

Supplement file 3 – Process evaluation questionnaires and decision rules

Table 1: Survey #1 questions and response options – feedback on learning collaboratives

Question	Response options
<p>1. What is the name of your long-term care home?</p> <p><i>Please list multiple homes or the name of a corporate home you are affiliated with, if you are supporting multiple homes with the Urinary Tract Infection (UTI) Program.</i></p>	Free text
<p>2. Did you attend <u>at least one</u> of Public Health Ontario’s Learning Collaboratives run by your regional representative?</p> <p><i>The Learning Collaboratives refer to the online meetings organized by your regional representative to provide an overview of the program and to support implementation planning.</i></p>	<p>a. Yes</p> <p>b. No</p>
<p>3. Were you or someone from your long-term care home able to attend <u>all three</u> Learning Collaboratives?</p>	<p>a. Yes</p> <p>b. No</p> <p>c. Can’t recall</p>
<p>4. Can you share the main reasons you did not attend all three meetings?</p>	<p>a. I felt we didn’t need more support from the Learning Collaboratives</p> <p>b. We didn’t complete the tasks assigned from the previous meeting</p> <p>c. There was a conflict with the date(s)/time(s)</p> <p>d. Other</p>
<p>5. How useful were the Learning Collaborative meetings that you were able to attend?</p>	<p>a. Not useful</p>

- b. Limited usefulness
c. Neutral
d. Useful
e. Very useful
6. How engaged did you feel during the meetings (that you were able to attend)?
- a. Excellent (paid attention and participated)
b. Good
c. Satisfactory (paid attention half of time)
d. Fair
e. Poor (bored)
7. How well were these meetings (that you were able to attend) organized?
- a. Excellent (clear and smooth)
b. Good
c. Satisfactory (somewhat organized, some confusion)
d. Fair
e. Poor (badly chaotic)
8. After participating in the Learning Collaboratives, I felt prepared to run the implementation planning meetings in my home.
- a. Strongly agree
b. Agree
c. Neutral
d. Disagree
e. Strongly disagree
9. After participating in the Learning Collaboratives, I would still need a lot more external support to implement the program in my home. Same response options as Q8
10. I learned a lot from listening to the questions and experiences of other long-term care homes that were participating. Same response options as Q8

11. I found the regional representative (facilitator) knowledgeable about the content area. Same response options as Q8

12. Overall, what was your experience in receiving support from Public Health Ontario to implement the program in your home? Was there anything that stood out as particularly helpful, and do you have any suggestions for future support options? Free text

Table 2: Survey #2 questions, response options and decision rules to measure adoption of implementation strategies

Question	Response options	Decision rules, for strategy coded as complete
1. STRUCTURE: What structure are you using to support the implementation of the program?	<ul style="list-style-type: none"> a. We have an implementation team (at least 3 people) b. No implementation “team”. We have a lead/co-lead overseeing implementation c. Other 	Complete if 1a selected
2. ACTION PLAN: Did your facility complete a written action plan to implement the UTI Program?	<ul style="list-style-type: none"> a. Yes b. No (we did not end up finalizing a written plan) 	Complete if 2a selected
3. CHAMPION: The implementation guide suggests appointing “champions” to be part of the implementation team. This person would be devoted to helping overcome any resistance that is impacting the implementation of the program.	<ul style="list-style-type: none"> a. We formally appointed at least 1 person to take on this role. b. We had people that naturally took on this role (this may have been your role). c. We did not use this strategy. d. Other 	Complete if 3a or 3b selected
For example, a champion might meet with a prescriber who is concerned about no longer using dipsticks.		
4. BUY-IN: Please rate the extent to which you agree with the following statement. There is buy-in for the practice changes we selected from <u>prescribers</u> (e.g., medical director and physician(s)/nurse	5-point Likert scale (strongly agree – strongly disagree)	Complete if strongly agree or agree selected.

practitioners).

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| 5. LOCAL LEVEL INFLUENCERS: The implementation guide suggests seeking out leaders who are seen as being trustworthy, credible and knowledgeable and finding concrete ways for them to participate in the delivery of strategies to support staff (e.g., helping to deliver education to staff, deliver reminders). | <ul style="list-style-type: none"> a. We had a local level influencer supporting the delivery of strategies b. We had a local level influencer but they were not participating in the delivery of strategies c. We did not use this strategy d. Other | Complete if 5a selected. |
| 6. POLICIES: Did your facility's strategy involve reviewing existing policies and procedures to identify whether changes needed to be made to align with the UTI Program's practice changes? | <ul style="list-style-type: none"> a. Yes b. No | Complete if 6a selected. |
| 7. EDUCATION: Select from the options below to describe your facility's approach to providing education to staff. | <ul style="list-style-type: none"> a. One or more of our staff members delivered education on the Urinary Tract Infection (UTI) Program practices (e.g., huddle, one-on-one, or classroom format). b. We distributed and/or posted educational materials to staff. c. Both – we delivered education and distributed educational materials. d. We have not delivered education to staff at this time. e. Other | Complete if 7a, b, or c selected. |
| 8. COACHING: The implementation guide suggests appointing "coaches" following the delivery of staff education.
This person provides one-on-one education | <ul style="list-style-type: none"> a. We formally appointed at least 1 person to take on this role. b. We had people that naturally took on this role (not formally appointed). | Complete if 8a or b selected. |

in addition to feedback and emotional support. They can help reinforce new processes.

- c. We didn't use this strategy
- d. Other

9. RESIDENTS AND FAMILIES: Review the options below to describe your facility's approach to providing information or education to residents and families. Select all that apply.

- a. We have *not* delivered any information/education to residents and families at this time.
- b. We have delivered information or education to individual residents or families on a case by case basis.
- c. We have distributed information (written or verbally) to all families and residents about our process of assessing and managing UTIs.
- d. Both – we have delivered information on a case by case basis and distributed information to all families and residents.

Complete if 9b, c, or d selected.

10. UTI SYMPTOMS: Some facility's identified a need to improve how they document and communicate resident UTI symptoms. Select all that apply.

- a. We have already made changes to how we document and/or communicate resident symptoms.
- b. We have not yet made changes to how we document and/or communicate resident symptoms.
- c. This wasn't identified as an area of improvement for our facility.

Complete if 10 a or c selected.

11. MONITORING CHANGE: Have you or an implementation team had an opportunity to review records of urine cultures sent to the lab and / or antibiotics prescribed over a defined time period to determine alignment with UTI algorithm?

- a. Yes
- b. No

Complete if 11a selected

12. REMINDERS: Since you have gotten started with the UTI Program, have you delivered any reminders to staff about the practice changes?

- a. Yes
- b. No

Complete if 12a selected