**SSI Prevention Interview Guide for Surgeons**

*We are trying to find out what surgeons think about our current efforts for postoperative infection prevention, and would use the data collected to tailor current policies to better fit surgical needs.*

**We are going to focus on the topic of surgical site infection (SSI) prevention. From your experience, how do you think these infections are most likely to happen? What causes them?** (expected TDF constructs: knowledge, skills, attention, memory and decision-making processes, social influences)

Possible probes:

* If they mention risk factors (i.e. preop conditions like diabetes, smoking, comorbidities), Are any of these risk factors modifiable prior to surgery?
* Are there certain surgical procedures that carry a higher risk of infection? How so?
* Do the relationships between surgeons and other surgical team members influence SSI prevention?

**Thinking about the current efforts aimed at infection prevention within your specialty – what do you think works well, and what could be improved?** (expected TDF constructs: behavioral regulation, optimism, professional role, social influences, emotion)

Possible probes:

* There are many measures aimed at infection prevention currently (ex. SSI bundle with interventions in the preop, intraop, postop phase). *Of these interventions, which ones do you think have the highest impact for infection prevention*?
* Do you feel that you, or your department, leads the infection prevention measures in your practice?
	+ Are there circumstances when infection prevention interventions are recommended for your practice by outside forces? –(external regulatory bodies/ hospital administrators/ infection control specialist)
	+ How well do you think these recommendations are integrated or accepted into clinical practice?
	+ How do you feel about this process?
* In your practice so far, have you participated in departmental efforts aimed at creating or modifying infection control policy related to your specialty?
	+ **If yes**, can you share what worked well, and what could be improved in this type of collaborative work?
	+ **If no,** would you be interested in participating in this type of work in the future?

**How have your personal practices related to SSI prevention changed over time? In what way?** (expected TDF construct: behavioral regulation)

Prompts

* What prompted these changes?

**Can you describe for me how your department currently receives feedback on SSI performance?** (expected TDF construct: knowledge, social influences, motivation and goals, beliefs about consequences)

Prompts:

* If you were to design an SSI feedback process that would be ideal for your department – what would that consist of?
* Do you know how your department compares to surgical departments from outside institutions in terms of SSI rates?
	+ What data did you use to inform this comparison?
		- Do you think these data are accurate and valuable?
* Hospitals are required to publicly report their infection rates, and these data are used in the reimbursement model. How does this affect your practice, if at all?
	+ Are there any consequences for your department or for the hospital related to SSI performance?

**Recently there has been talk about achieving a “zero-rate” for hospital-acquired infections. Do you think this is an achievable goal for postoperative infections?** (expected TDF constructs: optimism, belief about capabilities)

Prompts

* Do you think it is possible to achieve any further reductions in SSI within your department? If yes, how? If no, why not?
* When setting goals for SSI rates for your department, how do you think these goals should be set? Who should be consulted or set these targets?

**Is there anything I have not asked you, but should have?**