important things you do?

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1B. On a thy-to-thy basis, whom do you work with most closely? What people or groups?

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FOR PHYSICIANS ONLY. OTHERS SKIP TO 3A.

2A. About how many patients a month do you provide care for in this unit?

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2B. At how many other hospitals do you provide care to ICU patients?

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3A. As you think about it, what are some of the things this unit does best? What is it really good at?

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3B. Why do you think the unit is so good at doing those things? What are the major reasons?

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4A. You’ve told us about some of the things the unit is good at. What are some of the things that the unit is less good at doing? Some of the things the unit needs to improve?

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4B. What is the unit currently doing to further improve its performance?

5A. On a scale of 1 to 10 where 10 is the most effective, where would you rate this ICU's overall effectiveness?

5B. How does this compare with the unit's effectiveness one year ago? (more effective, less effective, about the same)? Why?

6. We know that you work with other people and other units in the hospital. Can you briefly tell us a little bit about how you work with the following people or groups? We are interested in how well the work is coordinated, the problems that arise and how you deal with them.

a. ICU nurse manager
b. ICU medical director

c. Nursing administrator to whom ICU nurse manager reports

d. Hospital administrator with responsibility for the unit

e. Other nurses on the unit

f. Attending physicians, i.e., private admitters

g. House staff (if relevant)
h. The floors/stepdown units

i. Laboratory

k. Any other group that is relevant?

7. Let's discuss what usually occurs when it is decided to withdraw a patient’s life support system.
   a) How frequently does this occur?

b) Who is involved in the decision?
Do these decisions ever give rise to problems or differences of opinion among those involved?


d) How are these handled?


e) How satisfied are you with the policies and procedures in the unit regarding termination of life support systems?


f) What suggestions do you have to improve the unit’s approach to this issue?
8. We understand that a major challenge facing the unit has been [tracer example identified during pre-visit phone call]. Can you tell us a bit about:

a) How this problem arose? What were its causes?

b) How has the unit attempted to deal with the problem? What has worked or not worked?

c) Where do things currently stand regarding this issue?
d) What do you see as the most likely outcome?

9. What would be a good example of a difficult administrative and/or clinical decision that needs to be made in the unit? (Probe: patient care decisions, emergency responses, over-riding an attending physician’s decision, transferring a patient to another unit, staffing, etc.)

1) How is the decision typically made? Who is involved?

2) What have been some of the problems in making this decision in the past year or so?
3) How does the unit deal with these problems?

4) Where do things currently stand regarding this kind of decision?

10. Now I would like to ask you some questions about what happens when a **new patient is admitted** to the unit. [Note: After the answers to a and b are established through your first several interviews, skip directly to c.]

   a) (Ask if not known) What are the usual procedures?
b) (Ask if not known) Who is usually involved?


c) Do these occasions ever give rise to problems or differences among the staff?

[If yes] How are these usually handled?


d) How satisfied are you with the procedures and policies for admitting new patients to the unit?


e) Do you have any thoughts for how these might be improved?


11. Now I would like to focus on what usually occurs when a patient is transferred from the unit to the floor. [Note: After the answers to a and b are established through your first several interviews, skip directly to c.]

a) What are the usual procedures?

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b) Who is usually involved?

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c) Do these occasions ever give rise to problems or differences among the staff?

[If yes ] How are these usually handled?

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d) How satisfied are you with the procedures and policies for transferring patients to the floor?

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12. I would like to discuss the level and quality of the nursing staff in the unit?
   a) On a scale of 1 to 10 where 10 is most effective, how would you rate the overall technical competence of the nursing care provided in the unit?

   b) Day shift? ______________ Evening shift?

   Night shift? ______________ Weekends?

   c) How does this compare with one year ago? (better, worse, about the same) Why?
13. Now I would like to ask a few questions about the level and quality of the house staff in the unit.

a) On a scale of 1 to 10 where 10 is most effective, how would you rate the overall technical competence of the physician care provided by the house staff in the unit?

b) Is this pretty much uniform for all services or is care provided by some specialties better than others? (If yes: Which ones?)

14. Now I would like to ask a few questions about the level and quality of the attending physicians in the unit.

a) On a scale of 1 to 10 where 10 is most effective, how would you rate the overall technical competence of the physician care provided by the attending physicians in the unit?
b) Is this pretty much uniform for all specialty services or is care provided on some services better than others? (If yes: Which ones?)

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c) How does this compare with one year ago? (better, worse, about the same)? Why?

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15A. On a scale of 1 to 10 where 10 is most effective, how would you rate this unit overall on how well people work together as a team? Why?

15B. Day shift?_____________ Evening shift?

Night shift?_____________ Weekends?


15C. What do you do to improve communication and coordination within the unit?

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15D. What do you do to promote a sense of teamwork within the unit?

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15E. How does this compare with about a year ago? (Better, worse, about the same) (If changed, why?)

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16A. If a close family member were ill, would you like to see him/her cared for in this unit? Why or why not?

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16B. If a close family member were a patient in this unit, what kinds of things should you be most concerned about? What should you be most alert to?


18B. How do you think the unit will attempt to deal with these issues?

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19. What has been your reaction to your unit’s participation in this study? The reaction of others? (Probe: For example, have you made any changes as a result of participation in this study? If yes, what have they been? – e.g., priorities, staffing, resources, policies, practices, decision-making, organization, etc.)

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20. Other than what we’ve covered, what other comments or suggestions do you have regarding the operation and performance of this unit?

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21. What advice do you have for other ICUs that want to improve their performance? What's most important?

THANK YOU VERY MUCH. YOUR COMMENTS AND THOUGHTS HAVE BEEN VERY HELPFUL.
INTERVIEW SUMMARY

1. How would you characterize the interview? How candid was the respondent? How comfortable?

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2. Anything significant about the interview, anything surprising, any other insights? How does it fit into the overall pattern of interviews and observations that have occurred to date?

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