

## Supplementary File 3

The TIDierR Checklist<sup>1</sup> for To Dip or Not to Dip (TDONTD) intervention

Item No.	Item	Description
1	Brief Name	Behaviour modification – Reducing urine dipstick testing in aged care facilities
2	Why	To improve appropriate antibiotic prescribing for UTI
3	What - Materials	The Aged Care Quality Commission created TDONTD resources which include case -based education presentation, a clinical pathway, antibiotic audit tool, a staff training video, TDONTD information flyers, posters on hydration and stopping dipstick testing, a consumer brochure on ASB and antibiotic overuse.  These resources were provided to the champions with suggestions how to use them. Key resources important for implementation were identified to champions.
4	What - Procedures	Delivery of TDONTD's key resources case-based education, clinical pathway and audits.
5	Who provided	Champions will deliver case-based education, clinical pathway and audits. The remaining resources are delivered as determined by champions. Facility nurse champions had overall oversight of TDONTD's delivery at their site. Case-based education sessions are facilitated by pharmacists already contracted to the facility to provide Quality Use of Medicine activities.  Champions were provided with a facilitator guide to case-based education and guide to use of the clinical pathway.
6	How	Case-based education was delivered face-to-face in the facility by pharmacist champions to nurses and personal carers. The presentation could be delivered using audio-visual support or paper-based resources. The training video required audio-visual support.
7	Where	In Australian residential aged care facilities
8	When and how much	Champions were expected to deliver case-based education and offer the training video to staff once during 3-months.
9	Tailoring	Non-applicable
10	Modifications	Non-applicable
11	How well - Planned	Adherence and fidelity were assessed using interviews with nurse and pharmacist champions at baseline and 3-6 months after initiation of TDONTD at their site.  Researchers provided reminders to champions at baseline and 3-months and interviews (where required) to submit the facility's deidentified antibiotic audits.
12	Extent to which intervention delivered as planned	The study was designed using a pragmatic approach. Champions' interviews informed acceptability, fidelity and feasibility of TDONTD. Acceptability was determined by exploring champions' feelings towards intervention and its resources, and their engagement with

		TDONTD. Feasibility was assessed against champions' perceptions of acceptability, considering practicality and context. Fidelity was determined by the quality and extent to key component delivery.
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<sup>1</sup>Hoffmann TC, Glasziou PP, Boutron I, et al. Better reporting of interventions: template for intervention description and replication (TIDieR) checklist and guide. *BMJ* 2014;348: g1687.