Supplemental Digital Content 1: Case Study

We conducted a case study to illustrate the four types of facilitation activities more in-depth. We selected a particularly rich and informative case, Hospital J, whose team was very active in all four types of facilitation activities. We examined the coded content and interview transcripts to develop a brief narrative for each of the four types of facilitation activities. We also provided a brief description of Hospital J and their TeamSTEPPS team, based on the data from interview transcripts, correspondence with Hospital J, and publicly available data.

Hospital and team characteristics: Hospital J is a 25-bed critical access hospital in Iowa and is affiliated with a regional healthcare system. Their TeamSTEPPS team consisted of five members: The Chief Nursing Officer (CNO) and managers for clinical support services, medical-surgical unit, radiology, and surgery. As was common for all hospitals in our study, the task of implementing TeamSTEPPS was added to their other tasks and daily jobs.

Leadership. Two people primarily engaged in Leadership activities – the CNO and the clinical support services manager. The CNO had oversight of the team, and was the executive sponsor. Among her key Leadership activities was advocating for TeamSTEPPS in high-level meetings she regularly attended. For example, during her meetings with medical staff, she used the opportunity to secure their support, which facilitated their involvement to provide feedback on SBAR use (Accountability). The clinical support services manager, whose daily job included quality and patient safety, was instrumental in keeping the team organized and moving forward. The CNO referred to her as the "glue" of the team, and she self-identified as the implementer. For example, when her teammates needed to focus on their clinical jobs, she took over their facilitation tasks and ensured the team was making progress.

Buy-in. The entire team engaged in Buy-in activities. They met regularly to plan out the training and roll-out of tools. They carefully thought about how to engage their staff, and decided to offer several training sessions for both clinical and non-clinical staff to make it easier for everyone to attend the training. To make it more compelling to their staff, they focused their key message on improving patient safety, how TeamSTEPPS can help them achieve that, and how this will align with their existing practices. After the initial training, they continued to communicate this message and encouraged staff to contribute ideas on how to improve the use and usefulness of tools. For example, by assigning staff to lead morning briefs, they ensured staff had to actively think about how these tools improve patient safety, which generated both staff commitment and new ideas for refinement.

Customization. One of the key tools that Hospital J implemented was SBAR, a standardized communication technique (SBAR stands for situation, background, assessment, and recommendation). Unlike some other tools such as briefs, SBAR is not a scheduled event and its use cannot be enforced externally. Instead, the team encouraged its use by integrating it more

into staff daily routines – they printed and laminated cards with a brief reference to what SBAR stands for, and placed these cards next to telephones and other places where they would be commonly needed and used. They used a similar approach to several other tools – for example, they developed and printed handoff checklists, ensuring that critical information is conveyed. Aside from tools, they also tailored training to each group (clinical and non-clinical staff) in order to ensure they all found it relevant for their daily jobs. Last, they integrated TeamSTEPPS into their orientation process, ensuring that new hires had the same awareness of the program, its tools, and the expectations.

Accountability. The team developed several approaches to measure their progress and how staff are using the tools. They planned a pre-post survey of staff SBAR knowledge, which informed them both of the need for training and to measure subsequent improvement. To monitor the use of SBAR in practice, they used an informal "audit and feedback" approach, where communication recipients (e.g. physicians) would report when staff were not using the SBAR format, which was then (as needed) communicated back to staff to ensure more regular use. To monitor overall improvement, they also examined their performance on the AHRQ Hospital Survey on Patient Safety Culture and noted improvement over time, which helped them build a case that the implementation was working. Finally, they included TeamSTEPPS training participation in the annual employee review, which ensured that all but a few of their staff members attended training.

While the four types of facilitation activities are distinct in form, they represent a unified effort. The radiology manager of Hospital J described their overall facilitation approach as "corralling". It is about engaging staff from multiple vantage points, using various strategies and activities. While demanding, they found this approach worked well to actively engage their staff where they could ask questions and contribute ideas. The activities did not follow a clear sequential order, but were iterative and reinforcing one another.