

Appendix 1 (as supplied by the authors): Urinary Tract Infection Program recommended strategies and guide to the classification of adherence.

Strategy	Definition	Target audience / details on delivery	Classification of Adherent
1. Reviewing and revising organizational policies and procedures	Align policies and procedures with the five practice recommendations.	Target audience: Staff involved in the assessment and management of UTIs When / how often: At program initiation Resources: Guidance and sample policy for the assessment and management of UTIs	Key informant reports that organizational policies and procedures were reviewed; OR if policies and procedures were already aligned with recommended practices, project team to confirm alignment; OR if needing update, evidence that organization has started the process of revising policies and procedures to align with recommended practices.
2. Selecting and empowering champions	Selecting staff members who will dedicate themselves to supporting and facilitating practice change implementation. Helping to overcome resistance and engaging other staff to strengthen buy-in.	Target audience: Administrative staff (e.g., director of care) and staff involved in the assessment and management of UTIs When / how often: Ongoing Resources: Assessment algorithm for UTI in medically stable non-catheterized residents, fact sheets	Key informant identifies name(s) of implementation champion(s); AND documents examples of responsibilities of the implementation champion; AND identifies at least one example of how champions helped facilitate the change process.
3. Involving local opinion leaders	Individuals who are perceived to have influence within the facility (e.g., physicians, nurse practitioners). Involving leaders in supporting practice change.	Target audience: Administrative staff and frontline staff When / how often: Ongoing Resources: Local opinion leaders have access to a range of program resources (e.g., Assessment algorithm for UTIs in medically stable non-catheterized residents, fact sheets, and Frequently Asked Questions resource).	Key informant identifies name(s) of local opinion leader; AND documents at least one example of how the local opinion leader was involved; AND at least one example of how designated local opinion leader helped facilitate the change process.
4. Carrying out local consensus processes	Identifying opportunities (e.g., meetings, events) to discuss the problem and practice changes with staff to ensure agreement.	Target audience: Administrative staff and staff providing care to residents in the assessment and management of UTIs When / how often: Ad hoc (e.g., aligned with existing staff meetings) Resources: Program educational resources (e.g., assessment algorithm for UTIs in medically stable non-catheterized residents, fact sheets, and Frequently Asked Questions resource) can be used to support consensus processes.	Key informant provides one example of how local consensus processes were addressed during key informant interviews.
5. Deliver classroom education to staff	Delivering education about the issues of treating ASB and desired practice changes.	Target audience: Education would serve front-line staff (e.g., personal support workers, nursing staff); When / how often: Delivered once at program initiation Resources: LTCH staff deliver their own education with resource support (i.e., assessment algorithm for UTIs in medically stable non-catheterized residents, fact sheets, literature summary resources, Frequency Asked Questions resource, and PowerPoint slides).	Implementation planning team selects classroom education as a change strategy; AND key informant reports when classroom education was scheduled and executed.
6. Provide information and education to residents and families	Distributing resources and providing education to families and residents (e.g., family council).	Target audience: LTCH residents and families When / how often: Includes formal sessions on an ad-hoc basis (aligned with existing family council meetings) and as opportunities arise to educate and share resources with families. Applicable PHO resources: Frequently Asked Questions for residents and families, resident and family communication form, and communication for family newsletter.	Implementation planning team selects providing information and education to residents and families' as a strategy; AND key informant provides at least one example where information or education was formally distributed to families and residents.
7. Identify and support coaches to reinforce key practices and support staff	Selecting front-line staff to provide one-on-one education, feedback and support to peers.	Target audience: All front-line staff within the LTCH When / how often: Ongoing Resources: Coaching for beliefs and consequences resource, assessment algorithm for UTIs in medically stable non-catheterized residents, fact sheets, and Frequently Asked Questions resource	Implementation planning team selects coaches as one of the change strategies; AND clearly identifies who within the organization will take on the role AND able to provide example of how coaches have been supporting other staff adhere to the practice changes.
8. Integrate process surveillance and	A process that involves documenting resident symptoms,	Target audience: Staff providing care to residents in the assessment and management of UTIs	Implementation planning team selects process surveillance as one of the change strategies; AND

<p>provide regular feedback to staff</p>	<p>whether a urine specimen was collected, and whether antibiotics were prescribed; reviewing the data for alignment with practice changes; and providing feedback to staff on opportunities for improvement.</p>	<p>When / how often: Monitoring practice and providing feedback should be done regularly during program initiation. Improvements to overall documentation of symptoms and communication is an ongoing process. Applicable PHO resources: Process surveillance form</p>	<p>evidence that process surveillance form was used more than once; AND key informant(s) able to provide examples of how feedback has been provided to staff based on process surveillance form.</p>
<p>9. Distribute and post educational resources as reminders to staff about key practices</p>	<p>Redistribution and posting of program resources (e.g., “when to collect a urine specimens” fact sheet) to remind staff about practice changes.</p>	<p>Target audience: Staff providing care to residents in the assessment and management of UTIs When / how often: Ad-hoc when reminders needed. Applicable PHO resources: A number of PHO program resources could be used as reminders to support practice change (e.g., “when to collect a urine specimen”, assessment algorithm for UTIs in medically stable non-catheterized residents, Frequently Asked Questions, fact sheets)</p>	<p>Implementation planning team selects distribution of educational materials as one of the change strategies; AND key informant able to provide example of what educational resources have been shared with staff; AND able to provide at least one example of how educational materials have been used to remind staff about best practices.</p>