

Additional File 3. The Trial to Reduce Antimicrobial use In Nursing home residents with Alzheimer's disease and other Dementias (TRAIN-AD) Administrator Survey

Infection Management

1. Does your facility have an individual responsible for infection control?

- Yes
- No
- Do not know

1a. If yes, what are this person's responsibilities in addition to infection control?
Please mark all that apply.

- Medical Director or Assistant Director
- Director/Assistant Director of Nursing Services
- Consultant Pharmacist
- Quality Coordinator/ Quality Management
- Staff Education/Staff Development
- Staff Nurse
- Employee Health
- Other (*please explain*)
- No other activities

2. Does your facility have an antibiotic stewardship program?

- Yes
- No
- Do not know

2a. If yes, indicate who is accountable for stewardship activities? *Please select all that apply.*

- Medical Director or Assistant Director
- Director/Assistant Director of Nursing Services
- Consultant Pharmacist
- Quality Coordinator/ Quality Management
- Staff Education/Staff Development
- Staff Nurse
- Employee Health
- Other (*please explain*)
- Do not know

3. Which of the following policies or programs are in place at your facility? *Please mark all that apply.*

- Collect data on antibiotic use
- Antibiotic prescribing guidelines or algorithms for lower respiratory tract infections (LRIs)
- Antibiotic prescribing guidelines or algorithms for urinary tract infections (UTIs)
- Restrict use of specific antibiotics
- Review cases to assess appropriateness of antibiotic administration and/or indication
- Provide feedback to clinicians on antibiotic use and prescribing
- Provide education resources for improving antibiotic use
- Other (*please explain*)
- Do not know

4. Does your facility currently use any standardized protocols or initiatives (e.g., reference algorithms) for diagnosing and treatment of UTIs?

- Yes
- No
- Refused to answer
- Do not know

4a. If yes, what specific protocols or initiatives for UTI management are used in your facility?

- Interact CARE PATH for treatment of symptoms of UTIs
- Massachusetts state initiative using the SBAR Protocol for Diagnosing UTIs in long-term care (LTC) environments
- Mass Coalition's ABCs for diagnosing UTIs in LTC
- Other

5. Does your facility currently use any standardized protocols or initiatives (e.g., reference algorithms) for diagnosing and treatment of LRIs?

- Yes
- No
- Refused to answer
- Do not know

5a. If yes, what specific protocols or initiatives for LRI management are used in your facility?

- Interact CARE PATH for treatment of symptoms of LRIs
- Massachusetts state initiative using the SBAR Protocol for Diagnosing LRIs in long-term care (LTC) environments
- Mass Coalition’s ABCs for diagnosing LRIs in LTC
- Other

Capabilities

6. Does your facility have the capability to do chest x-rays on site?

- Yes
- No
- Do not know

7. Does your facility have the capability to manage infections on-site by administering intravenous antibiotics?

- Yes
- No
- Do not know

8. Please indicate how often your facility has on-site access to the following staff. <i>Please select <u>one</u> response in each row.</i>	Full-time	Part-time	On call	No access
a. A physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A physician assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. An advanced practice registered nurse, which includes nurse practitioners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End-of-Life Care Practices and Processes

	Rarely	Occasionally	Often	Almost always
9. How often do the LTC units in your facility use MOLST?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How often do the LTC units in your facility use INTERACT Advance Care Planning tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Do the LTC units in your facility routinely use any other standardized documents to document advance directives?

- No
- Yes (*please describe*)
- Do not know

	Rarely	Occasionally	Often	Almost always
12. How often does a resident with advanced dementia in your facility get referred to hospice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How often does a resident with advanced dementia in your facility get a consultation from a palliative care specialist other than through hospice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. In your facility, how often are preferences for infection management discussed with proxies of residents with advanced dementia?	Rarely	Sometimes	Often	Almost always
a. On admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. During regular care plan meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When a resident develops a fever or other sign/symptom of an infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Following an event such as an aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>