Appendix 2

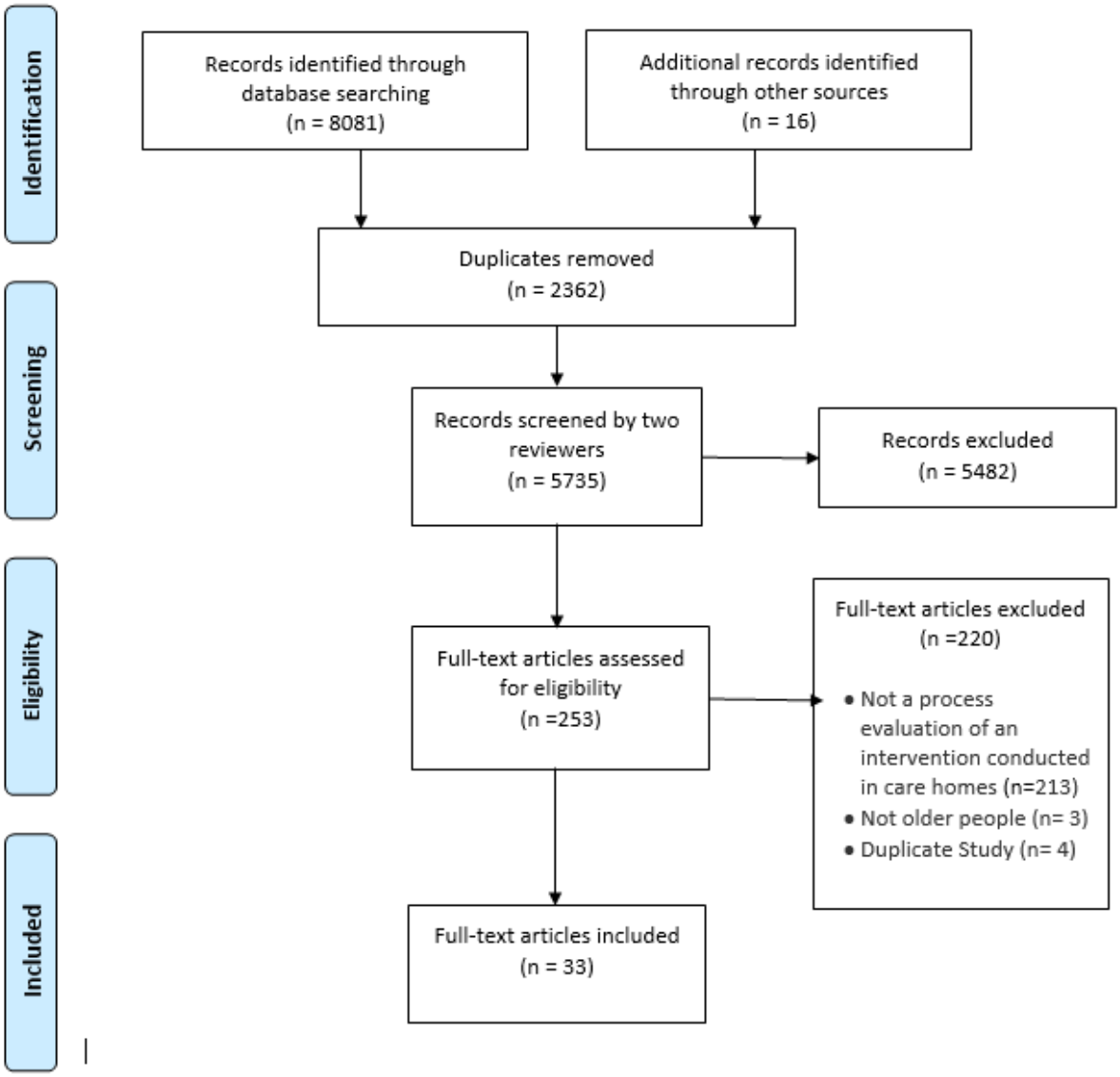

Figure A2.1. PRISMA flow diagram for inclusion of studies [1]

