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Topic Guide (Clinicians): Perceptions of Hospital-based Healthcare Providers in England on the Use of Rapid Diagnostic Tests (RDTs)/Point of Care Tests (POCTs) in Febrile Infants, A Qualitative Study

LONDON
SCHOOL of
HYGIENE
& TROPICAL
MEDICINE



Participant ID Number:

Gender: Male / Female

Date (DD/MM/YY):

Patient Information Sheet & Informed Consent:

- Overview and Purpose of Study
- Aims of Interview and Expected Duration
- Who is Involved
- Why Participant's Involvement is Important, Advantages and Disadvantages
- What Will Happen to the Results of This Study
- Questions?
- Consent Form

Before I ask you further questions, here is what we will be covering in today's interview

- To explore the medical decision-making process of healthcare providers
- Focus on the availability and roles of RDTs/POCTs in the medical decision making process
- To explore advantages/disadvantages of RDTs/POCTs vs laboratory-based versions of the tests
- Implications of using RDTs/POCTs aside from the medical decision making process
- Facilitators/barriers to the wider adoption of POCTs in assessing febrile children
- To identify characteristics in future diagnostics in managing febrile children

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Warm-up and Demographic Information: May I ask you some details about you and your background as a healthcare provider?

Job Title	
For how long have you been working in the hospital?	
Year of graduation from medical/nursing school	

Now I would like to ask you some questions about your experiences and perceptions managing febrile children

Aim	Topics & Prompts	Examples/Clarifications
To explore the medical decision-making process of healthcare providers	<p>How would you manage this patient? A 4-month-old infant presents with fever, asymptomatic otherwise, clinical examination unremarkable. The infant was inconsolable all morning, but currently settles with mum and feeding well, 3 non-bilious, milky vomits, vitals are within normal limits. Mum says he never vomits after feeds.</p> <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • What factors influence your decision to: <ul style="list-style-type: none"> ○ Discharge the patient home or admit into the hospital? ○ Use/not use antibiotics? ○ Use diagnostic tests? If yes, which tests? And why? 	<ul style="list-style-type: none"> • <i>RDTs/POCTs are defined as diagnostic tests that can be completed at the patient's bedside and results are typically available within 15-20 minutes.</i> • <i>We are focusing specifically on RDTs/POCTs used to investigate infections in children.</i>

