**Additional File 3\_Appendix B.doc**

**Appendix B. Key qualitative themes mapped to PARiHS elements and sub-elements**.

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| PARiHS Element | PARiHS Sub-element | Emerging Qualitative Themes | Description/Example |
| Context | Receptive context | Guideline dissemination among SCI/D provider groups | Dissemination of guidelines to introduce guidelines to SCI/D providers did not reach all provider groups |
| SCI/D provider awareness and familiarity with guidelines | Awareness of and familiarity with guidelines varied across SCI/D provider groups |
| Provider strategies to encourage patient hand hygiene | Provider efforts to promote hand hygiene among bed-bound SCI/D patients who perform self-care by providing hand sanitizers at patient bedside |
| Culture | SCI/D Center facility differences | Prevailing beliefs among some providers that SCI/D Centers are more lenient in implementing guidelines compared to acute care settings |
| Evaluation | Providing feedback to SCI/D providers | Providers report receiving individual- and system-level feedback regarding their implementation of the guidelines and prevention practices |
| Evidence | Research | Perceived importance and strength of evidence underlying guidelines | Providers perceived strong evidence and believed hand hygiene, contact precautions and active surveillance practices to be especially important for MRSA prevention  |
| Clinical experience | Perceptions of MRSA colonization, infection and prevention | Based on providers' own clinical experiences, providers perceived contact precautions and active surveillance to be especially relevant for MRSA prevention |
| Information from local context | Lack of local evidence to support prevention practices | Some providers described the lack of local evidence available to support prevention practices from guidelines (eg. Lack of data on ‘success rates’ for swabbing patient wounds) |
| Facilitation | Role | Leadership efforts to enable implementation | Leadership efforts to promote/monitor guideline adherence (ie. keeping contact precaution/personal protective equipment stocked outside patient rooms for convenient provider use; anonymously monitoring hand washing) |
| Involvement of SCI/D and hospital leadership to enable implementation | Use of internal and external agents (eg. Infection Control team, MPCs) to support guideline implementation |
| Educational practices and training for providers | Use of didactic and traditional training approaches to teaching to educate providers about the guidelines and facilitate implementation |