Table A2.1. Process Evaluation Summary Characteristics

First author, Date	Country	Intervention Topic	Process Evaluation Care Home Sample Size	Process Evaluation Methods	Process Evaluation Participants
Aasmul, 2018	Norway	Advance care planning.	n=33	Patient logs, attendance logs.	Patients (n= 545).
Abraham, 2019	Germany	Intervention to prevent physical restraints.	n=120	Observation, focus groups, questionnaires, structured interviews, structured assessment.	Care home (CH) residents (n=12,245), CH managers, key nurses and nursing staff.
Anrys, 2019	Belgium	Intervention to improve quality of medication prescription.	n=24 (questionnaires) n=11 (focus groups)	Questionnaires, reports, focus groups.	Healthcare professionals (n=129).
Bamford, 2012	UK	Implementing nutrition guidelines.	n=5	Observation, interviews.	Cooks (n=37), senior managers (n=32), other CH staff (n=43).
Barbosa, 2017	Portugal	Psycho-education intervention for care assistants working with people with dementia.	n=2	Focus groups, semi-structured interviews.	Care assistants (n=21), managers (n=2).
Bleijlevens, 2013	Netherlands	Program to reduce the use of restraints.	n=6 (15 wards)	Attendance lists, questionnaires, recording forms, group interviews, telephone interviews, meetings.	CH staff (n=143), nurse implementers (n=2), CH association delegates (4 groups), resident relatives (n=38).
Boersma, 2017	Netherlands	Veder Contact Method (VCM) in dementia care.	n=4 (6 wards)	Focus groups, interviews.	Professional caregivers (n=42), managers (n=11), VCM Art Director (n= 1), VCM trainers (n=3).
Braun, 2010	Netherlands	Mental practice intervention for stroke survivors.	n=3	Registration forms, pre-structured patient files, patient logs, questionnaires.	Stroke patients (n=18), occupational therapists (n=6), physiotherapists (n=8).

First author, Date	Country	Intervention Topic	Process Evaluation Care Home Sample Size	Process Evaluation Methods	Process Evaluation Participants
Desveaux, 2017	Canada	Appropriateness of antipsychotic medication prescription.	n=5	Semi-structured interviews (n=22), patient-level administrative data.	Academic detailers (n=4), CH staff (n=18).
Desveaux, 2019	Canada	Evidence uptake relating to falls prevention.	n=13	Semi-structured interviews.	Leaders (n=11), physicians (n=10), direct care providers (n=6), pharmacists (n=2).
Edwards, 2018	Canada	A participatory and multimodal intervention to improve evidence-based care.	n=12	Semi-structured interviews.	CH staff. Baseline (n=72), midpoint (n=44), end point (n=69).
Eldh, 2018	Sweden	Leadership intervention to support implementation of oral care guidelines.	n=4 (5 units)	Semi-structured interviews (n=5), surveys.	Managers (n=5), Registered Nurse (n=5) and nursing staff (n=5).
Ellard, 2014	UK	Whole home exercise intervention for depression.	n=8 (n=6 intervention, n=2 control)	Quantitative data, field observations, interviews (n=48), focus groups (n=2), questionnaires.	Interviews: Residents (n=11), relatives (n=3), CH staff care n=9, activity co-ordinators (n=4), managers (n=8) Participant participant feedback questionnaires n=902. Focus groups: physiotherapists, recriutment team * (see doi: 10.3310/hta17180).
Gerritsen, 2019	Netherlands	Psychotropic medication review for people with dementia.	n=6 (13 units)	Questionnaires, semi-structured interviews, telephone interviews, attendance lists, minutes, evaluation forms.	Intervention: physicians (n=21), pharmacists (n=9), implementation co-ordinators (n=7), nursing staff (n=36); Control: physicians (n=14), nursing staff (n=36).

First author, Date	Country	Intervention Topic	Process Evaluation Care Home Sample Size	Process Evaluation Methods	Process Evaluation Participants
Griffiths, 2019	UK	Dementia Care Mapping (DCM).	n=18	Semi-structured interviews.	CH managers (n=17), trained DCM users (n=25), expert external mappers (n=6), CH staff (n=27), relatives (n=6), residents (n=2).
Guzman, 2017	UK	Psychomotor dance therapy for behaviour change in dementia.	n=3	Questionnaires, verbal feedback.	CH residents (n=10), staff (n=32), family members (n=3).
Heaven, 2019	UK	Evaluation of a complex intervention to prevent delirium.	n=14	Audits, specialist practitioner logs, working group action plans, interviews, focus groups.	Stakeholders (managers, nursing, care and catering staff, activity co-ordinators) n=25.
Holle, 2019	Germany	Dementia-specific case conferences to manage behavioural and psychological symptoms of dementia (BPSD).	n=6 (12 units)	Questionnaires, semi-structured telephone interviews, attendance lists, standardised protocols and written self-reports.	Semi-structured interviews: head ward staff (n=6). Baseline questionnaire. managers (n=6).
Keenen, 2018	UK	E-learning and e-tools for care home staff.	n=27	Telephone interviews, stakeholder notes, focus groups, care home feedback.	CH staff (n= 4 care assistants, n= 3 managers), research therapists (n=2).
Leontjevas, 2012	Netherlands	"Act in Case of Depression" care program to manage depression.	n=23 (33 units)	Personal files, interviews, research database.	Senior managers (n=32), residents (n=883), nursing staff (n=712), physicians (n=49), psychologists (n=42), unit managers (n=44).
Lichtwarck, 2019	Norway	TIME model to reduce agitation in people with dementia.	n=33	Survey, focus groups (n=5), performance check list, case conference minutes.	Survey: staff from intervention CHs (n=366/797, at 6 months n=181, at 12 months n=141), lead nurses (n=21).

