

**Table S1.** SQUIRE guidelines and manuscript section with the relevant content.<sup>18</sup>

<b>Title and Abstract</b>	
<b>1. Title</b>	Implementation and Preliminary Testing of a Person-Centered Dialysis Care Planning Program
<b>2. Abstract</b>	Provided adequate information to aid in searching and indexing and summarized key information, following the journal-required format
<b>Introduction</b>	<i><b>Why did you start?</b></i>
<b>3. Problem Description</b>	Lack of dialysis care individualization and a formulaic care planning approach that left patients and care team members unsatisfied.
<b>4. Available Knowledge</b>	Introduction and Discussion
<b>5. Rationale</b>	The philosophy of Person-Centered Care was used to guide My Dialysis Plan™ development, and the Consolidated Framework for Implementation Research was used to guide implementation; Introduction and Methods
<b>6. Specific Aims</b>	To: 1) better align dialysis care with patient priorities through person-centered care planning, 2) improve the dialysis CP experience for both patients and care team members, and 3) gain insights into optimal implementation practices.
<b>Methods</b>	<i><b>What did you do?</b></i>
<b>7. Context</b>	Table 4, Figure 3, and Supplemental Table S2
<b>8. Intervention(s)</b>	Methods, Results, and Figure 1
<b>9. Study of the Intervention(s)</b>	Methods
<b>10. Measures</b>	Methods, Supplemental Table S3, and Supplemental Table S4
<b>11. Analysis</b>	Methods
<b>12. Ethical Considerations</b>	Methods
<b>Results</b>	<i><b>What did you find?</b></i>
<b>13. Results</b>	Results, Table 2, Table 3, Table 5, and Figure 2
<b>Discussion</b>	<i><b>What does it mean?</b></i>
<b>14. Summary</b>	Discussion
<b>15. Interpretation</b>	Discussion
<b>16. Limitations</b>	Discussion
<b>17. Conclusions</b>	Discussion
<b>Other Information</b>	
<b>18. Funding</b>	This work was funded by the American Institutes for Research (AIR), with support from the Robert Wood Johnson Foundation (RWJF), for a Patient-Centered Measurement Pilot. Neither AIR nor RWJF played a role in project design; collection, analysis, and interpretation of data; writing the report; nor the decision to submit the report for publication.  Dr. Flythe is supported by the National Institute of Diabetes, Digestive and Kidney Diseases (NIDDK: K23 DK109401).

Abbreviations: CP, care plan; SQUIRE, standards for quality improvement reporting excellence.

**Table S2.** CFIR constructs and definitions.<sup>19</sup>

<b>Construct</b>	<b>General Definition</b>
<b>Intervention Characteristics</b>	
Relative advantage	Stakeholders' perception of the advantage of implementing the intervention versus an alternative solution.
Adaptability	The degree to which an intervention can be adapted, tailored, refined, or reinvented to meet local needs.
Complexity	Perceived difficulty of implementation, reflected by duration, scope, radicalness, disruptiveness, centrality, intricacy, and number of steps required to implement.
<b>Outer Setting</b>	
Patient needs & resources	The extent to which patient needs, as well as barriers and facilitators to meet those needs, are accurately known and prioritized by the organization.
External policy & incentives	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.
<b>Inner Setting</b>	
Structural characteristics	The social architecture, age, maturity, and size of an organization.
Implementation climate	The absorptive capacity for change, shared receptivity of involved individuals to an intervention, and the extent to which use of that intervention will be rewarded, supported, and expected within their organization.
Compatibility	The degree of tangible fit between meaning and values attached to the intervention 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.
Access to knowledge & information	Ease of access to digestible information and knowledge about the intervention and how to incorporate it into work tasks.
<b>Characteristics of Individuals</b>	
Knowledge & beliefs about the intervention	Individuals' attitudes toward and value placed on the intervention as well as familiarity with facts, truths, and principles related to the intervention.
Self-efficacy	Individuals' beliefs in their own capabilities to execute courses of action to achieve implementation goals.
<b>Process</b>	
Planning	The degree to which a scheme or method of behavior and tasks for implementing an intervention are developed in advance, and the quality of those schemes or methods.
Engaging	Attracting and involving appropriate individuals in the implementation and use of the intervention through a combined strategy of social marketing, education, role modeling, training, and other similar activities.
Formally appointed internal implementation leaders	Individuals from within the organization who have been formally appointed with responsibility for implementing an intervention as coordinator, project manager, team leader, or other similar role.
Champions	Individuals who dedicate themselves to supporting, marketing, and 'driving through' an implementation, overcoming indifference or resistance that the intervention may provoke in an organization.
Executing	Carrying out or accomplishing the implementation according to plan.
Reflecting & evaluating	Quantitative and qualitative feedback about the progress and quality of implementation accompanied with regular personal and team debriefing about progress and experience.

Abbreviations: CFIR, Consolidated Framework for Implementation Research.

