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. Please select one response in each row.

<table>
<thead>
<tr>
<th></th>
<th>Full-time</th>
<th>Part-time</th>
<th>On call</th>
<th>No access</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. A physician</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. A physician assistant</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>c. An advanced practice registered nurse, which includes nurse practitioners</td>
<td>☐</td>
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End-of-Life Care Practices and Processes

<table>
<thead>
<tr>
<th></th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Almost always</th>
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<tbody>
<tr>
<td>9. How often do the LTC units in your facility use MOLST?</td>
<td>☐</td>
<td>☐</td>
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<td>10. How often do the LTC units in your facility use INTERACT Advance Care Planning tools?</td>
<td>☐</td>
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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

<table>
<thead>
<tr>
<th>Question</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Almost always</th>
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</thead>
<tbody>
<tr>
<td>12. How often does a resident with advanced dementia in your facility get referred to hospice?</td>
<td>☑️</td>
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<td>13. How often does a resident with advanced dementia in your facility get a consultation from a palliative care specialist other than through hospice?</td>
<td>☐️</td>
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<td>14. In your facility, how often are preferences for infection management discussed with proxies of residents with advanced dementia?</td>
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<tr>
<td>a. On admission</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
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<tr>
<td>b. During regular care plan meetings</td>
<td>☐️</td>
<td>☐️</td>
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</tr>
<tr>
<td>c. When a resident develops a fever or other sign/symptom of an infection</td>
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<td>d. Following an event such as an aspiration</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
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