**QHEWSIT: Semistructured Interview Guide (DRAFT 1)**

**Part 1: Demographics**

1.1 What is your primary role in the ED?

triage nurse

bedside nurse

resident physician

attending emergency physician

consulting resident physicians

consulting attending physicians

other

1.2 What other roles, if any, do you have in the ED?

triage nurse

bedside nurse

resident physician

attending emergency physician

consulting resident physicians

consulting attending physicians

administrator

other

1.3 How long have you been working in the ED environment?

1.4 How long have you been working at HHS ED?

1.5 When trying to identify a patient with sepsis, what vital signs do you think are most valuable? Why? Which are least valuable?

**Part 2: HEWS background knowledge**

2.1 What do you know about the HEWS score?

2.2 How is the HEWS score used in ED Triage?

2.3 How is the HEWS score used elsewhere in the ED?

**Part 3: Feasibility**

3.1 How feasible is it to collect the variables required and calculate a HEWS score?

3.2 How feasible is it to integrate HEWS with CTAS?

3.3 What challenges were faced during HEWS implementation?

3.4 What successes have you seen since HEWS was implemented in the ED?

**Part 4: Utility**

4.1 Is the HEWS score useful at Triage? Is it useful at the bedside? Is it useful for some patients and not useful for others?

*Probe: are some patinets so sick that they obviously don’t need a HEWS score calculated? Is there “alarm fatigue” with high HEWS scores? Is a high HEWS score taken seriously? What is the overall attitude towards a high HEWS score?*

4.2 Do you think other nurses and physicians feel the same way?

*Probe: are there lovers and haters of the HEWS score, or is everyone perceived to be of the same opinion? Are there cultural barriers to reporting or collecting a HEWS score?*

4.3 Are you comfortable interpreting a HEWS score?

4.4 When triage / bedside RNs enter vital signs into the computer, how accurate are they for (ask each separately) HR, RR, Temp, BP

4.5 What leads to inaccuracies in vital sign measurement/recording?  *Probe: are there barriers / solutions?*

4.6 Can you tell me a story about a time the HEWS score was useful in triage? At the bedside?

**Part 5: HEWS and CTAS interoperability**

5.1 How do HEWS and CTAS relate to one another? Do they give you the

same or different information?

5.2 How do you interpret a high HEWS score with a CTAS of 3 or 4? What actions do you take?

5.3 How does a high HEWS score help you when communicating patient acuity / your own concern over a patient?

Probe: How do other nurses/physicians react when you tell them about a high HEWS score?

5.4 Can you think of any solutions to the barriers around communicating HEWS/CTAS scores?

**Part 6: Other thoughts**

6.1 Do you have any other thoughts about HEWS and how it can help/hinder the work we do in the ED?