**Table S3.** Interview guide topics, questions, and probes.

<b>Patient Interview Guide</b>	
<b>Pre-project</b>	
1. Perspectives on CP meetings	<p>Q. What can you tell me about care plans?                      PROBE: When did you have your last care plan?                      PROBE: What was it like?                      PROBE: What did you talk about?                      PROBE: Where did it occur?</p> <p>Q. What do you think your care plan meeting should be like?                      PROBE: What would you like to discuss?                      PROBE: What would you like to see happen?</p>
2. Perspectives on a different approach to CPs	<p>Q. How willing would you be to have a meeting before or after treatment, instead of during?                      PROBE: What concerns do you have with staying late or arriving early?</p> <p>Q. How interested would you be in meeting in a private space? Why?</p> <p>Q. Why might you want to participate in your next care plan meeting?                      PROBE: What value do you see in doing so?                      PROBE: What might get in the way of you participating?</p>
<b>Intra-project</b>	
1. Perspectives on CP meeting invitation	<p>Q. Can you tell me about when you were invited to your CP meeting?                      PROBE: What did you like about the invitation?                      PROBE: What did you not like about the invitation?                      PROBE: How did you feel about the way your CP meeting was scheduled?</p>
2. Perspectives on My Dialysis Plan™ education resources	<p>Q. How did you prepare for your most recent care plan meeting?                      PROBE: How, if at all, was this different from how you have previously prepared?                      PROBE: How important was it to you to prepare?</p> <p>Q. What did you think about the preparation materials (booklet &amp; video)?                      PROBE: What did you learn?                      PROBE: How did they make you feel?</p>
2. Perspectives on CP meeting	<p>Q. Can you describe your most recent care plan meeting? Walk me through it.                      PROBE: What was it like to answer the questions?                      PROBE: What was the process for making decisions?                      PROBE: How did you feel throughout the meeting? After the meeting?</p> <p>Q. In what ways was your most recent care plan meeting different than your previous meetings?                      PROBE: What did you like?                      PROBE: What did you not like?</p> <p>Q. Would you recommend that other patients participate in My Dialysis Plan™?                      PROBE: If yes, why?                      PROBE: If no, why not?</p>
<b>Post-project</b>	
1. Perspectives on My Dialysis Plan™ follow-up	<p>Q. How has your care team helped you with what matters to you since your care plan meeting?                      PROBE: How does that make you feel?                      PROBE: How does this differ from previous experiences, if at all?</p>
2. Perspectives on My Dialysis Plan™ impact	<p>Q. How has My Dialysis Plan™ impacted your dialysis care, if at all?                      PROBE: What are some examples?</p> <p>Q. How has My Dialysis Plan™ impacted your thoughts about dialysis?                      PROBE: What are some examples?</p> <p>Q. How, if at all, has My Dialysis Plan™ impacted your relationships with clinic staff?</p>
3. Perspectives on My Dialysis Plan™ sustainability	<p>Q. How would you feel if this became the normal approach to care planning in your clinic? Why?                      PROBE: What did you enjoy the most? Disliked the most?                      PROBE: What changes would you suggest?                      PROBE: What parts should not change?</p>
<b>Care Provider (Clinic Personnel and Medical Provider) Interview Guide</b>	
<b>Pre-project</b>	
1. Perspectives on CP logistics	<p>Q. What role do you play in the coordination of CP meetings?                      PROBE: What are some challenges you've experienced in this role?</p>

	<p>PROBE: What has helped you in this role?                  PROBE: How could this role be made easier?</p> <p>Q. How does the care planning process usually work in this clinic?                  PROBE: How do CP meetings impact clinic workflow?                  PROBE: What works well and should be continued?                  PROBE: What would you like to see improve?</p>
2. Perspectives on My Dialysis Plan™	<p>Q. Overall, what do you think of the program?                  PROBE: What are some strengths?                  PROBE: What are some challenges/concerns?                  PROBE: What might you change about it?</p> <p>Q. What program components stick out to you? Why?                  PROBE: What components do you perceive as most important? Why?                  PROBE: What components do you perceive as most impactful? Why?</p> <p>Q. How might patients respond to the program?                  PROBE: If positively, why?                  PROBE: If negatively, why?</p> <p>Q. What outcomes might you expect after using this approach to care planning?</p>
3. Perspectives on My Dialysis Plan™ implementation	<p>Q. Based on your understanding of the program, what will you need to execute your role?                  PROBE: Any resources (e.g., dedicated time, additional help, etc.)?</p> <p>Q. What challenges, if any, do you think might arise with implementation?                  PROBE: What barriers could we address now, if any?                  PROBE: What would make implementation easier?</p>
<b>Intra-project</b>	
1. Perspectives on My Dialysis Plan™ implementation	<p>Q. How has My Dialysis Plan™ gone this month?                  PROBE: What has gone well?                  PROBE: What has not gone well?                  PROBE: What improvements exist from last month, if any?                  PROBE: What new challenges have risen to the surface, if any?</p> <p>Q. How are people responding to the program?                  PROBE: How have patients and/or their family responded?                  PROBE: How have other clinic personnel/care team members responded?</p> <p>Q. What have you learned this month through this process?</p>
<b>Post-project</b>	
1. My Dialysis Plan™ overall experiences	<p>Q. Tell me about your experiences with the program. Overall thoughts?                  PROBE: How was it different than you expected, if at all?</p> <p>Q. How do you feel about care planning now, versus the previous approach?</p>
2. Perspectives on My Dialysis Plan™ impact	<p>Q. How has My Dialysis Plan™ impacted care, if at all?                  PROBE: What are some examples?</p> <p>Q. How has My Dialysis Plan™ impacted patients, if at all?                  PROBE: What are some examples?</p> <p>Q. How has My Dialysis Plan™ impacted you, if at all?                  PROBE: How, if at all, has the program impacted how you provide care?</p>
3. Perspectives on My Dialysis Plan™ sustainability	<p>Q. Are you interested in continuing My Dialysis Plan™ after the project?                  PROBE: Why or why not?                  PROBE: With removed support (i.e. no QI support team)?</p> <p>Q. What aspects of the program would remain challenging (i.e. unresolved)?                  PROBE: What components could use further improvement?                  PROBE: How might these be feasible to overcome?</p> <p>Q. What are some key takeaways from this experience?                  PROBE: What would you say to another clinic interested in using My Dialysis Plan™?</p>

