

## **SUPPLEMENTARY FILES**

Supplementary Text S1: Site observation data collection form.

Supplementary Text S2: Interview guide for oncologists and hemato-oncologists.

Supplementary Text S3: Interview guide for clinic staff.

Supplementary Text S4: Interview guide for nurses.

Supplementary Figure S1: Clinical workflow.

**Supplementary Text S1: Site observation data collection form.**

Date: \_\_\_\_\_ Completed by: \_\_\_\_\_

INNER SETTING	Notes
<p>A. <b>Structural Characteristics</b> The social architecture, age, maturity, and size of the clinic.</p>	B.
<p>C. <b>Networks &amp; Communications</b> The nature and quality of webs of social networks and the nature and quality of formal and informal communications within the clinic.</p>	D.
<p>E. <b>Culture</b> Norms, values, and basic assumptions of the clinic.</p>	F.
<p>G. <b>Implementation Climate</b></p>	H.
<ul style="list-style-type: none"> <li>• <b>Tension for Change</b> The degree to which stakeholders perceive the current situation as intolerable or needing change.</li> </ul>	•
<ul style="list-style-type: none"> <li>• <b>Compatibility</b> The degree of tangible fit between meaning and values attached to the G8 tool by involved individuals, how those align with individuals' own norms, values, and perceived risks and needs, and how the intervention fits with existing workflows and systems.</li> </ul>	•
<ul style="list-style-type: none"> <li>• <b>Relative Priority</b> Individuals' shared perception of the importance of the implementation within the clinic.</li> </ul>	•
<ul style="list-style-type: none"> <li>• <b>Organizational Incentives &amp; Rewards</b> Extrinsic incentives such as goal-sharing awards, performance reviews, and less tangible incentives such as increased stature or respect.</li> </ul>	•
<ul style="list-style-type: none"> <li>• <b>Goals and Feedback</b> The degree to which goals are clearly communicated, acted upon, and fed back to staff, and alignment of that feedback with goals.</li> </ul>	•

<ul style="list-style-type: none"> <li>• <b>Learning Climate</b> A climate in which: a) leaders express their own fallibility and need for team members' assistance and input; b) team members feel that they are essential, valued, and knowledgeable partners in the change process; c) individuals feel psychologically safe to try new methods; and d) there is sufficient time and space for reflective thinking and evaluation.</li> </ul>	•
I. <b>Readiness for Implementation</b>	J.
<ul style="list-style-type: none"> <li>• <b>Leadership Engagement</b> Commitment, involvement, and accountability of leaders and managers with the implementation.</li> </ul>	•
<ul style="list-style-type: none"> <li>• <b>Available Resources</b> The level of resources dedicated for implementation and on-going operations, including money, training, education, physical space, and time.</li> </ul>	•
<ul style="list-style-type: none"> <li>• <b>Access to Knowledge &amp; Information</b> Ease of access to digestible information and knowledge about the G8 tool.</li> </ul>	•
<b>OUTER SETTING</b>	
A. <b>Patient Needs &amp; Resources</b> The extent to which patient needs, as well as barriers and facilitators to meet those needs, are accurately known and prioritized by the clinic.	B.
C. <b>Cosmopolitanism</b> The degree to which the clinic is networked with other clinics or specialities.	D.
E. <b>Peer Pressure</b> Mimetic or competitive pressure to implement the G8 tool; typically because most or other key peer or competing clinics have already implemented or are in a bid for a competitive edge.	F.
G. <b>External Policy &amp; Incentives</b> A broad construct that includes external strategies to spread interventions, including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.	H.

Additional Notes:

## Supplementary Text S2: Interview guide for oncologists and hemato-oncologists.

So, I understand that you and the other oncologists at your clinic have already had the opportunity to use the G8 tool with your geriatric patients.

1. So, I'll start with a broad question. Tell me, what has your overall experience been with the G8 tool?
  - Do you like the G8 tool?
    - i. Why or why not?
  - Do you find the tool easy or hard to use?

I'm now going to ask you some more specific questions about what might make it easy or difficult for you to use the G8 tool.

