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### Supplementary Material

Exploring organisational readiness to implement a preventive intervention in Australian general practice for overweight and obese patients: key learnings from the HeLP-GP trial

Sharon Parker<sup>A,\*</sup>, An Tran<sup>A</sup>, Shoko Saito<sup>A</sup>, Carmel McNamara<sup>B</sup>, Elizabeth Denney-Wilson<sup>C</sup>, Don Nutbeam<sup>D</sup>, Mark Fort Harris<sup>A</sup>

<sup>A</sup>Centre for Primary Health Care and Equity, The University of NSW, Sydney, NSW 2052, Australia.

<sup>B</sup>Discipline of General Practice, The University of Adelaide, Adelaide, SA 5005, Australia.

<sup>c</sup>Sydney Local Health District and Faculty of Medicine and Health, The University of Sydney, Sydney, NSW 2006, Australia.

<sup>D</sup>School of Public Health, University of Sydney, Sydney, NSW 2006, Australia.

<sup>\*</sup>Correspondence to: Sharon Parker Centre for Primary Health Care and Equity, The University of NSW, Sydney, NSW 2052, Australia Email: Sharon.Parker@unsw.edu.au

# Field notes – Practice Visits

These field notes aim to prompt and document reflections about each practice. They may be made over time or at any stage during the study (i.e they are not intended to be completed during a visit). These are your perceptions – there is no right or wrong comment however you should try and avoid attributing negative comments related to individuals or naming these individuals

**1. Practice location** – Comments about the type and location of the practice building and surrounding community (e.g. urban or suburban setting; socio-economic or demographics)

**2. Office setting -** Comments about layout and general appearance of the facility relevant to the study (e.g. size or space for staff to work in, signage for patients) etc.

**3. Staffing** –Comments and views about the staffing levels, capacity of staff, Are they efficient, disorganized, happy or frustrated etc,

**4. The waiting room** - Comments such as the availability of patient education materials, how the waiting room is organized, the flow of patients, the mood of patients waiting etc

**4. Information management and technology** – Comments about how information or communication systems seem to be used/not used in the practice? Attitudes to technology etc?

5. Sensory impressions – Comments about sights, sounds, textures etc

**6. Teamwork** – Comments how the practice works as a team? Do the practice staff meet regularly to discuss clinical issues? What staff (roles) attend these meetings?

## 8. Other notes on the practice

## HeLP-GP INTERVENTION FACILITATION DIARY OF PRACTICE VISITS

Facilitator's Name		Date of practice vis	_Date of practice visit:		
Practice name and #:					
Visit Number (Tick): 1 $\Box$	2 🗆	3 🗆			
Were you able to get all the requ	uired participants pr	esent at the meeting?	Yes 🗌 No 🗆		
Have you been required to schee	dule more than one	visit to cover the content	/access relevant staff?		
Yes 🗆 No 🗆					
Please describe:					
Duration of practice Visit					
How much time was spent to co	mplete this visit acro	oss the tasks below			
a) Organising the meeting					
b) Travelling to and from the me	eting				
c) Meeting with the practice staf	ff				
d) Waiting					
Please list the participants prese	nt at the meeting ar	nd their designations:			

Challenges and barriers experienced by the practice with the intervention\_\_\_\_\_\_

Challenges a	nd barriers	experienced	bv the	facilitator
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Resources provided to practice: \_\_\_\_\_

Additional comments \_\_\_\_\_

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