Abbreviations: CP, care plan; Q, question; QI, quality improvement.

**Table S4.** Research sub-study surveys with source and adapted questions.

<b>Modified Health Care Climate Questionnaire (MHCCQ)<sup>a</sup></b>	
<b>Response Options:</b> strongly disagree (1), moderately disagree (2), slightly disagree (3), neutral (4), slightly agree (5), moderately agree (6), strongly agree (7).	
<b>Source Question</b>	<b>Adapted Question</b>
I feel that my physician provided me with choices and options for my [disease] treatment.	I feel that my dialysis care team has provided me with choices for my dialysis care.
I feel that my physician understood how I saw things with respect to my [disease].	I feel that my dialysis care team understands what matters to me.
I feel that my physician expressed confidence in my ability to make decisions.	<i>Not used.</i>
I feel that my physician listened to how I would like to handle my [disease] treatment.	I feel that my dialysis care team listens to me.
I feel that my physician encouraged me to ask questions.	I feel that my dialysis care team encourages me to ask questions.
I feel that my physician tried to understand how I saw things before offering an opinion.	I feel that my dialysis care team tries to understand how I see things before suggesting treatment options.
<b>Modified Client-Centered Care Questionnaire (MCCCQ)<sup>b</sup></b>	
<b>Response Options:</b> totally disagree (1), somewhat disagree (2), neutral (3), somewhat agree (4), totally agree (5).	
<b>Source Question</b>	<b>Adapted Question</b>
I can tell that the carers take my personal wishes into account.	I can tell that the dialysis care team takes my personal needs and priorities into account.
I can tell that the carers really listen to me.	I can tell that the dialysis care team really listens to me.
I can tell that the carers take into account what I tell them.	I can tell that the dialysis team considers what I tell them.
I get enough opportunity to say what kind of care I need.	I am given opportunity to say what matters to me.
I can tell that the carers respect my decision even though I disagree with them.	I can tell that the dialysis care team respects my decisions even if we do not agree.
In my opinion the carers are clear about what care they are able and allowed to provide.	The dialysis care team is clear about what they are able and allowed to help with.
I'm given enough opportunity to use my own expertise and experience with respect to the care I need.	I'm given the opportunity to share my own ideas and opinions.
I'm given enough opportunity to do what I am capable of doing myself.	I take responsibility to do what I am capable of doing myself.
I'm given enough opportunity to help decide on how the care is given.	I'm given opportunity to help make decisions with my care team.
I'm given enough opportunity to help decide on the kind of care I receive.	I'm given opportunity to decide about different options for my care.
<b>Dialysis Care Individualization Questionnaire (DCIQ)<sup>c</sup></b>	
<b>Response Options:</b> strongly disagree (1), disagree (2), neither agree nor disagree (3), agree (4), strongly agree (5).	
<b>Original Item</b>	
My dialysis care team makes me feel like my voice is important.	
My dialysis care team understands what matters to me.	
My care team and I considered important parts of my life when discussing options for my dialysis care.	
My dialysis care matches my priorities.	
My dialysis care team and I work together to make decisions.	

<sup>a</sup> **MHCCQ scoring:** Scores are calculated by averaging the individual item scores. Higher average scores represent a higher level of perceived autonomy support.

<sup>b</sup> **MCCCQ scoring:** Scores are calculated by summing the responses. Higher scores indicate a higher perception of client-centeredness.

<sup>c</sup> **DCIQ scoring:** Scores are calculated by averaging individual item scores. Higher average scores represent a higher level of patient-perceived dialysis care individualization.