First author, Date	Country	Intervention Topic	Process Evaluation Care Home Sample Size	Process Evaluation Methods	Process Evaluation Participants
					Focus Groups: CH staff, leaders, physicians (n=32 participants from from n=11 intervention CHs) .
Masterson-Algar, 2014	UK	Rehabilitation intervention to increase stroke patients' independence in personal activities of daily living.	Evaluation performed at the visiting clinical therapist level.	Semi structured interviews, critical incident reports (n=20).	Occupational Therapists (n=17).
Quasdorf, 2017	Germany	Dementia care mapping to develop person-centred care.	n=9	Interviews (n=27), questionnaires (n=112), resident records (n=81), process documents.	CH staff and residents.
Reynolds, 2004	USA	Quality Improvement intervention in end of life care.	n=8	Field notes (n=>60 site visits), attendance sheets, administrative information, interviews.	Interviews with 'key staff' (sample size not listed).
Rycroft-Malone, 2018	Europe (Sweden, England, Netherlands, Republic of Ireland)	Facilitation to implement urinary continence care recommendation.	n=24	Observation, interviews, facilitator activity logs.	CH staff (n = 357), residents (n = 152), next of kin (n = 109), other stakeholders (n = 128).
Sales, 2015	Canada	Staff feedback report intervention.	n=4 (9 units)	Observation (n=2365 behaviours), post-hoc surveys.	Nurses, care unit managers, Health Care Assistants, Allied Health Professionals (accurate survey completion rates not feasible (see Sales et al Additional files).

First author, Date	Country	Intervention Topic	Process Evaluation Care Home Sample Size	Process Evaluation Methods	Process Evaluation Participants
Slaughter, 2018	Canada	Knowledge translation interventions in sustaining daily performance of sit-to-stand mobility interventions.	n=3	Interviews, focus groups, intervention ranking exercise.	CH leaders (n=4), Health Care Assistants (n=27).
Smith, 2012	Australia	Healthcare-associated infection surveillance program.	n=30	Infection data reports.	CH staff and consultants (n=83).
Surr, 2019 (A)	UK	Dementia care mapping.	n=31	Dementia Care Mapping documentation for each CH.	Dementia Care Mappers (up to n=2/CH).. CH participation across three mapping cycles. Briefing Sessions (n=28, 12, 6). Mapping Observation (n=28, 11, 6). Feedback (n=24, 11, 6). Action Planning (n=24, 8, 4).
Surr, 2019 (B)	UK	Role of external experts in supporting staff to implement psychosocial interventions (dementia care mapping).	n=18	Interviews, questionnaires.	External experts (n=7), CH managers (n=17), CH staff (n=25).
van Haeften-van Dijk, 2015	Netherlands	Living room theatre activities for people with dementia.	n=160 wards (data from an undisclosed sample)	Semi-structured interviews, focus groups.	Semi-structured interviews: Stakeholders (n=12) including Veder Foundation staff (n=2), trainor/actor (n=1), care home group director (n=2), team managers (n=2), nursing assistants (n=2), activity therapists (n=2), volunteer (n=1).

First author, Date	Country	Intervention Topic	Process Evaluation Care Home Sample Size	Process Evaluation Methods	Process Evaluation Participants
					Focus groups: trained CH staff (n=35).
Walker, 2014	UK	Risk assessment and decision support tool for falls prevention.	n=6	Staff interviews, resident records, field notes.	Interviews: CH staff (n=11).
Zwijsen, 2014	Netherlands	Implementing a behavioural care program within DSCU.	n=17	Structured questionnaires, semi-structured interviews.	Structured questionnaires: Questionnaire 1 completed by (n=32/56) nursing assistants. Questionnaire 2 completed by team leaders, psychologists, and physicians (n=41/48). Semi-structured interviews: Nursing staff (n=29), recreational therapist (n=1), physicians (n=12), psychologist (n=15), team leaders (n=7). Some interviews were held with more than one person.