2. Do you have all the information you need on how to use and interpret the G8 tool? [*Knowledge; Skills*]
  - (If no) What information or training would be helpful for you?
3. Do you think that you, as an oncologist, are the best person to administer the G8 tool? [*Social/professional Role and Identity*]
  - Why or why not?
4. Do you think that you, as an oncologist, are the best person to interpret the G8 tool? [*Social/professional Role and Identity*]  
*Currently, since the G8 tool is being rolled out through a study, there is no one using the data from the tool to inform practice. Do you see yourself doing this?*
  - Why or why not?
5. Do you feel confident using and interpreting the G8 tool? [*Beliefs about Capabilities*]
  - Why or why not?
6. Do you have all the physical resources you need to use the G8 tool?
  - (If not) What specific resources do you need?
7. How confident are you that the G8 tool will accurately identify patients most likely to benefit from comprehensive geriatric assessment? [*Optimism; Beliefs about Consequences*]
8. Do you think there are any other benefits to using the G8 tool in your regular practice? [*Beliefs about consequences*]
9. Does using the G8 tool add stress to your day? [*Emotion*]
  - Do you have any fears about using the G8 tool?
10. How easy is it for you to remember to use the G8 tool? [*Memory, Attention, and Decision Processes*]
  - (If forgetful) What would help you to remember?
11. How easy would it be for you to get into the habit of using the G8 tool? [*Behavioural regulation*]

- What would help you make it a habit?
12. Does it matter to you whether your colleagues in oncology are using the G8 tool? [*Social influences*]
- Why or why not?
13. Currently, are there any incentives for you to use the G8 tool? [*Reinforcement*]
14. Do you want to use the G8 tool in the long-term? [*Goals*]
- Why or why not?
15. (If yes to 10) Do you have a plan for how you will use the G8 tool when Pauline is not around? [*Intentions*]
- Are there any strategies that could encourage you to use the G8 tool in the long-term?
16. Other than some of the issues we've discussed, do you have any personal barriers to using the G8 tool in your practice?

### Supplementary Text S3: Interview guide for clinic staff.

So, I understand that some of the oncologists at your clinic have already had the opportunity to use the G8 tool with their geriatric patients.

1. So, I'll start with a broad question. Tell me, what is your overall impression of the G8 tool?
  - What do you know about G8 tool?  
*If they're unfamiliar, describe the G8 tool. It is an 8-item questionnaire to collect patient information on weight loss, diet, BMI, etc.*
2. Walk me through the process for how you prep information for new patients?
  - Do you include tools/checklists like the G8 in the patient's chart?
  - Do you collect information on weight loss, diet, BMI, etc.?
    - i. Where is that information entered/stored?
3. Walk me through the process for how you prep information for patients coming for a follow-up?  
*Similar probes to #2 above.*
4. In your opinion are there any obstacles to incorporating the G8 tool in your clinic's workflow and processes?
  - What would you need to overcome these barriers?

#### Supplementary Text S4: Interview guide for nurses.

So, I understand that some of the oncologists at your clinic have already had the opportunity to use the G8 tool with their geriatric patients.

1. What is your role at the oncology clinic?
  - Do you have to administer any checklists/clinical tools to your patients?
2. Tell me, what is your overall impression of the G8 tool?
  - What do you know about G8 tool?  
*If they're unfamiliar, describe the G8 tool. It is an 8-item questionnaire to collect patient information on weight loss, diet, BMI, etc.*
3. Which individuals at your clinic do you think would be the best people to administer the G8 tool? [*Social/professional Role and Identity*]
  - Do you think nurses should administer the G8 tool?
    - Why/why not?
4. Would using the G8 tool add stress to your day? [*Emotion*]
  - Do you have any fears about using the G8 tool?
5. Would you have all the information you need on how to use and interpret the G8 tool? [*Knowledge; Skills*]
  - (If no) What information or training would be helpful for you?
6. Would you feel confident using and interpreting the G8 tool? [*Beliefs about Capabilities*]
  - Why or why not?
7. Would you have all the physical resources you need to use the G8 tool?
  - (If not) What specific resources do you need?
8. How confident are you that the G8 tool will accurately identify patients most likely to benefit from comprehensive geriatric assessment? [*Optimism; Beliefs about Consequences*]
9. Do you think there would be any other benefits to using the G8 tool in your regular practice? [*Beliefs about consequences*]
10. How easy would it be for you to remember to use the G8 tool? [*Memory, Attention, and Decision Processes*]
  - (If forgetful) What would help you to remember?
11. How easy would it be for you to get into the habit of using the G8 tool? [*Behavioural regulation*]
  - What would help you make it a habit?
12. Does it matter to you whether your colleagues in nursing are using the G8 tool? [*Social influences*]
  - Why or why not?

13. Currently, are there any incentives for you to use the G8 tool? [*Reinforcement*]
14. Other than some of the issues we've discussed, do you have any personal barriers to using the G8 tool in your practice?

Supplemental Figure S1. Clinical workflow.

