The intervention consists of a decision support tool automatically sent to patients' online portal pre-operatively that teaches them about 13 NPPC techniques and encourages them to select the three they are most interested in using.

METHODS

• Two researchers, CT and SR, conducted all interviews
• Interviews were audiorecorded and transcribed
• CT and SR prepared analytic summaries of each interview transcript using a rapid analytic approach
• SR transferred all summaries to a data matrix
• KS and SR independently reviewed summarized content for each domain in the data
• Two researchers, CT and SR, conducted all interviews
• Consensus about key findings was reached through discussion.

CONCLUSION

• Interviews revealed the following opportunities to improve the intervention

IMPLICATIONS FOR POLICY AND PRACTICE

• Because we conducted patient interviews while the trial was ongoing and rapidly analyzed the transcript, we were able to identify opportunities for improving the delivery of the intervention to patient needs in a timely manner.
• Modifications targeted the delivery of the intervention, but not the content (e.g., no changes were made to the 13 NPPC techniques patients could choose from; education of care teams about NPPC care goals and strategies (e.g., telephonic resources, available to patients), preserving intervention fidelity)
• By making these modifications to intervention delivery during the trial, we will be able test the effectiveness of these adaptations at trial completion by performing rigorous comparisons, with implications for how to best implement this intervention long term.
• Findings also suggest that more research is needed on introducing patients to non-pharmacologic modalities (for pain management or more general wellness) prior to a surgical event may help familiarize patients with these options and normalize their use.