Table A2.2. Critical Appraisal Questions [2]

1	Were steps taken to increase rigour/minimize bias and error in the sampling for the process evaluation?	a) Yes, a fairly thorough attempt was made. b) Yes, several steps were taken. c) Yes, a few steps were taken. d) No, not at all/not stated/unclear.
2	Were steps taken to increase rigour/minimize bias and error in the data collected for the process evaluation?	a) Yes, a fairly thorough attempt was made. b) Yes, several steps were taken. c) Yes, a few steps were taken. d) No, not at all/not stated/unclear.
3	Were steps taken to increase rigour/minimize bias and error in the analysis of the process data?	a) Yes, a fairly thorough attempt was made. b) Yes, several steps were taken. c) Yes, a few steps were taken. d) No, not at all/not stated/unclear.
4	Please rate the findings of the process evaluation in terms of their breadth (extent of description) and depth (extent of data transformation/analysis)	a) Very well grounded/supported. b) Fairly well grounded/supported. c) Limited grounding/support.
5	Please rate the findings of the process evaluation in terms of their breadth (extent of description) and depth (extent of data transformation/analysis)	a) Limited breadth or depth. b) Good/fair breadth but very little depth. c) Good /fair depth but very little breadth. d) Good/fair breadth and depth.
6	To what extent does the process evaluation privilege the perspectives and experiences of frontline care staff and service users?	a) Not at all b) A little c) Somewhat d) A lot
7	What weight would you assign to this process evaluation in terms of the reliability of its findings?	a) Low b) Medium c) High
8	What weight would you assign to this process evaluation in terms of the usefulness of its findings?	a) Low b) Medium c) High

Table A2.3. Critical Appraisal Results

First author, Date	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Aasmul 2018	B	B	B	B	B	A/B	Medium	Medium
Abraham 2019	A	B	B	B	B	B	Medium	Medium
Anrys 2019	A	A	A	A	D	C	High	High
Bamford 2012	A	A	A	A	D	C	High	High
Barbosa 2017	C	C	C	B	B	C	Medium	Medium
Bleijlevens 2013	B	C	B	B	B	B	Medium	Medium
Boersma 2017	A	A	A	A	C/D	C	High	High
Braun 2010	B	B/C	B/C	B	B	C/B	Medium	Medium
Desveaux 2017	B	B/A	A	B/A	D	C/B	Medium	High
Desveaux 2019	A	A/B	A	A	D	C/B	High	High
Edwards 2018	A	C	B	B	D	B	Medium	Medium
Eldh 2018	B	B	C	B	B	B	Medium	Medium
Ellard 2014	A	A	B/A	B/A	C	D	High	High
Gerritsen 2019	B	B	B	A	D	C	Medium	High
Griffiths 2019	B/A	B	B	B/A	D	D/C	High	High
Guzman 2017	B	B	B	B	B	B	Medium	Medium
Heaven 2019	B/C	B	A	A/B	C/D	C	Medium	High
Holle 2019	A	A	A	B	D	C	High	High
Keenen 2018	A	B	A	B	D	D	High	High
Leontjevas 2012	A	A	A	A	C	B	High	Medium
Lichtwarck 2019	A	A	A/B	A/B	B/C	B/C	Medium	Medium
Masterson-Algar 2014	B/A	A	A	B	D	D	High	High
Quasdorf 2017	C	A	A	A	D	C	Medium	High
Reynolds 2004	B	B	A	B	D	C	Medium	Medium
Rycroft-Malone 2018	B/A	A	A	A	D	D	High	High
Sales 2015	B	A	A	B	C	B	Medium	Medium
Slaughter 2018	C	C/B	B	B	B	C	Medium	Medium
Smith 2012	A	B	A	A	D	A	High	Medium
Surr 2019 (B)	B	B	B	A/B	B/C	B/C	High	Medium

First author, Date	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
Surr, 2019 (A)	B	A	A	A	D	D	High	High
van Haeften-van Dijk, 2015	B	B	A	B	B	C	Medium	Medium
Walker, 2014	A	B	B	B	D	D	High	High
Zwijsen, 2014	A	B	B	A	D	C	High	High

Appendix 2 References

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