

## Pediatric Trauma Expert Interview Guide

Interviewee code:	
Interviewee service:	
Interview date, time and duration:	
Interviewers:	

Reminder: Any **examples (based on your previous experiences of pediatric trauma admission and discharge processes)** you can provide that help us understand your responses to our questions would be helpful.

### **Job Title/ Expertise**

(ED charge nurse, peds transport team member, PICU nurse manager, etc.)

### **Your Job/ Role**

Can you please describe your role as related to pediatric trauma admissions and transfers?

### **Service Information**

Can you please provide us with some background info about your service/unit?

(How many attendings on your service, do you have fellows, do you have Advanced Practitioners (APs and/or NPs), do residents rotate through your service? What about nurses? Any other personnel?)

### **Procedures**

Do you have any written procedures/ protocols *specifically for peds trauma patients* that you are willing to share with us? (especially as related to transport, admissions, transfers/ discharges, roles and responsibilities related to during transport, ED bay, PICU)?

### **Pediatric trauma process:**

- ***Can you please describe the pediatric trauma process, and your involvement in the process?***
  - Can you please briefly describe the **admission process** of a pediatric trauma patient on your service?
  - Who are the **key teams (e.g., transport team, peds ED, pediatric surgery, PICU, etc.) and people** involved in admission of pediatric trauma patients? What are **their roles**? What do **they do**?
  - Can you please describe **your specific role(s)** with regards to the admission of a pediatric trauma patient?
  - How do you **interact with members of your team** with regards to coordinating the admission of a pediatric trauma patient? What **information tools** (e.g., checklist, white board) and technologies (e.g., EHR) do you use to facilitate these interactions?
    - synchronously (e.g., face to face meeting, rounds, by phone)
    - asynchronously (e.g., through EHR, etc.)
  - How do you **interact with other teams** (e.g., transport team, surgery team, floor, etc.) with regards to coordinating admission of a pediatric trauma patient?
    - synchronously (e.g., face to face meeting, rounds, by phone)
    - asynchronously (e.g., through EHR, etc.)
- ***Can you please describe your ideal HIT that would aid in patient care transitions?***

## Problem List

We would like to talk about the current problem list – how you would define it, what it is, what it contains, what you do with it and why it is important.

- What is a problem list for you?
  - Terms they mentioned in first interview: injuries, surgical issues, problems, vitals (blood pressure), the “story”, burns, fractured bones, picture, neurological things, multiple issues, broken arms, lost consciousness, concerns, issues, multi trauma, blunt injuries, missed injuries, what they are concerned about
  - What would you call that list?
- What do you do with the problem list?
  - Why is it important?
  - What is the objective of the problem list?
- What does (or should) the list include?
  - What is the content of the problem list?
  - What information would you like to have?
  - What is not included in the problem list? What does not belong on the problem list?
- Additional process questions, time permitting,
  - Who uses it?
  - Is it used by a single person or by a team? How does it get updated?
  - When does it get used?
  - Where does it get used (physical location)?
  - What technology is used for the problem list (EHR)?
  - Is there any information that is currently not contained in the problem list that you wish would be captured? Why?
- Whom else should we interview in your service/unit (e.g., other attending, fellow, resident)?