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<p>Focusing down on the availability and role of RDTs/POCTs in the medical decision- making process</p>	<p><i>I understand that in this hospital the RDTs/POCTs that are available are (SHOW CARD)</i></p> <p>Are these RDTs/POCTs available in your A&E department for assessing febrile children?</p> <p>Do you use any of these tests? (if yes)</p> <ul style="list-style-type: none"> • In what cases/presentations would you use RDTs/POCTs? • What exact purpose do they serve? <ul style="list-style-type: none"> • Do you think these tests should be used for these purposes? Please elaborate. <p>How do RDTs/POCTs impact your initial working diagnosis?</p> <ul style="list-style-type: none"> • Do they change your initial working diagnosis? • Are there circumstances where do they do not change your initial working diagnosis? <p>(if no)</p> <ul style="list-style-type: none"> • Why don't you use any RDTs/POCTs? <p>In some places where CRP RDTs/POCTs have been introduced, providers sometimes still prescribe antibiotics despite testing negative, what could be the reasons for this?</p> <p>How would you rate yourself: are you a frequent user of diagnostics in general? Of RDTs/POCTs? Why is that?</p> <p>Are there other RDTs/POCTs you would like to have available?</p>	<ul style="list-style-type: none"> • <i>For example: Are the test used to identify children who:</i> <ul style="list-style-type: none"> ○ <i>Need immediate care (triage)</i> ○ <i>Need additional confirmatory tests (screening)</i> ○ <i>Should be gathered (cohorted)</i> • <i>For example, referring to the initial case scenario with a 4 month old febrile child and a rapid CRP test yielding 5 mg/L.</i>
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<p>To explore the perceived advantages and disadvantages of RDTs/POCTs and lab-based versions of the tests</p>	<p>What do you consider to be the advantages and disadvantages about current RDTs/POCTs compared to their laboratory-based equivalents?</p> <p>Are the tests used instead of equivalent lab tests (to decide, for example, on hospital admission or prescription of antibiotics?)</p>	<ul style="list-style-type: none">• <i>Examples of RDTs/POCTs and lab equivalent:</i><ul style="list-style-type: none">○ <i>Urine dipstick vs. microscopy</i>• <i>What about:</i><ul style="list-style-type: none">○ <i>Need for training (is this factor a disadvantage?)</i>○ <i>Parental acceptance</i>○ <i>Route of obtaining sample</i>○ <i>Time to get results</i>○ <i>Costs</i>○ <i>The fact that some clinicians find useful to have a delay between ordering the test and getting results, to allow watchful observation of the clinical evolution</i>
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<p>To explore wider implications of using RDTs/POCTs, aside from the medical decision-making process</p>	<p>What are the expectations of parents when they present to hospital with a febrile child?</p> <p><u>Prompts</u></p> <ul style="list-style-type: none"> • With regards to: <ul style="list-style-type: none"> ○ the use of diagnostic tests? (e.g. do parents ask you for these tests?) ○ prescription of antibiotic? • How do these expectations impact on your decision to use RDTs/POCTs? <p><u>Prompts</u> (ST. MARY'S ONLY – If participant says no)</p> <ul style="list-style-type: none"> • If CRP RDTs/POCTs were available to you how would parental expectations affect your decision to use the tests? <p>Do you think there is a high risk of litigation in the UK? How does it affect your use of diagnostics and RDTs/POCTs?</p> <p>Does the use of RDTs/POCTs have an impact on your relationship with parents and children?</p> <p><u>Prompts</u></p> <ul style="list-style-type: none"> • If CRP RDT/POCT were available to you, would it have an impact on your relationship with parents and children? If yes, please describe it to me. 	
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	<p>What other factors influence you on deciding whether to use RDTs/POCTs in children?</p> <p>How do RDTs/POCTs fit within the consultation process?</p> <p>What is the influence of other colleagues using the tests; are there influential colleagues? Who are they?</p>	<ul style="list-style-type: none">• <i>What about the role of guidelines?</i>• <i>What about previous adverse/memorable cases/difficult cases?</i> <p><i>For example:</i></p> <ul style="list-style-type: none">• Is the use of RDTs/POCTs disruptive in your routine clinical practice?• <i>What is the impact on patient flow?</i>• <i>What happens whilst waiting for results?</i>• <i>Who decides to request and administer the tests (e.g. nurses, doctors)?</i>• <i>Who is responsible for acting on tests results?</i>
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<p>To identify facilitator(s) and barrier(s) to the wider adoption of POCTs for use in febrile children</p>	<p>In your workplace, who decides on the introduction of new diagnostic tests?</p> <p>What is or could be your role in deciding whether or not to introduce a new test?</p> <p>What helps or hinders the adoption of additional POCTs in your work place?</p> <p><u>Prompts:</u></p> <ul style="list-style-type: none"> • Do you think barriers, if any, should be overcome? • If yes, how could they be overcome? 	<ul style="list-style-type: none"> • For example: <ul style="list-style-type: none"> • <u>A facilitator</u> would be to have several devices so people do not need to queue up to use the POCT. • <u>A barrier</u> would be if patients need to pay out of pocket for the test to be used • What about accessibility, time pressure, accuracy of the POCTs? Staff factors? Cost factors? Hospital factors? Patient factors? Training? Physical Space? Other implications of introducing RDTs/POCTs in your workplace?
	<p>Some RCTs/POCTs are used more widely in other countries. Why are these used less in the UK despite being approved for use?</p> <p>In your department, what is your perception of the clinical culture towards RDTs/POCT technology? Can you elaborate? By whom?</p> <p>If you were given more autonomy in your practice at the A&E, do you think you would use more/less RDTs/POCTs? (Nurses)</p> <p>Does your department have some autonomy from the hospital to decide on the introduction of RDTs/POCTs?</p>	<ul style="list-style-type: none"> • For example, CRP POCT is used more in the Netherlands. • For example: open vs. conservative • Autonomy: Orders for certain tests do not require a clinician to sign off on or administer.

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<p>To identify characteristics of future diagnostics for the management of febrile children</p>	<p>Is there a need for novel diagnostic tests (POCTs or non-POCTs) that would help you in the management of febrile children?</p> <p>For future RDTs/POCTs, what characteristics need to be improved to make you want to use them?</p>	<ul style="list-style-type: none"> • <i>What about:</i> <ul style="list-style-type: none"> ○ <i>Distinguishing between viral and bacterial infections</i> ○ <i>Predicting risk of developing severe disease</i> ○ <i>Differentiate between gram negative and gram positive infections</i> ○ <i>Identify bacterial species</i> ○ <i>What is the maximum turnaround time for results you would find acceptable?</i> ○ <i>What type of sample (blood, saliva, urine)?</i>
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Closing: Is there anything else that you think is important about using diagnostic tests in the management of febrile children that we have not talked about?

- Summarize Covered Domains
- Any Other Questions/Concerns?
- Ensure participant has copies of patient information sheet and consent forms; provide any additional information as needed
- Thank interviewee for their input and participation.