Document C: Phase 2 topic guide for semi-structured interviews with staff

ECLIPSE PHASE 2:
INTERVIEW GUIDE FOR INTERVIEWS WITH **STAFF**.
TOPIC GUIDE (JANUARY 2017)

INTRODUCTION

→ Introduction of interviewer, background and motivation for the study and what we'll talk about (scope).

The purpose of this interview is to explore your experience and understand how infusion therapy works in daily practice. We are trying to gain an insight into certain errors, practice and work-arounds in practice.
There are no right or wrong answers; the interview is simply about hearing your views on this topic and learning from your experience. Prior to this interview we collected data on intravenous infusions in phase 1 of the ECLIPSE study. This interview aims to give us more depth and understanding of practice and what this entails for you.

We will not use your name in any reports of this work and it will not be made known who took part. However, some of the things you say in the interviews might be used to illustrate and support the findings of the research. We will make every effort to make sure that these remain unidentifiable.

Are you happy for this interview to be tape recorded? Only researchers who are part of the team will have access to the recording and you will not be named on the verbatim transcriptions of the interview.

CONTEXT

1. **Could you first tell me about your role here in the hospital?**
   Prompts:
   - What are your responsibilities?
   - What are your interests in terms of IV practice at the hospital?

SPECIFIC QUESTIONS BASED ON FOCUS GROUP (PHASE 1)

Note: For some sites the answers to these questions might be found in the focus group data from phase 1 of the study, before conducting the staff interviews the observer/interviewer will review these data.

2. **Questions relating to training?**
   Prompts:
   - What training do nurses receive to support their use of pumps and IV practices?
   - How do you think training might impact on the types of errors and discrepancies identified in this study?
   - Is training standardised across all clinical areas or tailored depending on use?
   - Who is involved in developing training? Who runs it? How is it organised?
   - Any changes in training as result of the data?

3. **Questions relating to procurement?**
   Prompts:

- Was there a particular rationale for purchasing smart pumps?
- Was there a rationale for implementing them in some areas and not in others?
- Would you anticipate extending the use of smart pumps into other areas in the future? Why/why not?

4. **Questions relating to errors and discrepancy rates?**
   Prompts:
   - DERS sites: how were decisions about hard/soft limits made? How do you monitor/respond overrides etc.

5. **Questions relating to equipment, including smart pumps (how they have been implemented and perceived impact, or thoughts on investing in this technology)?**
   Prompts:
   - How is the type of pump/delivery method selected?
   - Are there policies and/or guidelines around this?
   - If at all, in what circumstances are gravity feeds used/allowed?
   - When are IV boluses given as infusions and vice versa?
   - What were the challenges and barriers for implementation, e.g. organisational barriers, of smart pumps? What impact did these have? How were these overcome, if they were?
   - How was the introduction of smart pumps impacted on practice?
   - Have you identified any benefits (i.e. for patient safety)?
   - Have you experienced any negative impacts or unintended consequences?
   - How were drug libraries developed? Who was/is responsible?
   - What is the scope of drug libraries? How comprehensive are they?
   - How are drug libraries maintained/updated?
   - What are the policies/expectations around the use of drug libraries? Are people expected to use it? How do you measure/monitor use?

   Prompts (organisational)
   - Are there broader benefits to the organisation, e.g. in having IV data which is easier to access, in reviewing IV practice prior to implementation?
   - What are the organisational costs, e.g. in maintaining drug libraries, reviewing data, etc.?
   - What organisational barriers were experienced, e.g. we've heard anecdotes from other sites about groups disagreeing about the smart pump implementation and refusing to change their practice?

6. **Policy and guidelines (their structure and the difference between policies and practice)?**
   Prompts:
   - How do you feel about local policies and guidelines relating to IV infusions?
   - Who owns them, are they written well, easily accessible, where are they, well established in practice?
   - How rigidly are policies enforced and how?
   - How do policies and/or guidelines (e.g. labelling of tubing) impact on patient safety? How does the absence of policies impact on safety/errors?

IV PRACTICE AND ADMINISTRATION

7. **What processes are there for quality improvement and monitoring in terms of IV administration at the organisational level?**
   Prompts:
   - What does the protocol say (e.g. double checking)? When should the double-check take place? When does it take place?
   - What do you think are the most important safety issues with IV infusions/infusion devices at your hospital/trust?

8. **What is the one thing you would do to change intravenous infusion practice for the better?**
   Prompts:
   - What would you do in the short term?
   - What would you do in the long term?

ROUND-UP

9. **Is there anything else that you think it would be useful to share on this topic?**
10. **Do you have any questions for me? Or any hopes or concerns for the project?**

Thank you very much for your time and your help with this study!

Notable comments/notes: