

NATIONAL PROGRAM TO IMPROVE THE QUALITY OF ICU SERVICES

ICU SITE VISITS

**INTERNAL 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 in this unit? \_\_\_\_\_ years

3. How long have you been in your current position? \_\_\_\_\_ years

4. How many years experience do you have working in 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? \_\_\_\_\_

ICU INTERNAL INTERVIEW

1A. What are some of your primary responsibilities associated with this ICU?  
What are some of the more important things that you do?

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

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**FOR PHYSICIANS ONLY. OTHERS SKIP TO 3k**

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

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

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?

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

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

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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

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- b. ICU medical director

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- c. Nursing administrator to whom ICU nurse manager reports

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- d. Hospital administrator with responsibility for the unit

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- e. Other nurses on the unit

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

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g. House staff (if relevant)

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h. Emergency room

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i. Surgery

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j. The floors/stepdown **units**

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k. Laboratory

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l. Radiology

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m. Post Anesthesiology Care Unit (PACU)

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n. Respiratory therapy

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o. Pharmacy

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p. Any other group that is relevant?

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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?

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b) Who is involved in the decision?

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c) Do these decisions ever give rise to problems or differences of opinion among those: involved?

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d) How are these handled?

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

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f) What suggestions do you have to improve the unit's approach to this issue?

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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?

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

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c) Where do things currently stand regarding this issue?

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d) What do you see as the most likely outcome?

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9A. 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.)

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

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2) What have been some of the problems in making this decision in the past year or so?

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3) How does the unit deal with these problems?

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

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9B. What would be a second example of a difficult administrative and/or clinical decision that needs to be made in the unit?

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

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2) What have been some of the problems in making this decision in the past year or so?

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3) How does the unit deal with these problems?

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

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10. I would like to ask you a few questions about how patient rounds are conducted here. [Note: After the answers to a, b, and c are established through your first several interviews, skip directly to d.]

a) (Ask if not known) When are they conducted?

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b) (Ask if not known) How often?

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c) (Ask if not known) Who makes them?

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d) What is typically discussed?

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e) Do they ever give rise to differences of opinion on what ought to be done?

If yes | How are these differences handled?

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f) How satisfied are you with patient rounds?

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Any suggestions for how they might be improved?

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11A. **(FOR NURSES ONLY—FOR PHYSICIANS SKIP TO 11B)**

I would also like to ask you a few questions about reports at transfers of shift. [Note: After the answers to a, b, and c are established through your first several interviews, skip directly to d.]

a) (Ask if not known) When do they typically occur?

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b) (Ask if not known) Who is usually present?

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c) (Ask if not known) How long do they last?

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d) What kinds of issues are usually discussed?

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e) Do they ever give rise to differences of opinion?

[If yes ] How are these differences handled?

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f) How satisfied are you with the reports?

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g) Any suggestions for how they might be improved?

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11B. (FOR PHYSICIANS ONLY—FOR NURSES **SKIPTO 12**)

How do you communicate with the other physicians and coordinate care with other physicians from one shift to the next, one day to the next, and over weekends?

a) One shift to the next?

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b) One day to the next?

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c) Over weekends?

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d) What kinds of issues are usually discussed?

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e) Do they ever give rise to differences of opinion?

[If yes] How are these differences handled?

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f) How satisfied are you with the communication and coordination among physicians?

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g) Any suggestions for how they might be improved?

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12. 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.**]

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**a)** (**Ask** if not known) What are the usual procedures?

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**b)** (**Ask** if not known) 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 admitting new patients to the unit?

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

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

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14. ICUs frequently face emergency situations, such as cardiac arrest or when a patient extubates himself or herself.

a) Tell us about a recent example of such a situation.

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b) How was it handled?

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c) With what result?

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d) Is there *anything* the unit could do to better handle such an emergency in the future?

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15A. How are new staff (nurses and house staff) incorporated into the unit?  
In other words, can you describe for us what types of formal orientation occur?

First for nurses and then for house staff:

1) How long is the formal orientation?

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2) What does it cover?

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3) In your view, how effective is it?

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4) Any suggestions for improvement?

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15B. In addition to formal orientation, what kinds of informal activities go on to help new people become oriented to the unit? Again, nurses first and then house staff.

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16. From what we know about ICUs, it is inevitable that a certain number of errors or mishaps occur each month.

a) What are some mishaps that have occurred in your unit in the past month or so that stick out in your mind?

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b) Why do you think they occurred?

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c) What do you think can be done to prevent them from occurring in the future?

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17. **ASK ONLY ICU MEDICAL DIRECTOR AND NURSE MANAGER—FOR OTHERS SKIP TO 18.**

The next questions are about the quality assurance activities in the unit?

a) Is there a specific person in charge?

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b) Could you please describe for us the specific activities and processes involved?

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c) How does this process relate to the hospital's overall QA function?

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d) What specific QA problems or issues associated with the unit have occurred in the past six months or so? Please describe.

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18. Are there any issues here regarding the availability or quality of technology in the unit? (Is it adequate? Is it up-to-date? Is it well-maintained? Do you lack any needed technology? Have any requests been turned down for lack of funds? Other reasons? How well-prepared are staff to use the technology?)

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19. 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? \_\_\_\_\_

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

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d) Are there adequate numbers of nurses on all shifts?

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e) ASK MEDICAL DIRECTOR AND NURSE MANAGER ONLY—FOR OTHERS SKIP TO f:

Have any staffing requests been turned down because of lack of funds?

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f) Have you had to use temporary staff from an agency? [If yes] What has been your experience with these people?

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g) How does staffing compare with about a year ago? (Better, worse, about the same)? PROBE if they say better.

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20. 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?)

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

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d) Are there adequate numbers of house staff on all shifts for all services?

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- e) ASK MEDICAL DIRECTOR ONLY: SKIP TO Q.21 FOR OTHERS.  
Have any house staff physician staffing requests been turned down because of lack of funds?

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- fj How does house staff physician staffing compare with about a year ago? (Better, worse, about the same)? PROBE if they say better or worse.

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21. 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?

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- ) 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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~~22A. ASK NURSES ONLY. FOR OTHERS SKIP TO Q.23A .~~

How much emphasis does the unit give to organized clinical continuing education programs?

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22B. Please tell us what programs you've attended in the past six months or so?

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23A. 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?

23B. Day shift? \_\_\_\_\_ Evening shift?

Night shift? \_\_\_\_\_ Weekends?

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23C. What do you do to improve communication and coordination within the unit?

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23D. What do you do to promote a sense of teamwork within the unit?

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23E. How does this compare with about a year ago? (Better, worse, about the same) (If changed, why?)

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24A. 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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24B. If a close family member were a patient in this unit, what kinds of things would you be most concerned about? **What** would you **be most** alert to?

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25. If you were in charge of this unit, what issues or areas would you address?

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26A. What's on the agenda for next year? What is likely to occupy your time and attention? What changes do you anticipate?

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26B. How do you think the unit will attempt to deal with these changes?

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27. 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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28. Other than what we've covered, what other comments or suggestions do you have regarding the operation and performance of your unit?

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

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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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