

INTERVIEW GUIDE - GENERAL PRACTITIONER

1. PRESCRIBING WORKFLOW/ ORGANISATIONAL CULTURE

- GP workload:
 - ☐ How many patients do you have in aged care?
 - ☐ On average, much time in a week would you spend attending to residents at a RACF (eg. regular rounds, urgent calls)?
- Assessment and follow-up of patient:
 - ☐ How do you go about making the decision to prescribe antibiotics for residents in aged care setting and monitor patient's progress?
 - ☐ When you are contacted about an unwell patient, how do you carry out further assessment? (eg. over phone vs in person, how long until assessing in person)
 - ☐ What if you can't attend urgently eg. after-hours? (use locum, ask facility to contact HITH/InReach/MATS, or send to ED?)
 - ☐ Over the phone, how do you decide if an infection is likely? (eg. ask observations, urinalysis, infective symptoms eg cough, SOB, diarrhoea, coryza, rigors etc)
 - How do you feel about the nurse assessments? (try to prompt issues about nurses' knowledge in recognising s/s of infections, timeliness of reporting)
 - ☐ If you think an infection is likely, do you always order investigations? (if yes, which ones/which infections)
 - ☐ What factors make you more likely to prescribe an antibiotic vs watch and wait for someone in aged care facility?
 - Signs/symptoms of patient, severity of illness, patient with difficult behaviour, patients with advanced directives
 - How do the opinions/attitudes of nursing staff, family or relatives influence your antibiotic prescribing?
 - ☐ How do you follow-up the progress of a resident with an infection, and within what timeframe? (eg. communicating with staff at RACF, review in-person)
 - Would you always review patients in-person? (eg. after seen by locum after hours, after prescribing antibiotics over the phone)
 - Who follows up the pathology results? (results faxed/sent directly to you, or rely on nurses at NH; same pathology service used for all patients?)

2. ANTIMICROBIAL USE AND PRESCRIBING BEHAVIOUR

- ☐ How do you (the GP) go about deciding on which antibiotic(s) to be prescribed and duration of treatment?
 - eg. antibiotic therapeutic guidelines
 - Do you usually specify a cessation date? (eg. further review of the patient, further blood tests, repeat urine, guidelines, number of tablets in the packet)
- ☐ What external help can you access for decision making?
 - eg. pharmacist, microbiologist, Infectious Disease registrar or consultant at a public hospital or private ID physician, other specialists
- ☐ Do you and your practice have access to ongoing education regarding infectious disease issues; if so, what type of educational support eg. newsletters, in-services by ID

physicians, reading articles, through representative from pharmaceutical companies, attendance at conferences, from Medicare Local/NPS Medicine Wise?

3. PERCEPTIONS TOWARDS ANTIMICROBIAL STEWARDSHIP INITIATIVES

- Understanding/knowledge: As you know, our project is about antimicrobial stewardship (AMS) in aged care facilities. What do you understand about AMS? (will define if unclear)
 - ☐ What are your thoughts on antibiotic prescribing in aged care facilities? (eg. it is a problem/not a problem, overuse/underuse, too much inappropriate use/appropriate most times) (eg. overuse/underuse, too much inappropriate use, lack of guidelines)
 - ☐ What are your (the GP) thoughts on antibiotic resistance organisms in aged care (eg. is it a growing problem/not a problem)?
 - ☐ What role do you think the aged care sector plays in generating resistant organisms? Do you think that antibiotic prescribing in aged care facilities contributes to this?
- Attitude towards a framework:
 - ☐ What are the key components needed, and barriers to optimising appropriate prescribing of antibiotics in aged care?
 - eg. better defined algorithms for nursing staff to use when a patient's condition changes
 - antibiotic therapeutic guidelines
 - additional ID specialist support/consultation automatically if an MDR organisms is identified
 - oversight about antibiotics (eg. in hospitals, teams have to justify use of certain antibiotics like ciprofloxacin, and sometimes cases are reviewed by an ID physician; do you think something like this is useful or feasible?)
 - education to nursing staff or families
 - ☐ Do you think GPs in general would support an AMS program in aged care facilities?

4. ANY OTHER QUESTIONS

- ☐ Are there any other issues that you feel we haven't talked about that you would like to mention?