SUPPLEMENTARY FILE 4

Topic Guide: Surgeons

<table>
<thead>
<tr>
<th>Title</th>
<th>Implementation of evidence and consensus-based perioperative care pathways</th>
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The semi-structured interviews will be conducted retrospectively for key clinical and non-clinical hospital staff who were previously involved in the development of perioperative pathways for the elective hip and knee replacement surgical cohorts; and prospectively for staff currently involved in the development and implementation of new pathways. The aims of the interview are to:

- Determine the experiences of staff involved in implementing standardised perioperative pathways.
- Explore the stakeholder knowledge of the care pathways within the hospital setting.
- Assess the integrity, fidelity to and feasibility of the intervention.
- To understand the key barriers and facilitators to implementation of standardised peri-operative pathways from the perspective of both clinical and non-clinical hospital staff.
- To synthesize data from both patient groups to gain a broader understanding of how standardised care pathways are implemented and the impact of these pathways.

QUESTIONS:

1. Demographic questions:
- Can you please introduce yourself and your role at Macquarie University Hospital?
- How long have you worked in healthcare?
- How many of those have been at Macquarie University Hospital?
• Can ask further about elements of their role as needed

2. What was your experience/what has been your experience implementing the [SURGICAL COHORT] peri-operative pathway/s?

3. How familiar are you with the particulars of the clinical pathway/s? Can you talk through some of the changes from previous practice?
   • What worked?
   • What didn’t work?

4. What are your views on the standardised clinical pathways that were implemented/are being implemented?
   • Strengths
   • Weaknesses

5. What are your perceptions of why MQ health was looking to standardise pathways?
   Alternate question - What do you think about the organisation’s approach to try to reduce clinical variation through standardising clinical pathways?

Prompt – do you see clinical variation as being an issue?

6. Option 1: What challenges, if any, did you encounter in implementing the clinical pathways?
   Option 2: What challenges do you think clinicians would face when attempting to implement consensus-based clinical pathways?

Prompts;
   • Workload and time
7. Option 1: What was important to facilitating the implementation of the clinical pathways?

Prompts:
- Organisation
- Resources
- Staffing/Inter-professional collaboration
- Support/Monitoring of fidelity/quality
- Other

8. What do you see as the effects and value of implementing standardised clinical pathways for [SURGICAL COHORT] surgery?

9. How would you measure the success of a clinical pathway of the [SURGICAL] clinical cohort?

10. Overall, how feasible is/was it to implement standardised clinical pathways for [SURGICAL COHORT] surgery at Macquarie University Hospital or private hospital settings more generally?

11. Is there anything else you would like to add that has not been covered here?